



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

Y's Kids

SCHOOL AGE CHILD CARE (SACC)



Before and After School 2011-2012 Enrollment Packet

Important Information about SACC

Admission

* The Racine Y does not discriminate based on race, color, sex, creed, national origin, ancestry, disability, or income level.

*The Racine Y SACC Program provides children ages 5 to 12 years, the opportunity to participate in a wide variety of supervised activities including but not limited to: sports, arts and crafts, music, stories, games, and other youth development activities.

* Children with special physical or emotional needs are welcome in the program if determined to be in the child's best interest, and the time required by the child would not detract from other children's care.

Enrollment and Registration Policies

* All forms must be completed before the start of the program by the parent, legal guardian, or custodian of the child, and turned into the SACC staff.

* It is the parent's, legal guardian's, or custodian's responsibility to notify their child's SACC Site Leader of any changes in address, home and/or work telephone numbers, emergency contacts, health issues, or other pertinent information.

Program Fees

- * There is a one-time, non-refundable \$30.00 Registration Fee due at the time of registration.
- * Weekly fees are based on if you sign up for the 3 Days or the 5 Days.
- * Families having more than one child enrolled in the program will receive a 10% sibling discount on fees.
- * Program costs remain the same whether a child attends any portion of or the full-time allotted.
- * Program costs remain the same whether a child attends any portion of or the full time allotted. This means you are still responsible for payment whether child is sick, on vacation, etc.
- * Weekly fees are due to the YMCA on the preceding Wednesday (**West Ridge**), Thursday (**Schulte**), Friday (**Jerstad-Agerholm**) unless set up for the automatic bank draft. This is to make receiving payments easier as the Child Care Director will be coming on those days to handle payments directly. **REMEMBER CHECKS OR MONEY ORDERS ONLY!**

****Important Payment Information****

- ✓ If you chose not to sign up for bank draft you will be responsible for coming to the YMCA for payments by check, cash or money order if you miss your schools payment date.
- ✓ Bank drafts will only be accepted via credit card or debit card. No check bank drafts.
- ✓ You will be charged total amount due on Mondays.
- ✓ If you do not pay by noon on Fridays your child will not be able to attend that Monday or thereafter until payment has been made.



Operational Hours

- * Schulte SACC hours of operation are 2:15 pm-6:00 pm.
- * West Ridge SACC hours of operation are 6:00 am-8:00 am and 3:00 pm-6:00pm.
- * Jerstad-Agerholm SACC hours of operation are 2:45 pm-6:00 pm.
- * Program does not meet when Racine Unified School District is closed.
- * Snow Days
 - If school is closed for the day, the SACC program will not be open
 - If school closes during the day the SACC program will not be open

Absence from Program

- * If a child will not be attending the program on any particular day, parents must call as by noon that day.
- * SACC sites are not licensed to care for mildly ill children. Therefore, if a child cannot attend school due to illness, the child cannot attend the SACC program.

Contact Numbers

Cheree Allen, SACC Director
262-634-1994 ext. 272

SACC Phones

Schulte-262-989-9682

Westridge-262-989-9681

Jerstad-Agerholm-TBA

Arrival/ Departure

- * When arriving and departing, parents must sign their child in/out for the day on the attendance sheets.
- * Children must be brought directly into the SACC location by parent.

Late Policy

SACC ends at 6:00pm. Children must be picked up promptly. We recognize the fact that occasionally there are circumstances that may make parents late.

- * Grace is granted until 6:10pm for parents who call their child's Site Leader before 5:30pm.
- * Parents who do not give a courtesy call by 5:30pm will be billed \$1.00 for every minute after 6:10pm.

Authorized Adults for Child Pick-Up

- * Only authorized individuals may pick-up children from SACC sites. In case of separation, divorce, etc., when one parent has custody and the other is not allowed to pick-up child from the program, we must have a copy of the court order stating thus.
- * Staff have been instructed to ask for identification from individuals they do not know when they arrive to pick-up a child from the program.

Transportation Policy

- * SACC staff will not transport a child enrolled in the program at any time.
- * An ambulance will be called in an emergency medical situation.

Educational Policy/Daily Schedule

- *The SACC program will provide children the opportunity to participate in age appropriate activities on a daily basis.
- * During structured free time, each child will always have a choice of at least three different activities.
- * Copies of the lesson plans will be posted at SACC locations and made available to parents.

Discipline Policy

*Children will be given more responsibility for their behavior and control as they mature in the program.

*Rules will be prioritized according to their importance with regard to safety.

*The Site Leader will notify parents if their children are involved in any conflicts upon child's pick-up from site.



Make new friends, learn new skills, and have fun before and after school!

The heart of the Racine Y SACC experience is the small, close-knit group of students who along with the SACC staff, plan and carry out a variety of activities for fun and personal development. SACC activities will have a monthly theme (i.e., April Showers, community helpers, etc.). Activities such as crafts, group games, sports, outdoor play, and so much more are designed to ensure success, confidence, and self-esteem with our fundamentals in all Y youth programs.

Phenomenal Staff!

The Racine Y School Age Child Care Staff is highly trained and committed. References, past work experience, and criminal background checks are conducted prior to hiring. We employ hard working men and women who are dedicated, experienced, responsible, enthusiastic, positive, and fun. The staff to student ratio is never greater than 1:12 and is often lower. All staff are trained in CPR and Basic First Aid.

All are welcome at Y's Kids!

The Racine Y believes that every child should have the opportunity to experience the Y's Kids program. If financial assistance is needed, the Racine Y works closely with the state agencies that help fund child care. We ask that you first apply for child care financial assistance with the Wisconsin Works program (W2) located at the Workforce Development Center, 1717 Taylor Ave. Families who do not qualify for financial assistance through W2 may apply for financial assistance through the Racine Y with funds made possible by the United Way of Racine County and the Racine Y Strong Kids Campaign.

*The Racine Y does not discriminate based on race, color, sex, creed, national origin, ancestry, or disability.

Schools Out: Mini Camp



Mini Camp provides quality care for children on school vacation days at the Racine Family YMCA. Children ages 5-12 can experience a variety of fun enriching programming while parents enjoy peace of mind knowing their children are safe.

Location:
Racine Family YMCA
725 Lake Ave.
Hours: 6:30am-6:00 pm
Fees: Member: \$20.00/day
Participant: \$25.00 /day

For more information on Mini Camp please contact

Cheree Allen, SACC Director

262-634-1994 ext. 272

Y Kids Enrollment Information

Child's Name _____ Birthdate _____ Age _____ Male/ Female _____

Parent Name _____ Parent Name _____

Address _____

City _____ Zip Code _____

Billable Parent: _____

Billable Parent: Birth Date _____

If Billable Parent address is different from the child

Address _____

City _____ Zip Code _____

Sibling's Name if also attending one of our childcare sites: _____

School Age Child Care Sites & Hours

Please check which site you are enrolling your child(ren):

- Schulte Elementary**
8515 Westminster Drive
Sturtevant, WI 53177
Site Phone Number: 262-989-9682
Location Number: #015
PM Only (2:15 pm-6:00 pm)

- West Ridge Elementary**
1347 Emmertsen Road
Racine, WI 53406
Site Phone Number: 262-989-9681
Location Number: #004
AM (6:15 am- 8:00 am), PM (3:00 pm- 6:00 pm)

- Jerstad-Agerholm Elementary**
3535 LaSalle Street
Racine, WI 53402
Site Phone Number:
Location Number:
PM Only (3:00 pm-6:00 pm)

Child's Name _____

Please check all that apply for your site location.

West Ridge

Days	AM Y Member	AM Non-member	PM Y Member	PM Non-Member	AM & PM Y Member	AM & PM Non-member
<input type="checkbox"/> 3	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> 40.00	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$64.00
<input type="checkbox"/> 5	<input type="checkbox"/> \$31.00	<input type="checkbox"/> \$41.00	<input type="checkbox"/> 46.00	<input type="checkbox"/> 56.00	<input type="checkbox"/> \$71.00	<input type="checkbox"/> \$89.00

Schulte

Days	Afternoons Y Member	Afternoons Non-member
<input type="checkbox"/> 3	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$40.00
<input type="checkbox"/> 5	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$56.00

Jerstad-Agerhom

Days	Afternoons Y Member	Afternoons Non-member
<input type="checkbox"/> 3	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$40.00
<input type="checkbox"/> 5	<input type="checkbox"/> \$46.00	<input type="checkbox"/> \$56.00

There is a one-time enrollment fee of \$30.00 per child

Payment Sheet

Child's Name: _____

My Weekly Rate will be: \$ _____

Payment Information:

- Enclosed is my \$30 Registration fee Form of Payment _____
 Enclosed is my first week's payment Form of Payment _____

Weekly Payment Information:

I will be making my weekly payments by:

- Check
 Credit/Debit Card Draft
 Online/Call YMCA with Credit Card Information by noon on Friday.

If using Credit/Debit Card, please complete the following information:

- Mastercard
 Visa
 Discover

Name on Card: _____
Card Number: _____ Exp. Date: _____ Security Code: _____
Address: _____ Zip Code: _____
Signature: _____

I hear by authorize the Racine Family YMCA to deduct \$ _____
(Amount checked above)

from my debit/credit card account.

(Please circle one)

For _____
(Name of child)

Signature _____

I understand that this amount will be drafted from my bank account or credit card each Monday during September 5, 2011 through June 11, 2012. Any changes to my account info will need to be done one week in advance. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my TriNexum account.

I understand that I will pay for the time slot(s) that I have signed up for, regardless if my child attends the entire scheduled slot even if on vacation or child is ill!

I understand I have reserved this spot for my child and the SACC program can't put a child in my child's place thus it is my responsibility to pay.

Signature: _____ Date: _____

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)	Address - Home (Street, City)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance
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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.

Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone No.
Mother					
Father					
Guardian					
Guardian					

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."

Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone 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.

Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone No.

PHYSICIAN OR MEDICAL FACILITY

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

- 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 field trips and other activities during operating hours. Transported Walking
- 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.

SIGNATURE - Parent or Guardian

Date Signed _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the day care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day 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 (4) 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- <i>Pertussis</i> (Specify DTP, DTaP, or DT)					
Polio					
Hib (<i>Haemophilus 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 day care entrance. Children who reach a new age/grade level while attending this day 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 ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If 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).
²If 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.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th 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 day care center), OR

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day 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 day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day 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

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. and 250.07(6)(L)5, DCF 251.04(6)(a)6. and 251.07(6)(K)5, and DCF 252.44(6)(g) 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) _____ Address - Home (Street, City, State, Zip Code) _____

Telephone Number _____ Birthdate (mm/dd/yyyy) _____ Date - First Day of Attendance (mm/dd/yyyy) _____

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

Name _____ Telephone Number - Home _____ Telephone Number - Work _____ Telephone Number - Cellular _____

Name _____ Telephone Number - Home _____ Telephone Number - Work _____ Telephone Number - Cellular _____

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician _____ Address - Medical Facility _____ Telephone Number _____

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2, authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a, Authorizations shall be reviewed periodically and updated as necessary.

- Yes No I authorize the center to apply sunscreen to my child. Brand Name _____ Ingredient Strength _____
- Yes No I authorize the center to allow my child to self-apply sunscreen. Brand Name _____ Ingredient Strength _____
- Yes No I authorize the center to apply repellent to my child. Brand Name _____ Ingredient Strength _____
- Yes No I authorize the center to allow my child to self-apply repellent. Brand Name _____ Ingredient Strength _____

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
- Asthma
- Cerebral palsy / motor disorder
- Other condition(s) requiring special care - Specify _____
- Diabetes
- Epilepsy / seizure disorder
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
- 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 _____

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

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* should be attached to this form. Note: group child care centers and day camps may use their own form.

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: