

SUMMER CAMP REGISTRATION FORM**June 9 – August 29, 2025**

Child's Name _____

YMCA Member? ☐ Yes ☐ No M ___ F ___ Age at Camp ___ Birth Date ___/___/___

Parent/Guardian Full Name _____

Primary Guardian Phone () _____

Address _____ City, State & Zip _____

Email _____

Emergency Contact(s) and person(s) authorized to pick up child:

Note- Staff will NOT release children to unauthorized person(s).

Name _____ Phone () _____

Name _____ Phone () _____

CAMP Weeks:

Week(s) Registering	Week	Events/Field Trip	Dates	Member Early Bird	Non- member Early Bird	Y Member After 4-18- 25	Non-member After 4-18-25
	1		June 9-13	\$150	\$170	\$160	\$180
	2	Family Fun Night 5:30-7:00pm, Thursday June 19th	June 16-20	\$150	\$170	\$160	\$180
	3	Field Trip - Wisconsin Rapids Aquatic Center	June 23-27	\$165	\$185	\$175	\$195
	4	Mini Resident Week!	June 30- July 3	\$300	\$320	\$310	\$330
	5		July 7-11	\$150	\$170	\$160	\$180
	6		July 14-18	\$150	\$170	\$160	\$180
	7		July 21-25	\$150	\$170	\$160	\$180
	8	Field Trip - Wisconsin Rapids Aquatic Center	July 28-August 1	\$165	\$185	\$175	\$195
	9	Family Fun Night 5:30-7:00pm, Thursday August 7th	August 4-8	\$150	\$170	\$160	\$180
	10	Field Trip - Wisconsin Rapids Aquatic Center	August 11-15	\$165	\$185	\$175	\$195
	11		August 18-22	\$150	\$170	\$160	\$180
	12		August 25-29	\$150	\$170	\$160	\$180

PRICINGNote: Register prior to April 18st to lock in your Early Bird rate!

Register for Free Day Camp pre-care 7:00am-9:00am: ___ Mon ___ Tue ___ Mon ___ Wed ___ Thurs ___ Fri

Register for Free Day Camp Post-care 4:00pm-5:30pm: ___ Mon ___ Tue ___ Mon ___ Wed ___ Thurs ___ Fri (p/u 5:00)

Has your child attended camp at YMCA Camp Alexander? ___ Yes ___ No

Number of years attended ____ Has your child had any previous swimming experience? ___ Yes ___ No

A friend your child would like to be with: _____

Registration, deposits & payments: A non-refunded deposit is required for each week of camp at time of registration. Bring in, mail or fax this completed registration form with the appropriate non-refundable deposit to secure each week attending. Mailing address: 601 West Grand Avenue, Wisconsin Rapids, WI 54495. Fax: 715-887-3262 (fax paying with credit card only). Payment of the balance due must be paid two weeks prior to the start of camp or a child on the wait-list will be given your opening. State licensing requires that a Health Form including immunization information must be completed each year and kept in the camper's file. I understand the registration, deposit, and payment guidelines. I will complete and have the Health Form including immunization information to the YMCA two weeks before my child attends camp. I authorize my child to take part in all camp activities. In case of illness or injury the Camp Directors(s) has permission to secure medical attention if unable to communicate with me. I authorize photographs/video taken of my child participating in camp activities to be used in promotional literature.

Parent/Guardian 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 confidential. 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

Child's Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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ARENT 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.

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?
☐ Yes ☐ No

Place of Employment and Work Phone No.

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?
☐ Yes ☐ 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."

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.

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.

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

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

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

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.

SIGNATURE – Parent or Guardian

Date Signed

Health History and Emergency Care Plan

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

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

CHILD INFORMATION

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

PARENT / GUARDIAN INFORMATION

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

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

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(f)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.

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

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

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

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

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* – *Child Care Centers* 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: