



LEARNING BUILDS BRIGHTER MINDS

Early Release Care | \$17/day

2020 - 2021 SCHOOL YEAR
6:00AM - 6:00PM

On days when school gets our early our Early Release Care program invites children to try new experiences, to explore new activities and build relationships. We provide a trusting environment where you and your child will feel welcomed. Snacks are provided. Participants should bring a swimsuit, towel and a bag lunch daily, unless otherwise noted. Some days field trips will be offered at no additional cost. Children will be divided into groups by grade levels.

EARLY RELEASE CARE SAMPLE SCHEDULE

12:00pm - 12:30pm	Arrival
12:30pm - 1:30pm	Outside Play
1:30pm - 3:30pm	Craft / STEM
3:30pm - 4:00pm	Snack
4:00pm - 5:00pm	Rest, Reading and Relaxation

Fees & How to Register

Payment will be bank drafted the week of the program. Drop off this completed form at the Y Welcome Desk no later than 10 days prior to date enrolled or a \$10 late fee will be applied if space is available. We need to have at least 8 children enrolled by the deadline to run the program. If the program is running, no refunds will be issued if your child is registered and does not attend. **Photo ID is required in order to pick up your child from Early Release Care.**

KETTLE MORaine YMCA at Parkside Community United Church of Christ
116 W Dekora St., Saukville, WI 53080
262.268.9622 | www.kmymca.org

Child's Name: M or F Age: _____

Parent Names:

Parent's Signature:

Parent Phone (while child is in program):

Parent's Email (Required):

Please choose one of the three options below:

My child is in the School Age Program. **(No Health History or Emergency Care Plan needed)**
Site Enrolled: _____

My child has attended a Kids Day Out during this academic school year and I have already completed the Health History form. **(No Health History or Emergency Care Plan needed)**

My child is new this academic school year (Sept. 2020 - June 2021). **Parent must complete the Banking Authorization form (visit our website to download form) and the Health History and Emergency Care Plan (which will be emailed to the address above).**

For more information contact:
Joel Guidinger
262-235-9640 or jguidinger@kmymca.org

STAFF USE ONLY Payment Received Completed Forms
Date & Time of Form Submission: _____





EARLY RELEASE CARE SELECTIONS

Early Release Care held at Parkside Community United Church of Christ, serving the Port Washinton/Saukville School District.

Grades 5K - 6th

The registration deadline is 10 days prior to date.

Please print child's name and check the dates that you are attending.

Child's Name: _____

October 22

Wacky Shoe Day
Grades K-4



March 4

Sunglasses Day
Grades K-4



March 26

Wacky Hair Day
Grades K-6



Please see the back side of this form for registration details!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KETTLE MORaine YMCA

Feith Family Ozaukee Branch - Automatic Payment

Please return completed form to your YMCA Welcome Desk to the attention of the billing department or via email to schoolageff@kmymca.org.

Please check 1 of the 3 options below:

(Banking information required for all Wisconsin Shares families.)

Voided check attached

Checking or Savings Account Number _____

Bank Name _____

Routing Number _____

Credit or Debit Card Number _____

Name (as it appears on card) _____

Exp Date _____ **3 Digit Security Code** _____

I am eligible for:

Employee Discount YMCA Dept _____

Sibling Discount **WI Shares** **YMCA Financial Assistance** **Split Payment**

Children's Names _____

Parent Name(s) _____

Address _____

City _____ Zip Code _____ Phone _____

Email Address _____

I hereby authorize the Kettle Moraine YMCA to automatically charge my account for child care tuition and program fees in which my child is enrolled. By signing this agreement, or electronically submitting, I agree that each charge shall be the same as if it were a check or charge drawn to the Kettle Moraine YMCA and signed personally by me. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment plus \$25 for bank account NSF or for credit/debit card declines. I am aware that if my account carries a balance due for current child care charges, my child's care may be suspended or terminated. The authority to continue drafts is to remain in effect until revoked by me in writing. Banking changes or child care revocation requires 2 weeks written notice in advance of the draft date.

Signature _____ Date _____

(I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I agree to apply this signature to all fields where I agreed to use my electronic signature on this form.)

Child(ren) Name(s) _____

Additional Info: