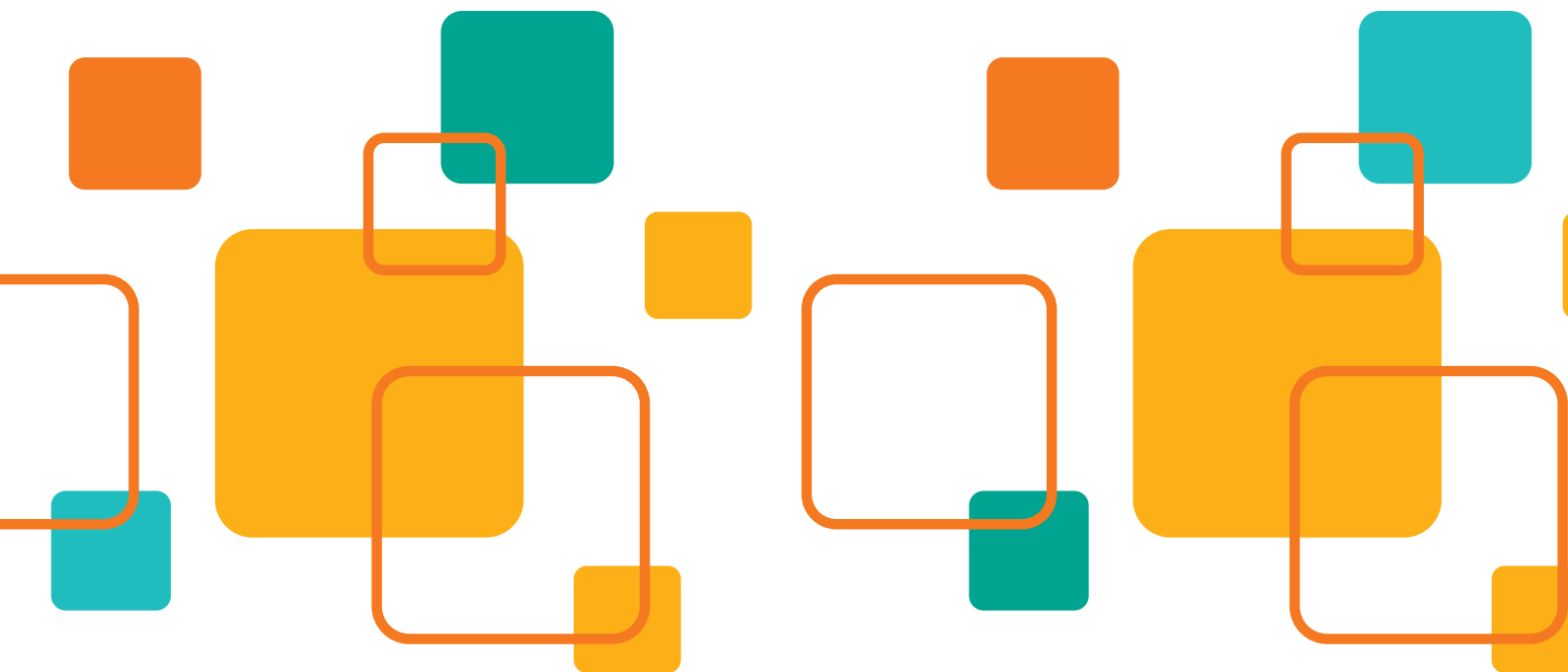




GREEN COUNTY FAMILY YMCA  
**KIDS CLUB**  
**HANDBOOK**  
2025-2026



# The Green County Family YMCA Kid's Club Program

Dear Kid's Club Families,

I am so excited that you have made the decision to enroll your child (ren) into the YMCA Kid's Club After School Program! My name is Miss Amanda and I am looking forward to working with you and your family this school year.

**A little bit about me:** I am the Director of Child Development at the Green County Family YMCA. I have worked at the YMCA for over 11 years in various departments. I love working with all the kids and planning activities that are fun, educational, and healthy. I have taken several early childhood education classes and regularly run our youth summer camp program and after-school program so I have plenty of fun activities, crafts, and games your child will enjoy!

As you come in to the building, please take some time to look around at all of the information that is listed on our bulletin boards. Although some of it is fun, much of it is important in helping you understand how your child's day will flow from one activity to another.

**Specials:** The children will participate in a variety of specialty programs throughout the course of the school year. A new special will begin every 6 weeks. Specialty classes include gymnastics lessons, swimming lessons, the FAB 5 program and the Green County Little Leaders program.

**New this year:** We know no one wants to think about winter, but it will be here sooner than we may like to admit. We have changed some of our policies regarding inclement weather.

**\*\*\*Inclement Weather Policy:** If the Monroe School District closes or has an early release due to inclement weather, our Kid's Club program will NOT be held.

**Program Times:**

Monday - Thursday: 3:15 P.M. - 5:30 P.M.  
Friday: 1:15 P.M. - 5:30 P.M.

**Important Dates:**

Wednesday, August 20 <sup>th</sup>	Meet the Teacher!!	4:00 P.M. - 6:00 P.M. (at the YMCA)
Monday, September 2 <sup>nd</sup>	First Day of School / Kid's Club	

This packet includes basic information on our program, licensed required forms and other important information. We ask that you fill out and return all forms to us by Monday, August 25<sup>th</sup>.

If you have any questions about our Kid's Club program, please feel free to contact me either by phone 608-325-2003 or email [asturdevant@greencountyymca.org](mailto:asturdevant@greencountyymca.org).

We look forward to meeting you and your child!

Sincerely,



Amanda Sturdevant  
Director of Child Development  
Green County Family YMCA  
[www.greencountyymca.org](http://www.greencountyymca.org)



## 2025 – 2026 CALENDAR IMPORTANT DATES

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

August 25 <sup>th</sup> .....	Registration Forms Due
September 2 <sup>nd</sup> .....	First Day of Kid's Club
October 3 <sup>rd</sup> .....	NO SCHOOL
October 31 <sup>st</sup> .....	NO SCHOOL
November 26 <sup>th</sup> – December 1 <sup>st</sup> .....	NO SCHOOL / Thanksgiving Break
December 23 <sup>rd</sup> – January 2 <sup>nd</sup> .....	NO SCHOOL / Christmas Break
January 19 <sup>th</sup> .....	NO SCHOOL / Teachers Inservice
February 27 <sup>th</sup> .....	NO SCHOOL
March 30 <sup>th</sup> – April 3 <sup>rd</sup> .....	NO SCHOOL / Spring Break
May 25 <sup>th</sup> .....	NO SCHOOL / Memorial Day
June 4 <sup>th</sup> .....	Last Day of Kid's Club

### OUR PHILOSOPHY

The Green County Family YMCA Kid's Club Program is designed to provide a safe, healthy, and fun place where children can have a variety of different experiences within a school setting after school in our Youth Development Center. We believe through age appropriate activities and social interaction, the children enrolled within our program will have several unique opportunities that only a YMCA facility can provide.



# **2025 – 2026 REGISTRATION PAPERWORK CHECKLIST**

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

- ☐ **YMCA KID'S CLUB PARENT & FAMILY CONTRACT**
- ☐ **CHILD CARE ENROLLMENT FORM (DCF-F-CFS0062)**
- ☐ **HEALTH HISTORY & EMERGENCY CARE PLAN FORM (DCF-F-CFS2345)**
- ☐ **CHILD HEALTH REPORT (DCF-CFS0060)**
- ☐ **CHILDCARE IMMUNIZATION RECORD (DHS #F-44192)**
- ☐ **AUTHORIZATION TO ADMINISTER MEDICATION (DCF-CFS0059)**
- ☐ **YMCA WALKING FIELD TRIP PERMISSION FORM**
- ☐ **YMCA KID'S CLUB PROGRAM REGISTRATION FORM**
- ☐ **LAMER'S BUS REGISTRATION FORM**
- ☐ **YMCA 2025-2026 KID'S CLUB PROGRAM INFORMATION CARD**

**All registration forms and paperwork MUST be turned in by August 26th.  
Your child cannot start until all forms have been completed and turned in.**

**If paperwork is turned in after this date,  
please allow three (3) days to process paperwork.**

## **CLASS DESCRIPTION**

### **AFTER SCHOOL PROGRAM**

#### **MONDAY THROUGH THURSDAY**

3:15 P.M. – 3:50 P.M.	Children arrive by school busses Free play until all students have arrived
3:50 P.M. – 4:10 P.M.	Large group snack and discussion
4:10 P.M. – 4:35 P.M.	Lab Homework
4:35 P.M. – 5:15 P.M.	Children split into free choice groups (art project, gym activity, etc.)
5:00 P.M. – 5:30 P.M.	Clean Up & Dismissal

#### **EARLY RELEASE FRIDAYS**

On Fridays when the students are released from school an hour early, we have planned “Specials” for them to participate in. The activities include The Green County Little Leaders Program, Pro Talks, Swim Lessons, and Gymnastics.

1:15 P.M. – 1:45 P.M.	Children arrive by school busses Free play until all students have arrived
1:45 P.M. – 2:00 P.M.	Large group discussion and homework
2:00 P.M. – 3:15 P.M.	Specials (Green County Little Leaders, Pro Talk, Movie Time), Twining Park (weather permitting) / Science Activity / Arts & Crafts
3:15 P.M. – 3:45 P.M.	Snack
3:45 P.M. – 5:00 P.M.	Inflatable Fun
5:00 P.M. – 5:30 P.M.	Clean Up & Dismissal

### **INCLEMENT WEATHER POLICY**

If the Monroe School District closes or has an early release due to inclement weather, our Kid's Club program will NOT be held.

#### **GREEN COUNTY FAMILY YMCA**

1307 2nd St., Monroe, WI 53566

(608) 325-2003

[www.greencountyymca.org](http://www.greencountyymca.org)

## ADMISSIONS

Students must be 5 years old and enrolled into a 5 year old kindergarten program through the Monroe School District by September 1<sup>st</sup> of the 2025–2026 school year in order to be eligible to enroll in the YMCA Kid’s Club Program.

The Green County Family YMCA Youth Development Center will offer equal opportunities to all, and not discriminate by race, color, sex, or national origin of creed, including Title IX and ADA Requirements.

Students with special physical or emotional needs will be accepted provided that “reasonable accommodations” can be made for their participation, and/or if the student’s participation does not require an inordinate amount of staff time that would not allow for safe and quality care of other students within the program.

## ENROLLMENT

To enroll in the Youth Development Center program, the attached forms must be completed in their entirety. All forms must be returned to the YMCA prior to the first day of attendance. (See checklist on page 4 to ensure all forms are completed.)

- Child Enrollment Form
- Health History Form
- Family Contract
- Child Information Form
- Emergency Release Form
- Medical Form (if needed)
- Child Health Report
- Day Care Immunization Record

**\*\*\*Once a child is enrolled, if you wish to cancel enrollment, you must notify the Green County Family YMCA NO LESS THAN seven (7) days prior to the start of class. Families who fail to notify the YMCA in a timely manner will be charged one month’s tuition fee.**

## CLASS SIZE LIMITS

**Ages 5 – 7**                      Limit of 36 children (ratio of 1 teacher to 18 children)  
**Ages 8 – 12**                    Limit of 36 children (ratio of 1 teacher to 18 children)

## FEES

### REGISTRATION FEE

A \$50.00 non-refundable registration fee is due at the time of enrollment.  
The registration fee is not applied to the monthly tuition fees.

### TUITION FEES

<u>Class</u>	<u>Monthly Payment</u>	<u>Amount for Full Year</u>
YMCA Kid’s Club	Member: \$100.00	Member: \$900.00
Full-Time (4–5 days/week)	Non-Member: \$120.00	Non-Member: \$1,080.00
YMCA Kid’s Club	Member: \$60.00	Member: \$540.00
Part-Time (1–3 days/week)	Non-Member: \$80.00	Non-Member: \$720.00

## PAYMENT OPTIONS

The Green County Family YMCA accepts payment options for your convenience. Please contact our Director of Child Development to make payment arrangements prior to the first day of class.

**Full Year:**            Tuition payment can be made at the beginning of the school year.  
**Monthly:**            Payments must be made through our Bank Draft Option.

### GREEN COUNTY FAMILY YMCA

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## LATE FEES

Tuition payments not received within one week of the due date will be assessed a **late fee of \$20.00**. **Late payments or no payments** may be cause of **termination of enrollment**. Students may be asked not to attend class until their families make arrangements for payment.

## FINANCIAL ASSISTANCE

The Green County Family YMCA is a non-profit, charitable organization that is dedicated to the development of the whole person. The philosophy of the YMCA is not to deny any youth or family a basic membership, due to financial hardships. Financial assistance is available; please contact the Member Services department to complete an application.

## VOLUNTEER POLICY

The Green County Family YMCA is a non-profit service organization. All of our After School program participants will be asked to make a donation for a snack to the Kid's Club program, at least once every other month.

## FUNDRAISER POLICY

The Green County Family YMCA is a non-profit organization and all of our programs are funded by fundraising efforts by all Members and Program members. As a Kid's Club program participant, **each family** may be required to take part a fundraiser during the school year. Families who choose not to participate, will be required to pay a "buy-out" fee. The fee amount will be based on the specific fundraiser chosen.

## HEALTH POLICY

In our efforts to minimize the spread of illness between children, we ask families to cooperate with the following policy. For the protection of all staff and children, any child with the **following symptoms should refrain from attending school**.

- Fever over 100 degree
- Severe cold symptoms
- Diarrhea
- any signs of communicable disease (*e.g. pink eye, strep throat etc.*)
- Rash
- Vomiting

As a Licensed After School program, we are required to report all communicable diseases to the Green County Health Department and to notify all families enrolled in our center. The student's name will not be published, only the specific communicable disease and common symptoms. Please notify us immediately if your child has been exposed to or develops a communicable disease.

## COVID-19 PRECAUTIONS

Our Kid's Club After School program follows the Monroe School District COVID-19 policies. These policies are subject to change at any time. Please visit the Monroe School District website for more information regarding current COVID-19 policies, including quarantine procedures, mask requirements, etc. We will communicate any changes that are made during the school year to you, as they occur.

[www.monroeschools.com/district/covid-19-updates.cfm](http://www.monroeschools.com/district/covid-19-updates.cfm)

## ABSENCES

We respectfully request that if your child will not be in attendance that you call to notify staff of the absence. If we have not received notification within 15 minutes of the start of class, staff will call to confirm an absence.

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## Key Fob Policy

Parents/Guardians who have a child enrolled in the Summer Adventures Program should use the Youth Development Center doors off the main YMCA lobby entrance to drop off and pick up their child(ren). Access to the Youth Development Center requires a key fob. Parents/guardians of children enrolled in the Youth Development Center will be issued up to two key fobs which are specific to the adult to whom they are issued. Additional fobs may be purchased for \$10.00. Lost key fobs will be assessed a \$10.00 replacement fee. Key fobs should be returned prior to the child's last day in the Youth Development Center.

At the Green County Family YMCA Youth Development Center, the safety and security of your child are our top priorities. As part of our ongoing efforts to ensure a secure environment for all children and staff, we have implemented a key fob access system for entry into our facility. This system is designed to help us control and monitor access to the building, ensuring that only authorized individuals can enter.

Please carefully review the information below regarding the key fob access system.

### Key Fob Access for Parents/Guardians

**Distribution of Key Fobs:** Each registered parent or guardian will be issued a key fob that allows entry to the Youth Development Center. You will receive your first key fob upon enrollment, and additional fobs can be requested for other authorized individuals (e.g., grandparents, caregivers, etc.).

**How to Use the Key Fob:** Simply swipe or tap your key fob against the designated access point at the Youth Development Center entrance to unlock the door. Please ensure that you carry the key fob with you when picking up or dropping off your child.

**Security Features:** The system logs each entry with date, time, and person accessing the facility, helping us monitor access and identify any unusual activity. The key fob system is secure and access is only granted to individuals whose key fobs are authorized.

### Parent Responsibilities

**Safeguard Your Key Fob:** Please treat your key fob as you would any other important key or personal security item. Do not share your fob with anyone who is not authorized to pick up your child.

**Lost or Stolen Key Fobs:** If your key fob is lost or stolen, please notify us immediately so that we can deactivate the lost fob and issue a replacement. Lost key fobs will be assessed a replacement fee.

**Authorized Pick-Up:** Only individuals listed on your child's enrollment form will be permitted access to the facility with a key fob. If someone not listed on the form needs to pick up your child, please inform the center in writing in advance to update your authorized pick-up list.

### Visitor Access

**Visitor Policy:** All visitors, including family members who are not registered key fob holders, must sign in at the YMCA Main Entrance at the Welcome Center Front Desk and be accompanied by staff while inside the facility. No one will be allowed entry without prior authorization.

### Building Security

**Locked Facility:** The Youth Development Center will always remain locked, including during business hours. No one will be allowed to enter the facility unless they have an authorized key fob or have been granted access by a staff member. This policy helps ensure that only those with legitimate business inside the facility can gain access.



**Exit Policy:** While the facility is locked, there will be no restriction on exiting. Parents and guardians can leave at any time without needing to use a key fob.

## **Emergency Situations**

**Emergency Access:** In the event of an emergency, our YMCA emergency procedures include a YMCA staff member being assigned to the Youth Development Center entrance to flag down emergency personnel, open any locked doors and assist any authorized individuals in entering the building.

## **ARRIVAL/DEPARTURE POLICIES**

### **DROP OFF**

Children will be greeted by Youth Development Center staff as they arrive. Children will place personal belongings within their individually tagged cubby and then enter the classroom. YMCA staff will check children in based on the time that they arrive in the classroom.

### **PICK UP**

We ask that you wait in your vehicle at the south entrance of the YMCA. Staff will escort your child out of the building and into your vehicle at the time of your arrival. Pick up will occur from 4:45 P.M. – 5:30 P.M. No child will be released to a person not listed on the **Authorized to Pick up Child Form**. An identification, such as a driver's license, will be required, if the person picking up is unknown to staff. Pick-up time for students needs to be done **by 5:30 P.M.** If students are not picked up within the first 15 minutes, a late fee will be assessed. The late fee will be \$1.00 per minute. Families will be given a 2-occurrence grace period for late pick-ups. Students must be picked up on time. If you are running late, please give us a call.

## **MEDICATION POLICY**

Medication will only be given when an **Authorization to Give Medication Form** is on file for the child. All medicine must be in its original container and clearly marked with the students name, dosage, time, date and physician's name. We will document all doses given to students within the Incident Log.

## RECOMMENDED ATTIRE

Students should come to class in clothing that is comfortable and allows for large motor activities. Students will be playing outside and within the YMCA gym. They will also be participating in art projects which require the use of paints, glue, markers, etc. On gymnastics days, we recommend that children wear athletic type pants, instead of jeans, as it will make their class time easier and more fun. On swim days, please make sure your child (ren) bring their swim suit and towel.

## FIELD TRIPS

Families will receive advance notice for all field trips and will be required to sign the **Field Trip Permission Form**. This will accompany the children on our travels.

## OUTSIDE PLAY

At the YMCA Youth Development Center we believe in the value of outside play. We strive to ensure that all children are able to participate in the experiences that only the outside environment can offer. In addition to free play, we may take our classroom outside so that we can experience new things from a different perspective. We ask that you always send weather appropriate clothing for your children so that we can extend our classroom to the areas around the YMCA.

## STRENGTH & CONDITIONING

Students will participate in the Strength & Conditioning Program special throughout the year. The program is designed to educate children on the importance of nutrition and activity to ensure that they develop proper eating and exercise habits. The YMCA has brought this program to the Monroe area to make a good addition to the already beneficial health programs within our area.

## GYMNASTICS CLASS

Children will have the opportunity to participate in a gymnastics class this fall for 7 weeks. The children will spend 30 minutes each week working on fine and gross motor skills, flexibility, and basic tumbling skills. Please make sure your child (ren) wears comfortable clothing that allows easy movement.

**Instructors:** Dawn Lederman and Gymnastics Center Staff

## OPEN SWIM / SWIMMING LESSONS

Children will have the opportunity to participate in open swim every Friday afternoon from November through April. Starting in January, the children will have the opportunity to participate in instructor led swimming lessons for an additional fee. Working on the right way to handle basic skills in the water. Children will be grouped based on their individual experience in the water and will then work on the skills to further their swimming knowledge. Please make sure that your child (ren) brings their suit and towel. We ask that swim suits cover the tummy area. Goggles are NOT required but often help!

**Instructors:** Kathy Stilson and Aquatics Department Staff

## SNACKS

The YMCA Youth Development Center provides a healthy snack to the children each day. Each day the children will be offered a nutritious snack and 1% milk. During snack time the teachers will sit and have large group open discussion which is driven by the children themselves. This is an important time for the children to work on social skills and large group involvement. A snack schedule will be released on the first day of the program.

## **FIRST AID POLICY**

If your child is mildly injured at the YMCA Youth Development Center, staff will administer first aid and record the necessary treatment in the Incident Logbook. The family will be notified at pick-up, on the day the injury/incident happens. If the injury requires medical care, the staff will attempt to contact the family members through all phone numbers available, this includes the use of emergency contacts. Staff will then call 911, however if the injury is life threatening the staff will contact 911 first, then the family.

## **WHAT'S GOING ON AT HOME?**

Children's actions often reflect what they are experiencing at home (i.e. parents divorcing, fight with sibling, pet's death, etc.). If any such disruptive or traumatic experience should occur, please inform the director. This will enable us to better meet the needs of your child.

## **DISCIPLINE POLICY**

At the YMCA Youth Development Center we believe in giving children a set of age appropriate boundaries to stay within. These will help the continued development of right and wrong within the children. The teachers will use positive redirection as the first intervention tactic. We feel that issues may resolve themselves with a change of focus. The next step will be to have a 1 on 1 conversation with the child encouraging them to make an appropriate decision regarding their behavior. If a child needs to take a "break" from the classroom activities, they will be asked to sit at a table with a book until they are ready to return to the group. Children will not be given a time limit but instead will be told that they are able to return whenever they are ready.

YMCA staff are trained in using a "progressive approach to discipline." This approach is designed to understand the motivation of the child, to encourage positive behavior and responsibility for their own behavior, with the purpose of keeping all children physically and emotionally safe.

Children will be given basic rules of safety and good conduct for their program. The progressive discipline steps we use for guidance are as follows, at the discretion of the staff involved:

1. Redirected / Verbal Warning
2. Removal from Activity
3. Behavior Letter #1: Parents are contacted. The child is removed from the program for the remainder of the day and a conference with the parent is held.
4. Behavior Letter #2: The child is suspended for three days from the program.
5. Behavior Letter #3: The child is expelled from the program.

Written reports (letters) will be used for disciplinary problems and will require the signature of the parent or guardian. Parents may also be contacted by phone or requested to meet with staff as needed.

If a child is determined to be a threat to the safety of other children, self, or staff, or is disruptive to the program, the child will be immediately removed from the program and parents will be called to pick up the child. This may result in the child being expelled from the program, after a review of the circumstances. If a child is expelled, a refund will not be provided.

While the YMCA encourages the participation of everyone in our programs, we nevertheless reserve the right to refuse anyone the use of our facilities or participation in our programs.

## **DISRUPTIVE CHILD PROCEDURE**

If a child is acting out in the classroom and unable to be redirected after thirty (30) consecutive minutes, or causes harm to another child, a phone call will be made to the parents for an early pick-up.

## **DISCHARGE OF AN ENROLLED CHILD**

### **FAMILY DISCHARGE**

A written notice, in advance of at least two weeks, is required. The tuition for the current month will not be refunded.

### **MUTUAL DISCHARGE**

When both staff and families agree that continued participation is not in the best interest of the child, a two week notice is not required. The tuition for the current month will not be refunded.

### **YMCA INITIATED DISCHARGE**

Families may be asked to withdraw their child for a number of reasons; when it is evident the child cannot adjust to the program's environment; when a child's behavior becomes detrimentally, emotionally, or physically unsafe to the other children enrolled; when families fail to complete and submit all required forms or fail to pay any required fees.

Discharge of an enrolled child will be reviewed by both the Director of Child Development and the Green County Family YMCA Executive Director, Trent Henning.



# YMCA KID'S CLUB 2025-2026 Registration Form

Participant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

1. I hereby certify that my child is in normal health and capable of safe participation in the YMCA Kid's Club program. I hereby authorize the Green County Family YMCA, its staff and volunteers to obtain medical treatment for my child in the event that parent(s) cannot be reached.
2. I support the YMCA Kid's Club Philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership. I also understand that each and every physical activity presents some risk of injury.
3. Often the YMCA uses pictures of participants for promotional reasons. If for some reason you do not want your child's picture or your own in a promotional photo for the YMCA, please let the YMCA office know.
4. I agree to not hold the Green County Family YMCA responsible for any and all injuries my child may sustain during the course of practice or games.
5. I acknowledge that I will read the Parent Handbook in full, & I agree to all of the YMCA's policies and procedures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Walking Field Trip Permission Form

It is customary for program leaders to take their classes on walking field trips in the YMCA community at different times during the program. The purpose of such walks is varied. Students may observe the neighborhood architecture and urban plants and animals or visit interesting places in the community such as the public library, local businesses, Twinning Valley & Twinning Park.

In order to allow flexibility for these valuable activities, this permission form will extend for the entire 2025-2026 Kid's Club Program. If a parent or guardian is expecting to take his/her child out of the program for any reason during the day, it is important to notify the YMCA in advance what time check out will occur. Plans can then be made to be certain that the child is in the building at that time.

I hereby give permission for my child to participate in supervised neighborhood walks during the 2025-2026 Kid's Club Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## KID'S CLUB PARENT & FAMILY CONTRACT

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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

In consideration of my child's participation in the Youth Development Center programs:

I agree to pay all tuition and fees on time. I understand a late fee will be assessed if timely payment is not made. I also understand that my child may be discharged from the program if payment arrangements are not made.

I agree to drop off and pick up my child (ren) at the appropriate class times. I understand that if I am late more than twice, I will be assessed a late fee for each occurrence.

I agree to return all required paperwork prior to the first day of class. I understand that failure to do so could result in my child being dis-enrolled from the program.

I agree to abide by all Policies and Procedures of the Green County Family YMCA and Youth Development Center.

I agree to keep my child home if they are not feeling well.

### PHOTO AUTHORIZATION

**\*\*\*Please initial next to the statement that best describes how you would like us to handle photos.**

\_\_\_\_\_ I give permission for the Youth Development Center staff to take and publish pictures of my child within the Kid's Club emails and YMCA marketing materials.

\_\_\_\_\_ I do not give permission for the Youth Development Center staff to take or publish pictures of my child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Parent Name of Person Signing Below: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of YMCA Director of Child Development: \_\_\_\_\_



## MOVIE PERMISSION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

As part of our School-Age Program, we occasionally show age-appropriate movies to enhance learning, provide relaxation during inclement weather, or as a fun activity during special events. All movies shown are rated G or PG only and are previewed by staff to ensure they are appropriate for school-aged children.

Please complete the form below to grant or deny permission for your child to watch these approved movies during their time at the center.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please select one:

- ☐ YES, I give permission for my child to watch G and PG-rated movies.
- ☐ NO, I do not give permission for my child to watch G and PG-rated movies.

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns about our movie policy, please feel free to contact our Director of Child Development at any time.

# YMCA 2025-2026 Kid's Club Program Information Card

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



## Please Note:

Emergency Contacts listed  
will be considered  
"Persons Authorized for  
Pick Up" unless otherwise  
specified by parents.

## Emergency Release Form

In the event of an emergency the YMCA Kid's Club Program has permission to transport my child to the **SSM Health Monroe Hospital and Clinic** for emergency medical treatment.

## Additional Persons Authorized for Pick Up

Please list the contact information (name, address and phone number) for anyone authorized to pick up your child from the YMCA Kid's Club Program.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# LAMERS

The Passenger Professionals®

www.golamers.com

2665 3<sup>rd</sup> Street North

Monroe, WI 53566

Phone 608-325-7788 Fax 608-325-7767



**I want my child(ren) to ride the bus to or from school from home.**

**SCHOOL BUS REQUEST FORM 2025/2026 SCHOOL YEAR**

Please provide all necessary information below, sign and return to Lamers Bus Lines by **August 15, 2025**. Please understand that this service will be provided in accordance with the provisions of the Monroe School District and Lamers policy on transportation, a copy of which is available at District Administration Center.

**Please Fill Out ALL Information Completely**

1. Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. *Print* FULL name of student(s) to be transported

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

3. ONLY ONE (1) PICK UP AND ONE (1) DROP OFF ADDRESS:

PICK UP Address: \_\_\_\_\_

Adult Owner/Occupant Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

.....  
DROP OFF Address: \_\_\_\_\_

Adult Owner/Occupant Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

4. Parent Signature: \_\_\_\_\_

5. Parent Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

----- OFFICE USE ONLY -----

Approved By Lamers: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By Lamers: \_\_\_\_\_ Date: \_\_\_\_\_

Route # AM \_\_\_\_\_ PM \_\_\_\_\_ Other Info: \_\_\_\_\_

Please return form via fax: 608-325-7767 | email: [31groupSB@golamers.com](mailto:31groupSB@golamers.com)

Or drop the form at the bus garage

## CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
------------------------	------------------------	-------------------------

**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	------------------------------------------------------

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
-----------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	------------------------------------------------------

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
-----------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
-----------------------------------	-----------------------	------------------------------------------------------	----------------------------------------

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
-----------------------------------	-----------------------	------------------------------------------------------	----------------------------------------

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
--------------------------------	-----------------------	------------------------------------------------------	----------------------------------------

### PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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### AUTHORIZATIONS

- ☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- ☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- ☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
- ☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
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## Health History and Emergency Care Plan

**Use of form:** This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

### HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
  - ☐ No specific medical condition
  - ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
  - ☐ Asthma
  - ☐ Cerebral palsy / motor disorder
  - ☐ Diabetes
  - ☐ Epilepsy / seizure disorder
  - ☐ Gastrointestinal or feeding concerns, including special diet and supplements

☐ Other condition(s) requiring special care – Specify.

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

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2. Triggers that may cause problems – Specify.

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3. Signs or symptoms to watch for – Specify.

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4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

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5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

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6. When to call parents regarding symptoms or failure to respond to treatment.

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7. When to consider that the condition requires emergency medical care or reassessment.

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8. Additional information that may be helpful to the child care provider.

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**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

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**Review dates:** \_\_\_\_\_

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- ☐ Yes year \_\_\_\_\_ (Vaccine is not required)  
☐ No or Unsure (Vaccine is required)

### REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- ☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

- ☐ For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

- ☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- ☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed

## Child Health Report – Child Care Centers

**Use of form:** Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

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**PARENT OR GUARDIAN** – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

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**HEALTH PROFESSIONAL** – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

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**AUTHORIZATION**

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

**SIGNATURE** – MD, PA, or other EPSDT Provider

Date of Examination

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS**  
**MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

☐ Yes ☐ No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication

Parent Initials

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian

Date Signed