



Green County Family YMCA

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# SUMMER ADVENTURES PROGRAM

HANDBOOK 2026



## Dear Families

Dear Summer Adventures Program Families,

We would like to extend a warm "Welcome" to our returning camp families and to the new camp families who are joining us for the first time. Our summer programs are designed to give your child an exciting and enriching summer experience under the supervision of trained and experienced leadership.

It is our primary goal to provide your child with a safe and fun summer. However, summer programs can be a lot more. They can be a chance to learn from new experiences, to grow, to make new friends, and to develop important social skills that will last a lifetime.

We encourage all campers to try new things because we know the value of a challenge. All of us want to grow in big and small ways, and we strive to assist all campers to do so. At the Green County Family YMCA, we understand the importance of keeping parents informed and in touch. We keep our parents updated via email of our fun activities, along with posting pictures each week on our [Facebook](#) and [Instagram](#) pages. The pictures alone will show the wonderful days we had.

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, May 4th.**

If you have any questions about our Summer Adventures Program, please feel free to contact me either by phone 608-325-8046 or email [asturdevant@greencountyymca.org](mailto:asturdevant@greencountyymca.org).

We look forward to meeting/reuniting with you.

Sincerely,



Amanda Sturdevant  
Youth Activities Director  
Green County Family YMCA  
[www.greencountyymca.org](http://www.greencountyymca.org)

## Our Promise

Every adventurer will have fun, enjoying new experiences full of friendships, adventure, and learning. YMCA Adventures is where you belong! Satisfaction guaranteed!

We share your excitement and anticipation for the Summer Adventures program and we take your confidence seriously as you trust us to watch and care for your child. We look forward to providing the BEST SUMMER EVER for your family! We can't wait to see you at the Y!

Warmly,

Your Green County Family YMCA Summer Adventure Team!

## Welcome to the Best Summer Ever!

- A) Achievement:** Learn to explore, score goals, create beautiful works of art and do so much more! You'll learn something new at camp every day this summer!
- B) Belonging:** We work to provide an environment where every child feels like they belong through our lasting traditions and our inclusive activities.
- C) Collaboration:** Our staff is trained on how to help adventurers build relationships between adventurers and among the staff team so that every participant feels connected.

## Huddle Sessions

During the afternoon, adventurers will gather for a short discussion and sharing time. It's a great way to create bonds among adventurers and let everyone's voice be heard. Counselors will choose an age-appropriate topic, such as "who inspires you", to help guide the discussion.

## YMCA Core Values

- A) Respect:** To treat others as I would want them to treat me, to value the worth of every person, including myself. Related values: acceptance, empathy, self-respect and tolerance. Respect, even if you don't understand. There may be people who attend our program or people that you will come across in life that you don't quite understand. You may have different interests, values, lifestyles and cultures. But, whatever the difference, one thing you should have in common is your respect for each other.
- B) Responsibility:** Be accountable for your promises and actions. You may be young, but you are responsible for your life. This means looking at your past and learning the lesson from experience, looking at your future around you and seeing how you can use your talents, skills, and creativity to help improve the community and the world.
- C) Honesty:** To tell the truth, to demonstrate reliability and trustworthiness through actions that are in keeping with my stated positions and beliefs. Related values: integrity and fairness. Be honest in your relationships. Whether it is your parents, best friend, teacher, adventure counselor, or any other relationship in your life- try to make honesty a priority. Honesty leads to credibility, which leads to trust, which leads to a strong relationship.
- D) Caring:** Caring about others is best illustrated through action. Volunteer to help out at home, at your Y, and in your community. Spend time doing something that you care about that benefits you and those around you.

## Our Mission

Our mission is to empower individuals and families from all backgrounds to thrive by nurturing the potential of kids, promoting healthy living and fostering social responsibility.

## Our Objectives

1. To have a safe and FUN experience.
2. To learn and develop skills through group activities, sports, arts & crafts, games and swimming.
3. To learn and develop social skills through group involvement and an emphasis on teamwork.
4. To learn and develop skills accomplished by incorporating the YMCA's values of caring, honesty, respect, and responsibility into daily activities.
5. To develop self-confidence and self-worth, the treatment of children as individuals and positive reinforcement.
6. To improve health and fitness through movement and recreational activities.
7. To develop our youth through the delivery of an asset-rich summer experience.
8. To make new friends!

## Staffing

Under the direction of YMCA professionals, summer adventure staff are selected from a diverse candidate pool of people who respond to job postings published by the Green County Family YMCA. The YMCA seeks applicants who demonstrate leadership skills through employment experience, academic experience in high school or college, or demonstrated leadership in social opportunities. Qualified applicants are hired based on their leadership abilities, experience with children, character and enthusiasm. The YMCA does not discriminate in employment due to age, gender, national origin, religion, marital status, disability or any factor prohibited by federal, state or local ordinance. Ensuring staff quality begins with a careful screening process which includes background checks. Lastly, our highly qualified staff receive up to 10 plus hour of preparation prior to interacting with adventurers and are CPR and First Aid certified. It is also a mandatory requirement that all of our staff take the online child abuse prevention program course.

## Program Information

### Ages: 5-12

**Session 1:** June 15 - July 10, 2026 (Monday - Friday) 7:30 a.m. - 5:00 p.m.

*Transportation is provided by the Monroe Middle School to the YMCA during the first 4 weeks of session 1, only.*

A \$50.00 deposit is required at the time of registration.

Payment must be made in full prior to the program start date.

**Session 2:** July 13 - August 14, 2026 (Monday - Friday) 7:30 a.m. - 5:00 p.m.

A \$50.00 deposit is required at the time of registration.

Payment must be made in full prior to the program start date.

**Enrollment:** Monday, January 19 - Saturday, May 15, 2026

## Location

Green County Family YMCA, 1307 2nd Street, Monroe, WI 53566

## Full Day Schedule - Session 1

Each day is unique but follows a similar layout. *Tuesday afternoons we will walk to the library. Thursday afternoons we visit the Park & Rec pool to enjoy some fun in the sun!*

- 7:30—8:30 a.m. Drop Off, Board Games, Legos and more!
- 8:30—8:45 a.m. Morning Meeting & Daily Announcements
- 8:45—9:30 a.m. Weekly Theme Activity
- 9:30—9:45 a.m. Morning Snack
- 9:45-10:45 a.m. Team Building Exercise/Indoor/Outdoor Gym Related Activity
- 11:00-11:45 a.m. Specials (Gymnastics, Volleyball, Yoga & Art)
- 12:00—12:55 p.m. Lunch/Open Gym/Afternoon Assembly
- 12:55—1:55 p.m. Let's get moving! Indoor/Outdoor Exploration, Physical Activity
- 1:55—2:50 p.m. Baking/Science/Weekly Theme Education Hour
- 2:50—3:00 p.m. Snacks
- 3:00-3:45 p.m. Twinning Park
- 3:45- 4:45 p.m. Weekly Themed Activity
- 4:45—5:00 p.m. Reflections/Pick Up

## Full Day Schedule - Session 2

Each day is unique but follows a similar layout. *Tuesday afternoons we will walk to the library. Thursday afternoons we visit the Park & Rec pool to enjoy some fun in the sun!*

- 7:30—8:30 a.m. Drop Off, Board Games, Legos, Morning Meeting, activities!
- 8:30—9:30 a.m. Weekly Theme Activity
- 9:30 -9:45 a.m. Morning Snack
- 9:45-10:45 a.m. Team Building Exercise/Indoor/Outdoor Gym Related Activity
- 11:00-11:45 a.m. Specials (Gymnastics, Volleyball and Yoga)
- 11:45 a.m. -12:15 p.m. Lunch  
*\*\*Please remember to send your child with a sack lunch daily\*\**
- 12:15 p.m.-1:00 p.m. Arts & Crafts Hour
- 1:00 -1:40 p.m. Let's get moving! Indoor/Outdoor Gym Related Activity
- 1:00-1:40 p.m. Inflatable Fun (F)
- 1:40-2:00 p.m. Afternoon Snack
- 2:00-3:30 p.m. Recreational Water Related Activity (M, W, F)/Gym Games
- 3:40-4:15 p.m. Twinning Park or YMCA Park
- 4:15-5:00 p.m. Open Gym/Pick Up

Adventurists will participate in a variety of activities each day that have been designed to fit the theme & include but are not limited to:

- Ice Breakers
- Arts & Crafts
- Sports
- Games & Fitness for Kids
- Outdoor Exploration
- Hands on Science
- Movies
- Songs
- Character Development
- Transitional Activities
- Special Events
- Swimming
- Baking days
- Fun Fridays!
- Mindfulness
- Yoga
- Giving Back
- Inflatables
- Community

## Payment Policy

All payments must be paid in full at the time of registration.

## Cancellation/Refund Policy

Fees for programs are based on a per session basis. The YMCA will not deduct days missed from your fee. When you enroll for a session you are reserving time, space, staff, and provisions for your child, whether or not he/she attends. If programs are closed due to inclement weather (i.e. tornado) no refund will be made.

## Waitlist Information

If your child is on a waitlist please be advised that they will be automatically slotted in to open spots and you will be called to be advised of the change. You are able to call back within 24 hours to cancel if the waitlisted session no longer works with your schedule. You will also have 24 hours to contact us after being placed into the program to pay for the registration. After 24 hours has passed, if we have not received payment we will have to remove your child from the available spot and open it up to another.

## Admissions and Enrollment:

All admission forms, including such things as emergency contact information, authorized persons for pick up, and health information, need to be turned in **no later than May 4<sup>th</sup>**. Our Youth Development Center requires accurate and current records of home, cell, and workplace phone numbers. If you change your phone number or your emergency contact, please let us know immediately.

All forms are **REQUIRED** and must be completed to be eligible for admission to our program:

- *Emergency Card*
- *YMCA Enrollment Form/Contract*
- DCF Child Care Enrollment Form
- *DCF Child Health Report* (Completed by a child's physician)
- *DCF Health History & Emergency Care Plan*
- *DCF Immunization Records*
- DCF Authorization to Administer Medication Form (*if applicable*)
- Completed Registration Form
- Transportation Form
- Walking Field Trip Form
- Session payment paid in full prior to the program beginning.
- \$50.00 deposit at the time of register to hold child's spot in the program.

### **Child Wellness Check**

A child wellness check will occur daily during child drop off. It is a daily screening process used to ensure that children are healthy, safe and ready to participate in the program. This includes:

- Visual Inspection: Staff will observe children for any signs of illness, injury or unusual behavior (e.g. fever, rash, excessive fatigue).
- Parent Communication: Parents are asked about recent illnesses, changes in behavior, or other concerns.

Health & Safety Measures: If a child shows symptoms of illness, staff will contact the parents for an early pick-up to prevent the spread of germs.

### **What's Going On At Home**

Children's actions often reflect situations that 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.

### **Illness/Absences**

The YMCA cannot provide care for sick children. A child who is sick prior to the day beginning should be kept home for his/her sake and that of others. If a child has any sign of illness or fever, the parent will be called to pick up the child. If a child has no overt symptoms of illness, but displays significant behavior changes and is clearly uncomfortable and not able to participate in activities, a parent will be called to pick up the child. If a parent cannot be reached, the staff will call the emergency number(s) listed on the healthy form. There are no refunds for missed days. If your child has a contagious condition (i.e. pinkeye, lice fever, rash, etc.) they will not be admitted to the program and if discovered during the program day, you will be required to pick up the child immediately.

When your child will be absent due to illness or for any other reason, it is important that you notify us as soon as possible. Please send a private message via the classroom app or call 608-325-8046. If our staff has not received notification of a child's absence within 15 minutes of their regular scheduled start time, staff will call the parents to confirm the absence.

### **Medication Policy**

Our center staff members are not medical professionals. Staff are here to guide and nurture your child. We request that parents adjust the timing of their child's medication, so doses are given at home as much as possible. If medication needs to be administered during the time of care, please contact the Director of Child Development. An Authorization to Administer Medication form is required and must be on-file before our staff can administer any medications.

Staff will administer medication to your child only under the following circumstances:

- The prescription is in the child's name and the parent has filled out an Authorization to Administer Medication Form. The medicine must be in the original container with labels intact. The first dose of any medication must be administered at home. Staff will not give initial doses of any medication, except for physician's written permission of those intended for life-threatening situations (i.e., Epi-pen). Staff will not administer expired medication.
- Over-the-counter medication may be given but must be directed in writing by a physician. Medication must be in its original container with label intact. Staff will not dispense more than printed recommended dosage. Child's name (first and last) and the dosage must be written on the container. **All over-the counter medications require a physician's authorization slip.**
- Non-emergency medications will be stored in a locked container in the office area. Only medications needed in an emergency, such as an Epi-pen or inhalers, may be stored in the classroom, and then in a locked cabinet out of children's reach.
- Cough drops are a choking hazard and will not be allowed.
- Staff record all medications administered on the Authorization Form and in a Medication Log book.
- Parents must sign each day and time the medication is to be given.

Medication that needs to be administered using a device:

- Medication that needs to be administered using a device will need to be documented on the Authorization to Administer Medication Form. Written instructions must be provided by parent or physician, including signs and symptoms that the medication is needed.
- Parent or physician need to demonstrate the use of the device and include any pertinent information to all staff that will be administering this medication. Only these staff will administer this medication. This demonstration needs to be documented in writing on the Authorization to Administer Medication Form.
- Updates need to be made to this documentation annually or as the staffing or device change.

### **Confidentiality**

The Youth Development Center staff is ethically and legally required to maintain confidentiality for children and families. Please respect this and help us in this matter. This includes, but is not limited to:

- Incidences between children.
- Behaviors of specific children.
- Teacher/child interactions.
- Information about other families.
- Information regarding children with posted illnesses.
- Information regarding children with special needs (physical, emotional, or cognitive).

Youth Development Center teachers are responsible for guiding children's behavior while in our care. Parents may not discipline other children in our program.

### **Emergencies**

YMCA Staff will treat routine cuts, scrapes, and bumps. If the injury is more serious, we will take immediate steps to secure medical treatment while making effort to contact you or the contacts listed on the program registration. Your signed authorization on the program registration allows us to secure prompt treatment. Should there be any changes in the emergency contact names or phone numbers, please notify us immediately and update the registration at the program office.

### **Lost Articles**

The YMCA is not responsible for lost or stolen items from the premises, parking lots, or program activity areas. We strongly advise against your child bringing articles of value to the program. Label everything! It will minimize confusion in the event something does get lost. There will be a designated lost and found area in the program area. Please check the lost and found daily if your child is missing something. Any unlabeled items will be kept for a limited time and then donated to charity if unclaimed.

## What to Bring

**\*\*Please mark every item with your child's name!\*\***

- Backpack
- Swimsuit
- Towel
- Water Bottle
- Closed-toe shoes
- Comfortable play clothes
- Spray Sunscreen
- Peanut-free sack lunch

\*Lunch will be provided for all children by the Monroe Middle School at no cost during Session One.\*

## What Not to Bring

YMCA Summer Adventures Program is a natural setting to retreat from technology and to become more in touch with people and nature. Please do not bring the following items to our program:

- Expensive items
- Weapons
- Fireworks
- Cell phones
- Money
- Matches
- Bad attitudes
- Electronic devices
- Tobacco products
- Illegal Drugs
- Tablets
- Medicine
- Lighters

**\*\*The YMCA is not responsible for any lost, stolen or broken items.\*\***

## What to Wear

- YMCA t-shirts MUST be worn on field trip days
- Sunscreen (when outside)
- Comfortable clothing (clothing that you don't mind getting beyond dirty)
- Closed-toe shoes (tennis shoes)

## What Not to Wear

- Halter tops
- Jeans
- Expensive clothing
- Items that promote tobacco, alcohol, vulgar slogans or innuendoes
- Dangle jewelry
- Open-toe shoes, flip flops or shoes with wheels

## Parent Responsibilities

Please help us enforce these rules. They have been carefully reviewed for both the safety of all program participants and staff as well as to ensure the involvement of all the children in the program activities without distractions.

## Family Involvement

One of our goals is to strengthen families, whether single parent, two parents, or legal guardian. During the summer we will offer special family activities. For example; on the last day of the session we would like to invite parents to come & do an activity with us! We will send out invitations halfway through the session to remind you to RSVP if you are able to attend!

## Evaluations

We need your comments, input and ideas on how to make our summer programs better to serve you and your child(ren). Evaluations will be done throughout the summer. Please take the time to fill out the form and return it promptly. This allows us to make necessary changes in the program and to recognize staff who are providing outstanding service to you and your family through the summer program. You may receive a periodic phone call from the director to get your input on a more specific area of concern. Please feel free to share any suggestions you might have.

## **Supervision**

Please do not leave your child at the YMCA or program site unless a YMCA staff member is there to receive and supervise your child. The YMCA adheres to ratios of staff to participant to ensure the proper supervision and safety of all participants.

## **Staff and Volunteer Interaction with Adventurists Outside the YMCA**

The YMCA does not allow any of its staff to babysit for families in their program. Exceptions to this policy are if the staff member and the family are related, or if the staff member had babysat for the family previously, before the staff member or the family had joined the Y. This includes babysitting, sleepovers, inviting children to their home, text messaging/email communications, or other electronic or web-based interaction through Facebook, Twitter, Instagram, YouTube, Pinterest, Snapchat or other online networking sites. YMCA staff and volunteers are not to transport children at any time outside of the YMCA program. Please do not ask our staff to provide child care or transport children outside of the YMCA program.

## **Code of Conduct & Discipline**

YMCA staff are trained in what is known as a progressive approach to discipline. This approach is designed to understand the motivation of the child and 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. Verbal Warning
2. Removed from Activity/Redirected
3. **Behavior Letter #1:** Parents Contacted, Removed from program for the remainder of day/Parent conference
4. **Behavior Letter #2:** Three Day Suspension from Program
5. **Behavior Letter #3:** Termination from 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 terminated from the program after a review of the circumstances. If a child is terminated, 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.

## **Termination Policy**

In the event that a parent/guardian and staff are unable to come to a mutually satisfying course of action after identifying and processing a problem, the Director of Child Development reserves the right to cancel the enrollment of the child for one or more of the following reasons:

- The child has needs of which the staff or the facility is unable to meet effectively. Unfortunately, our facility is not equipped to provide 1:1 care.
- A parent/guardian fails to observe the policies set forth by the Y.
- If the child cannot adequately adjust to the program.
- Children who are not fully potty-trained.

The YMCA's Youth Development Center reserves the right to disenroll a child if his/her behavior is harmful to other children, the staff, or to the child. Steps taken to help the child learn more appropriate behavior will be documented, and parents will be informed, preferably during a parent-teacher conference that a

child's enrollment is in danger of being discontinued if the behavior continues. Decisions regarding enrollment termination, and the timeframe involved in making this decision, are based upon the severity of the behavior, the child's age, the length of time the behavior has been occurring, and the family's willingness to work with Y staff to help the child.

A child may be unenrolled if a parent is not cooperative, fails to pay, fails to submit any required forms, or fails to observe hours of operation.

### **Drop Off and Pick Up Procedures**

Only those persons listed on the child's registration form are authorized to pick up the child. No one else, including family members, is considered an authorized person. Please add or delete names from the list as needed by updating the registration form. Please contact the Program Director to take care of any necessary changes.

Please have your government issued photo identification card and show it to our staff each time you come for your child to sign them out of the program. Please inform the other authorized persons as well. Should any authorized person arrive to pick up a child and appear to be under the influence of drugs or alcohol, or otherwise impaired, for the child's safety, staff may have no recourse but that of contacting the police. Please do not put staff in a position where they have to make this judgement call. Lastly, we request that parents and authorized persons refrain from smoking when picking up their children or while on the YMCA property.

### **Custody/Persons Listed on Registration Form**

In the best interest of you child, we ask your cooperation to resolve custody issues before registering the child in our program so that there is no confusion as to who is authorized to pick up or visit your child in the program. The parent or guardian who registers the child in the program will be considered the primary parent and will be the one with whom we communicate concerning the child and authorizations. If an individual not listed on the child's registration claims to have custodial rights to the child & is not listed on the program information card, they will need to provide court documentation that clearly proves those rights and under what conditions. Staff may need to consult with management before authorizing any changes.

### **Arrival/Departure Policies**

Upon arrival each child will be greeted in the Youth Development Center. Anyone with a temperature 100.0 or higher will not be allowed to stay in the program. Children will not be allowed to return until they are symptom free for 24 hours without the use of a fever-reducing or other symptom-altering medication.

### **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.
- **Evacuation Procedures:** In case of a building evacuation, all staff members and authorized individuals will be able to exit the building safely. Evacuation procedures are in place to ensure that all children are accounted for and that all children and adults are able to exit in a safe and orderly manner.

## Questions or Concerns

If you have any questions about the key fob access system, or if you need to request additional fobs, please contact the Director of Child Development. We are here to assist you and ensure that your experience at the Green County Family YMCA is as safe and secure as possible. Thank you for your cooperation in helping us maintain a secure and safe environment for all children in our Center's care.

## **Pick Up**

Pick up will take place in between 4:30-5:00 p.m. No child will be released to a person not listed on the Authorized to Pick up Child form. A government issued Id will be required if the person picking up is unknown to staff. Pick-up time for students needs to be done by 5:00 p.m.

## **Arriving Early**

Our program begins with supervision at 7:30 a.m. during session 1 and 2. Participants MAY NOT be dropped off prior to 7:30 a.m. This allows the camp staff to properly prepare for the day without interruption from early arrivals. Staff will be ready to greet your child promptly at the regular scheduled start time.

## **Early Pick Up and Late Arrivals**

We encourage you to leave your child for the complete program each day so he/she will not miss out on activities. Please come inside the building if you are signing your child in after 8:30 a.m. or if you are signing your child out before 5:00 p.m.

## **Late Pick Up**

In fairness to our staff and because of subsequent program demands, it is very important that your child is picked up on time. Late fees will be assessed for pickups after the end of the day. The late fee is payable at the time you arrive to pick up your child. Cash or check is accepted for payment. There will be a late fee of \$5.00 per 5 minutes after program closes.

- First 5 minutes: Grace Period
- Each 5 minutes thereafter: \$5.00 per child per minute

\*\*If you are running late, please notify the staff and make alternate pick-up arrangements.

## **Parking**

Please remember to drive slowly and carefully through our parking lot & watch for pedestrians.

## **Field Trips**

During each session we will plan at least one organized field trip to the Park N Rec outdoor pool as well as other trips that require bus transportation. The YMCA will cover the cost of each field trip, unless otherwise communicated.

- All children are expected to participate in field trips as there is no alternative care available for those who wish not to attend.
- Field trips are age appropriate and we encourage parents to volunteer. (See volunteer procedures)
- All YMCA adventurers will be provided a YMCA Summer Adventures t-shirt. Children must wear the current t-shirt on field trip days. If your adventurer forgets his/her t-shirt on a field trip day, you will be required to purchase another t-shirt for \$15.
- You will be notified in advance of any schedule changes. If any changes are made, please realize that they are for the benefit of the participants at the discretion of the YMCA, including any unforeseen delays or inclement weather.
- A qualified staff person will be in charge of a specific group of children during each field trip. Each group will not exceed a 1- 10 ratio for field trips. Each staff will have a written list of the children in their group with them at all times. The Summer Adventures Director is required to go on all field trips and will ensure all policies and procedures are followed. The Director will be responsible for bringing the children's necessary documents on the field trip.

## **Field Trip Discipline Policy**

On site discipline policy will be followed on all field trips. Any child who leaves his/her groups will not be allowed to go on future field trips. Any child who cannot follow field trip guidelines is subject to suspension from all future field trips. If a child's behavior poses a threat to the safety of themselves or others, that child will lose field trip privileges. If your child is suspended from a field trip because of behavior, you will not receive a refund for that field trip.

## **Transportation**

Transportation will be available from the Monroe Middle School to the Green County Family YMCA daily during session 1. (Transportation is not available during session 2). Adventurists needing transportation should be at their pick up location by their scheduled time to make the run. The school bus will not be able to make unscheduled stops. Parents, if your child is not participating in the Monroe summer school program please make arrangements to drop your child off at the YMCA at 7:30 a.m.. with a sack lunch. If you are dropping your child off you will need to sign your child in once he/she arrives.

## **Transportation Safety Rules**

Please go over the following rules with your child so he/she will know what is expected of him/her while in the vehicle.

- Passengers should remain seated at all times with all body parts inside the vehicle
- Passengers should wear seat belts when applicable
- Noise level should be such as not to distract the driver
- No throwing of objects inside or outside of the vehicle
- Passengers should enter and leave the vehicle under the direction of a staff member and/or driver. If the vehicle makes an emergency stop, passengers should follow directions of the staff, and use the buddy system if leaving the vehicle
- No disruptive or rude behavior
- Clean up after yourselves!! If you bring something onto the bus, make sure you take it back with you
- Know where the emergency exits are, and how to use them

## **Sunscreen Policy**

The YMCA does not provide sunscreen. Parents are required to send a bottle of spray sunscreen with their child to the program. Sunscreen breaks will be taken periodically. Children will apply sunscreen to themselves using their own sunscreen and to each other under staff supervision where necessary using the "bathing suit rule" to areas the child cannot reach on their own. As a last resort, staff may apply sunscreen, using the "bathing suit rule" which means they will apply only to areas that would not be covered by a one-piece swimsuit.

\*\*Spray sunscreen is highly recommended!

## **Inclement Weather**

Our program is designed for alternative activities in the event of inclement weather. Outdoor programs will not be affected by light rain without thunder and lightning. If thunderstorms are present, activities will be moved indoors until it is safe to return outdoors. Any last-minute changes made to the program schedule will be communicated via the classroom app. Fire and tornado drills are practiced monthly with evacuation routes posted in each YMCA classroom.

## **Volunteer Opportunities**

Volunteers are the heart of every YMCA and we rely on them to enable us to serve the community. Volunteers may assist in our YMCA Summer Adventures program as a guest speaker/presenter, workshop facilitator or field trip chaperone. Volunteers can also participate in special projects outside the walls of the YMCA, including yard cleanups, outreach events, and other "hands on" activities that help the neediest members of our community. If you are interested in becoming a volunteer, please reach out to a YMCA staff member about your interests and talents.

**YMCA Summer Adventures 2026  
Registration Form**

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

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Will your child be transported from the MMS during session 1?: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Would you like to purchase an additional t-shirt for \$15.00?: \_\_\_\_\_

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 Summer Adventures 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 Summer Adventures 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 adventurers 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 2026 Summer Adventures 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 2026 Summer Adventures Program.

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

**SUMMER ADVENTURES  
Parent & family contract**

In consideration of my child's participation in the Summer Adventures program:

- 1) 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.
- 2) 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.
- 3) I agree to return all required paperwork prior to the first day of the program. I understand that failure to do so could result in my child being dis-enrolled from the program.
- 4) I agree to abide by all Policies and Procedures of the Green County Family YMCA and Discovery Center.
- 5) 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 Discovery Center staff to take and publish pictures of my child within the Summer Adventure's program emails and YMCA marketing materials.

\_\_\_\_\_ I do not give permission for the Discovery 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 Program Director:** \_\_\_\_\_

## Movie Permission Form

As part of our Summer Adventures Program, we occasionally show age-appropriate shows or 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. If you have any questions or concerns about our movie policy, please feel free to contact our Director of Child Development.

I hereby give permission for my child to watch G or PG-rated movies and shows.

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

## Snack Duty

Parents, we are asking for your assistance and for you to donate snacks for our Summer Adventures Program. Please choose the week in which you would like to donate snacks to our program by listing the name of a particular snack on the week you commit to bringing it. Please remember, the YMCA is a nut free facility!

### YMCA Approved Snack List

- Cheez-itz
- Pretzels
- Popcorn
- Graham Crackers
- Raisins
- Chips
- Gold Fish Crackers
- Nutra Grain Bars
- Fruit Cups
- Ritz Crackers
- Apple Sauce
- Grapes
- Animal Crackers
- Bananas
- Go-Gurt
- String Cheese
- Cuties

Week of June 15<sup>th</sup> \_\_\_\_\_ Week of July 20<sup>th</sup> \_\_\_\_\_

Week of June 22<sup>nd</sup> \_\_\_\_\_ Week of July 27<sup>th</sup> \_\_\_\_\_

Week of June 29<sup>th</sup> \_\_\_\_\_ Week of August 3<sup>rd</sup> \_\_\_\_\_

Week of July 6<sup>th</sup> \_\_\_\_\_ Week of August 10<sup>th</sup> \_\_\_\_\_

Week of July 13<sup>th</sup> \_\_\_\_\_

**2026 SUMMER ADVENTURES  
REGISTRATION PAPERWORK  
CHECKLIST**

- YMCA SUMMER ADVENTURES 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 SUMMER ADVENTURES PROGRAM REGISTRATION FORM
- YMCA EMERGENCY INFORMATION FORM

**All registration forms and paperwork MUST be turned in by May 4th.  
Your child cannot start until all forms have been completed and turned in.**

### 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.
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**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 required for family and group child care centers and day camps to comply with 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 should 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.
 

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns, including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> 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.

---

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.

---

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

---

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

---

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

---

**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

---

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

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, 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

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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)

---

**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.

---

**AUTHORIZATION**

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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

## 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

<b>STEP 1</b>	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

**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 \_\_\_\_\_

# YMCA Summer Adventures 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 Adventure Program has permission to transport my child to the Monroe Clinic and Hospital for emergency medical treatment.

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

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

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

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

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

## 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 Adventures Program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_