

# Jr. Camp/Quad Summer Registration, Health History & Emergency Care Plan

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Child ID (not Lillio)

\$ 75.00 per child registration fee ~ Please fill out a separate form for each child. \$ 25.00 handling fee for multiple audits. \$25.00 per family credit for forms filled in entirety.

All information on these forms is required by state of WI DCF Codes. Parents are required to inform us in writing of any changes to this information.

## CHILD INFORMATION

Today's Date (MM-DD-YY):

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Name (Last, First, Middle)	Nickname (if any)	Birth Date (mm/dd/yyyy)	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
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Family Status:  Married  Divorced  Single  Widowed  Guardian  Other:

**PARENT/GUARDIAN INFORMATION:** Provide all information regarding how the parent/guardian can be reached **while the child** is in care.

All parents/guardians are permitted to visit/pick up during center hours unless access is restricted/prohibited by a court order. Attach the court order if any.

If the child resides at multiple locations, the state department recommends a schedule for each location be obtained.

Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian Name: Home Address: (Street, City, State, Zip)	Telephone Number – Work  Employee ID (if Quad employee)	Telephone Number  <input type="checkbox"/> Cell <input type="checkbox"/> Home
Employer Name: Email Address:		

  

Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian Name: Home Address: (Street, City, State, Zip)	Telephone Number – Work  Employee ID (if Quad employee)	Telephone Number  <input type="checkbox"/> Cell <input type="checkbox"/> Home
Employer Name Email Address:		

**EMERGENCY CONTACT / AUTHORIZED ESCORT INFORMATION:** *EMERGENCY CONTACT* ~ Someone that can help us find the parent quickly in an emergency. *AUTHORIZED ESCORT* ~ Someone with permission to pick up your child. Email & Numbers where reachable while child is in care.

Relationship to child: Name:  <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Escort	Telephone Number – Work  Employee ID (if Quad employee)	Telephone Number  <input type="checkbox"/> Cell <input type="checkbox"/> Home
Employer Name: Address:		

  

Relationship to child: Name:  <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Escort	Telephone Number – Work  Employee ID (if Quad employee)	Telephone Number  <input type="checkbox"/> Cell <input type="checkbox"/> Home
Employer Name Address:		

Name – Medical Facility or Primary Physician	Address - (Street, City, State, Zip)	Telephone Number
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**ANTI-ITCH CREAM, SUNSCREEN / INSECT REPELLENT AUTHORIZATION** ~ Jr. Camp/Quad uses Dr. Scheffields Anti-Itch Cream, NoAd, Equate, Up&Up &/or Walgreens 30+ SPF Sunscreen & Off Brand Repellant with 45% or less Deet. **I understand Jr. Camp/Quad will use & apply these products to my child unless noted below.** The people below shall apply these to my child:

Bug Repellent:	Sun Screen:	Anti-Itch Cream:
<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a repellent allergy & will not use bug repellent. I will supply a doctor's note. <input type="checkbox"/> I will supply the following repellent for my child: <i>List Brand Name &amp; Active Ingredient Strength:</i>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a sunscreen allergy & will not use sunscreen. I will supply a doctor's note. <input type="checkbox"/> I will supply the following sunscreen for my child. <i>List Brand Name &amp; SPF Strength:</i>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> I will supply the following anti-itch cream for my child <i>List Brand Name:</i>

**FIELD TRIP AUTHORIZATION:**  Yes  No ~ I give permission for my child to participate and be transported for fieldtrips/activities

**MEDICAL CONDITIONS** - Check any special medical condition that your child may have. Attach any health care plan information from the child's physician, therapists, etc. where required.

<input type="checkbox"/> <b>No specific medical condition</b>	<b>Allergies &amp; Sensitivities</b>
<input type="checkbox"/> Cerebral Palsy / Motor Disorder	<input type="checkbox"/> Milk Allergy/Sensitivity If the child is allergic to milk, attach statement from a medical professional indicating an acceptable alternative.  <input type="checkbox"/> Food Allergies – Specify foods /beverages: Children bringing food from home due to food allergies must meet state requirements in meeting food guidelines with acceptable alternatives.
<input type="checkbox"/> Epilepsy / Seizure Disorder	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements	
<input type="checkbox"/> Other condition(s) requiring special care – Specify:	
<input type="checkbox"/> Any disorder including Cognitive Disabilities (LD, ADD, ODD, ADHD, Autism / Autism Spectrum etc) - Please specify:	<input type="checkbox"/> Non-food allergies – Specify:

**Medical Instructions**

1. Triggers that may cause problems: Specify
2. Signs & symptoms to watch for: Specify
3. Steps the child care provider should follow: If medications are necessary, a copy of the Authorization to Administer Medication is required.
4. When to call parents regarding symptoms or failure to respond to treatment:
5. When to consider that the condition requires emergency medical care or reassessment:
6. Are you willing to give specialized instructions/training to our staff?  Yes  No
7. Additional information that may be helpful to the child care provider:

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- **Deductions:** (Quad employees) Tuition will be deducted by payroll in one of two ways, or through a combination of both:
    - **Using Pre-Tax Dollars:** if chosen as an option during Open Enrollment
    - **Regular Payroll deduction:** After Tax Dollars will be deducted from the weekly paycheck and applied to tuition. The dollar amount deducted cannot be changed weekly.
  - **Advance Payments:** All families paying in advance are required to pay tuition prior to service. Failure to make advance payments may result in suspended care, and/or late fees or the required placement of a payroll deduction for Quad employees.
  - You will be billed on a biweekly basis & payment is expected in advance. Employees may be required to pay in full and collect familial payment from responsible parties. Arrangements can be made with the camp director for credit card and check payments. I understand my bill must remain current in order for my child to continue attending camp.
  - I give permission for my child to be photographed.  Yes  No  
These photos may be used for advertising purposes.  Yes  No
  - I have been informed of any pets at the camp and their degree of contact with the enrolled children.
  - I have received a copy of the Jr. Camp guidelines, tuition schedule & payment guidelines & agree to abide by all Quad/Camp policies. I understand the guidelines, policies & "Wisconsin Rules for Licensing Camps" are available to me on request & online for my review.
  - If there should happen to be a medical emergency concerning my child's well-being as the result of illness or an accident, I give my permission to have my child transported and treated at the nearest medical facility for emergency medical treatment. I understand that I will be financially responsible for expenses not covered by my insurance provider.

**Signature – Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewer Initials / Date of Review: \_\_\_\_\_



## **JR. Camp/Quad Immunization Record – page 2**

### **NEW CAMPERS:**

Please remember to attach a copy of your child's immunization record if you did not list them on page 1.

### **RETURNING CAMPERS:**

If your child received new immunizations, please remember to attach a copy of the updated record if you did not list them on page 1.

**\*\*Don't forget to sign page 1\*\***

# Prospective Attendance, Field Trip & Movie Authorization

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

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Child ID (not Lillio ID)

Please X or ✓ **each day** your child will (or might) attend camp this summer. **Please note that pre and post weeks are reserved for families enrolled on a regular basis. Due to limited staffing, we are unable to enroll children just for these weeks.** Staff, meals, bus contracts and supplies will be arranged according to the number of children scheduled for each day. We will ask you to confirm this schedule *2 weeks in advance*. Your schedule is negotiable until 2 weeks prior, at which time it becomes locked for staffing and planning. The month of August will be confirmed the first week in August. Please make note if and how the Quad production rotations affect your child's attendance schedule.

**Camp opens on Monday June 15<sup>th</sup>, 2026.** Care needed after August 29<sup>th</sup> should be arranged through the camp director. Please mark the days on the calendar below. Arrange alternate care prior to June 15<sup>th</sup>.

**Pre-Week & Post Weeks as Critical Scheduling:** Shaded areas denote limited staff availability. Scheduling accuracy is critical at these times & space may not be available for late requests. Again, pre and post weeks are limited to families enrolled and attending on a regular basis. Mark the days requested on your calendar and we will ask for confirmations as these days draw closer.

Pre-Week & Post Weeks: Children scheduled for care during these weeks must also be regularly scheduled throughout the summer. Mark any days requested for care and we will confirm acceptance.

Please mark each day your child will attend:

JUNE					JULY					AUGUST				
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
							1	2	3	3	4	5	6	7
					6	7	8	9	10	10	11	12	13	14
15	16	17	18	19	13	14	15	16	17	17	18	19	20	21
22	23	24	25	26	20	21	22	23	24	24	25	26	27	28
29	30				27	28	29	30	31	31	9/1	9/2	9/3	9/4

The approximate times you will be dropping off and picking up your child daily:

Drop Off (Start Time) \_\_\_\_\_ Pick Up (End Time) \_\_\_\_\_

My child will / may attend the Date Night events on July 17th and August 21st

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

Child's Age: \_\_\_\_\_

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Child ID

**Field Trip/Activity Expectations:**

Field trips and special activities are a privilege. Most are supplemented so that cost does not exceed \$15.00. Field trips will be announced well in advance. All children participating in school-age field trips and activities are expected to:

- ✓ Be on time *to fully prepare* for trip ~ pack a lunch, change, attend group meeting. We ask that children arrive **no later than 8:00am on trip days**. You may call ahead with a sandwich order to save time (414.587.4365). Missing multiple group meetings may result in not attending trips.
- ✓ Be prepared and dressed appropriately
- ✓ Listen to and follow directions
- ✓ Control their behavior
- ✓ Treat teachers, peers and property in a respectful manner
- ✓ Be respectful of practices guiding use of the premise
- ✓ Display appropriate behavior and use appropriate language. Inappropriate physical behavior, language (including the use of threats, profanity, or discussing inappropriate content), poor attitude and disrespecting people and property, whether on a trip or at base camp, will result in a phone call to the parent and possible exclusion from future trips, activities or camp. See *discipline insert for more details*.

**Possible causes for exclusion:**

- Child requires one-to-one care – Jr. Camp/Quad staff to child ratios do not allow for one-to-one care.
- Failure to meet expectations listed above may result in exclusion from field trips/activities or the child's parent may be required to chaperone in order for the child to attend. Consequences are determined after reviewing the situation, the child's age and development, and the severity or frequency of the behavior as well as the child's overall behavior.
- Failure to improve behavior or inappropriate behavior occurring on a regular basis may also result in termination of care.

**Movies:** Due to the variety of child interest, ages and development, I understand children may view movies rated PG.

Please check one:

- I do not have viewing concerns.
- I have viewing concerns and will discuss them with my child's counselors.

**Field Trip Attendance:**

My child(ren) may attend any fieldtrips and activities on the days they are scheduled to attend Junior Camp/Quad. In the event I do not want my child to attend a specific trip, I will make alternate arrangements for my child. I understand that failure to meet expectations may result in my child's possible exclusion from trips or activities. If bus capacity is met campers will be put on a waiting list. Staff will not stay back to provide one on one care. (Parents, please read the expectations and exclusions with your child before having your child sign the form)

Child's Signature & Date: \_\_\_\_\_

Parent's Signature & Date: \_\_\_\_\_

# QuadCare Summer Camp Payment Agreement/Authorization

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

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If Quad Employee - ID Required

I am a  Community Family  Quad Family paying tuition/trips in advance – failure to make advance payment may result in suspended care, penalties, payment in full and/or payroll deduction requirement.

My Average Weekly Tuition \$ \_\_\_\_\_  I have alternate payment: \_\_\_\_\_

**Quad Employee Families:**

Quad cannot deduct a fluctuating balance. Please use the worksheet on the back to determine your weekly average deduction. I authorize Quad to deduct \$ \_\_\_\_\_ from my weekly payroll check. This amount will be applied directly to my QuadCare balance. Any QuadCare balance not covered by this deduction remains my responsibility and should be paid on a regular weekly schedule. Deductions are to start with the payroll effective:

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Date MM-DD-YY (Required)

New Deduction Setup

After Tax Deduction already in place – Current Weekly Deduction \$ \_\_\_\_\_

Pre Tax Dependent Care Flex already in place – Dependent Care Flex amount \$ \_\_\_\_\_

No Deduction: Other \_\_\_\_\_

Deduction Change (After-Tax Only)

Increasing Deduction Amount

Decreasing Deduction Amount

Stopping Deduction

Reason for Change: \_\_\_\_\_

**Community & Quad Employee Families: (list children enrolled in all centers)**

Child(ren) Name & Center Location	Estimated # of attendance days between June & Sept or SX center schedule	Child ID(s) (not Lillio ID)						
1) _____	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
2) _____	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
3) _____	_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

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

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Date MM-DD-YY (Required)

*To complete enrollment process, please submit to QuadCare Office*

**For Office Use Only**

Office Notes: \_\_\_\_\_

QuadCare Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Approval: \_\_\_\_\_ Date: \_\_\_\_\_



# Payroll Deduction Worksheet

2026 Quad families will pay:	
Full Day (up to 10 fixed hours)	\$43.60
<i>2nd child discount</i>	\$39.25
Extended Day (over 10 hours)	\$51.80
<i>2nd child discount</i>	\$46.60

2026 Community families will pay:	
Full Day (up to 10 fixed hours)	\$61.10
<i>2nd child discount</i>	\$55.00
Extended Day (over 10 hours)	\$69.75
<i>2nd child discount</i>	\$62.80

School Age Child's Name	# days attending all summer		Cost per day		Total Cost of Trips*		Summer Total
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
Add totals and divide by 12 (the number of weeks in the program) to get your total weekly payroll deduction. Add this amount to your current deduction if you already have children attending the center.							\$

*\*See program brochure for fieldtrip costs*