

**Enrollment Contract**

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

First Day of Attendance: \_\_\_\_\_ School: \_\_\_\_\_

I would like my child enrolled in:

**BEFORE & AFTER SCHOOL-\$300/MONTH**

Monday -Friday  
6:30 AM -8:30 AM  
3:40 PM -5:45 PM

Added Benefits:

- 10% Discount for additional children in the Before & After School Program
- FREE School's Day Out Program
- FREE Family Membership to the YMCA of Dodge County

**Automatic Payment Options\*:**

Select One:

- Monthly (Pulled on the 1st of the Month)
- Twice Per Month (Pulled on the 1st and 15th of the Month)
- Check here if you receive Wisconsin County or State Funding

**BEFORE SCHOOL ONLY-\$45/WEEK**

Monday -Friday  
6:30 -8:30 AM

Added Benefits:

- 10% Discount for additional children in the Before & After School Program

**Automatic Payments\* are weekly**

(Pulled every Monday)

- Check here if you receive Wisconsin County or State Funding

**AFTER SCHOOL ONLY-\$45/WEEK**

Monday -Friday  
3:40 -5:45 PM

Added Benefits:

- 10% Discount for additional children in the Before & After School Program

**Automatic Payments\* are weekly**

(Pulled every Monday)

- Check here if you receive Wisconsin County or State Funding

*\*All enrollment choices require automatic withdrawal for payment.*

Parent/Guardian Print Name: \_\_\_\_\_

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

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

**General Information**

1. Parent/Guardian Name (Last, First MI): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Address (Street, City, State, Zip): \_\_\_\_\_

Does the child reside at this residence?  YES  NO

Place of Employment: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

2. Parent/Guardian Name (Last, First MI): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Address (Street, City, State, Zip): \_\_\_\_\_

Does the child reside at this residence?  YES  NO

Place of Employment: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Emergency/Authorized Contacts**

1. Name (Last, First) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

- This person can be notified in an emergency when Parent/Guardian(s) cannot be reached.  YES  NO
- This person is authorized to pick up & drop off the child.  YES  NO

2. Name (Last, First) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

- This person can be notified in an emergency when Parent/Guardian(s) cannot be reached.  YES  NO
- This person is authorized to pick up & drop off the child.  YES  NO

**Authorizations**

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 program and a summary of the Wisconsin State Licensing Rules.  YES  NO

I give permission for my child to participate in transported and walking field trips and other activities during operating hours.  YES  NO

I have been informed of the number of pets in the program and their degree of contact with my child.  YES  NO

**Alternate Release / Arrival Agreement**

My child, \_\_\_\_\_ will arrive at \_\_\_\_\_ Elementary School from Y Kids Before and After School Care by way of walking at 8:30 a.m. on Monday, Tuesday, Wednesday, Thursday, and Friday.

My child, \_\_\_\_\_ will arrive at Y Kids Before and After School from \_\_\_\_\_ Elementary School by way of walking at 3:40 p.m. on Monday, Tuesday, Wednesday, Thursday, and Friday.

Additional Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorization to Draw EFT or Credit Card for Y Kids Before & After School Program.**

Name on EFT Account / Credit Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_

Please choose ONE of the following forms of Payment to use for your draft:

**Credit Card**

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

**EFT Account**

Bank Name: \_\_\_\_\_  
 Bank City: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 CHECKING  SAVINGS

**Check here if you receive Wisconsin County or State Funding**

**Health History & Emergency Care Plan**

If available, attach any health care plan information from the child's medical professional.

1. Check any special medical condition that your child may have:

- NO SPECIFIC MEDICAL CONDITION
- Asthma
- Cerebral Palsy/Motor Disorder
- Diabetes
- Epilepsy /Seizure Disorder
- Gastrointestinal Concerns
- CD/LD
- ADD/ADHD
- Autism
- Milk Allergy
- Food Allergy (Please specify): \_\_\_\_\_
- Non-Food Allergy (Please specify): \_\_\_\_\_
- Other condition(s) requiring special care -Specify: \_\_\_\_\_

**For the next questions, if they do not apply to your child, please write "N/A" on the line.**

2. Triggers that may cause problems: \_\_\_\_\_

3. Signs or Symptoms to watch for: \_\_\_\_\_

4. Steps the provider should follow: \_\_\_\_\_

5. Identify any 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 program: \_\_\_\_\_

*I understand that I must provide all the information requested on this page and it must be up to date and accurate for my child to be enrolled in this program. If any changes are made during my child's enrollment, I will notify the program as soon as possible.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_