



# ACTIVE AFTERSCHOOL AT THE YMCA

## Active Afterschool/Easter Seals Program/Extended Experience at Lee

Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangements:    Both Parents    Mother    Father    Other \_\_\_\_\_

Child's Legal Guardian(s):    Both Parents    Mother    Father    Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Father's Home Address (if different from child's) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Mother's Home Address (if different from child's) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(Relationship to child) (Street/City/State/Zip)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(Relationship to child) (Street/City/State/Zip)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(Relationship to child) (Street/City/State/Zip)*



**Persons to contact in the case of an emergency when parents cannot be reached:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Relationship to child)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Relationship to child)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Relationship to child)

Name of Public or Private School Child Attends, if any: \_\_\_\_\_

Child's Physician or Clinic's Name (Child's Primary Health Source): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

My child has the following special need(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should \_\_\_\_\_ (child's name/date of birth) suffer an injury or illness while in the care of the Albany Area YMCA and the facility is unable to contact me (Us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

## PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. The Albany Area YMCA agrees to provide Afterschool care for your child, Monday – Friday, 2:30 – 6 p.m. weekly (3:00-6:30p.m. for Lee).
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child’s full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child’s physician, child’s health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
6. The Albany Area YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

**The undersigned acknowledges that the YMCA is legally mandated to report any suspicions of child abuse to the proper authorities.**

I have received a copy of the Parent Handbook and agree to abide by the policies and procedures for Albany Area YMCA.

Parent/Guardian		
	<i>Signature</i>	<i>Date</i>
YMCA		
Director		
	<i>Signature</i>	<i>Date</i>

## STATEMENT OF CONFIDENTIALITY

Program participant records shall be considered privileged and confidential. Confidential records include, but are not limited to: the enrollment application and health/developmental information, any medical information, and/or any other information added to your child’s file during his/her enrollment at the Albany Area YMCA. None of this information will be given to anyone without the parent’s written permission, unless compelled by law. If an outside agency should request information from your child’s file, it will be released only after the parent has signed a Release of Information Form. A record of all such releases will be kept in your child’s file.

## YMCA Medical Information

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

List any disabilities which would limit the child's participation in the center's program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special procedures in caring for your child: \_\_\_\_\_

\_\_\_\_\_

### Medical Release Form

I, \_\_\_\_\_, hereby give permission to the YMCA staff to seek  
(name)  
medical treatment or surgical care for my child, \_\_\_\_\_ should any emergency arise.  
(child's name)

It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken, but if not possible to locate us, this expense will be accepted by us.

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

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Transportation Agreement

This is to certify that I give the YMCA permission to transport my child \_\_\_\_\_  
(child's name)  
to and from all activities and field trips.

### Water Activities Authorization

I hereby give my child, \_\_\_\_\_, permission to participate in water related activities whenever program schedule allows.

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

**PARENT AUTHORIZATION:** This information sheet is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to selected physician or hospital to secure proper care for my child. I also give the YMCA permission to transport my child to field trips and special events.

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

## **IMPORTANT PARENT INFORMATION**

Parents, please initial each statement as **“I have read and understand”** all of the information listed below. Please contact Child Care Director at 436-0531 ext 231 should you have any questions.

\_\_\_\_\_ **PAYMENTS:** Childcare fees for the upcoming week are due by Saturday 5:00 p.m. If you are planning to pay every two weeks you must pay in advance (same with monthly fees). **Registration is \$55 per child.**

<b>WEEKLY FEES</b>	<b>YMCA Member</b>	<b>Future Member</b>
<b>Active Afterschool (DCSS students)</b>	1st Child: \$50 per week 2nd Child: \$45 per week	1st Child: \$70 per week 2nd Child: \$65 per week
<b>Active Afterschool (LCSS students)*</b>	1st Child: \$50 per week 2nd Child: \$45 per week	1st Child: \$70 per week 2nd Child: \$65 per week
<b>Easter Seals</b>	1st Child: \$70 per week 2nd Child: \$65per week	1st Child: \$90 per week 2nd Child: \$85 per week

\*Extra fee is due to additional transportation costs from Lee County schools to our Main Y facility.

\_\_\_\_\_ **LATE FEES:** \$10/per child will be added to your child care fee if not paid by Saturday 5:00 p.m. Late pick-up fee is \$10 per each 10 minutes late. Late pick-up fee after 6:00pm is to be paid at the front desk before picking up your child. (Bring receipt to childcare staff.)

\_\_\_\_\_ **ATTENDANCE:** If your child is present one day of any week, he or she is considered present for the entire week. The YMCA does not pro-rate or deduct fees for missed days.

\_\_\_\_\_ **BEHAVIOR:** All children are expected to follow rules established by the YMCA. Parents are expected to cooperate and stress the importance of good behavior patterns with your child. Children with persistent behavior problems will be asked to leave the program.

\_\_\_\_\_ **CHECK WRITING:** When making your payment by check please fill in your child's full name. If your check payment is returned a second time marked “insufficient” we will no longer be allowed to take checks for your fees. Payment at this point will be **“Cash Only.”**

\_\_\_\_\_ **RETURN CHECK POLICY:** Amount of the check + \$30 return fee.

\_\_\_\_\_ **FINANCIAL ASSISTANCE:** Should you have any financial concerns contact the Child Care Director.

\_\_\_\_\_ **REGISTRATION:** Registration fees are non-refundable.

\_\_\_\_\_ **WITHDRAWAL:** If your child is withdrawn from the after-school program, please inform us immediately. New registration fees will be charged upon his/her return.

\_\_\_\_\_ **EARLY DISMISSAL (when school dismisses early)**  
There is an additional charge of \$8/day/child for early dismissal days – due before early dismissal. For all participants except DFCS, early dismissal fees are added to regular weekly fees.

\_\_\_\_\_ **HOLIDAY CAMPS (days when school is out all day)**  
Holiday camp will be provided at a YMCA site on school holidays, based on pre-registration.

\_\_\_\_\_ **Holidays (WE WILL NOT BE OPEN)**

Labor Day	Thanksgiving Day	Christmas Eve	Christmas Day
New Year's Day	Memorial Day	New Year's Eve	

\_\_\_\_\_ **MEDICATION, ILLNESS & ABSENCE**

The YMCA cannot provide all day care for sick children. Please do not send your child to the Active Afterschool if he/she is ill. We request that your child is picked up as soon as possible in the event he/she becomes ill at the program.

\_\_\_\_\_ The YMCA Childcare staff is not allowed to give any medication without a medical release form signed by the parent or guardian. Medicine needs to be in a prescribed bottle with prescription on the front otherwise, it will not be acceptable. If your child has an ongoing medication that is taken everyday we must have a note from the doctor.

\_\_\_\_\_ For your child's safety, please call the YMCA Child Care site by 2:00 p.m. and let us know if your child is sick or leaving school. This makes us aware that your child will not be on the bus or will not be picked up by the YMCA bus and not attending the YMCA Active After-school that day.

\_\_\_\_\_ **SPECIAL CIRCUMSTANCES**

Note: Financial Assistance participants are required to pay the early dismissal rates. You must see the Childcare Director for fees for full week of holiday camp, prior to holiday camp beginning.

*I have read and understand all the policies and procedures in this parent handbook. I have initialed all of the above policies as read and understood.*

**DISCIPLINE**

All children enrolled in the Active Afterschool at the YMCA program will be expected to follow rules established by the YMCA, for the purpose of safety and smooth operation of the program. The Active Afterschool at the YMCA staff is committed to positive reinforcement and spanking is never allowed. If a major discipline problem occurs, you will be contacted by the Site Director or Program Director. Please cooperate with us in this, stressing the importance of good behavior patterns with your child. We want to keep the program fun for everyone! Children with persistent behavior problems may be asked to leave the program.

If a child has been suspended from school, he/she may not attend the Active Afterschool at the YMCA program on those days. If a child has been dismissed from the YMCA due to unacceptable behavior, weekly fees are not refundable.

All discipline actions will be handled as follows:

1. Time out; removal from activity.
2. Verbal warning by staff with behavior report.
3. Parent Conference - Three reports constitute a persistent behavior problem and parents will be asked to meet with the Child Care Program Director. Children with persistent behavior problems may be suspended or asked to leave the program.

**EMERGENCY PROCEDURES**

In the event of an injury or serious illness, the Child Care Site Coordinator or Program Director

will take the steps necessary to obtain emergency medical care. These steps include, but are not limited to:

1. Assess the condition of child.
2. Give first aid/medical attention.
3. Call 911 (if needed).
4. Attempt to contact parent/guardian.
5. Attempt to contact emergency contacts.
6. Transport child to nearest hospital/emergency care provider.

**CODE OF CONDUCT:** Please read and sign the YMCA Code of Conduct. These rules are for the protection of staff, parents, and children.

### **CODE OF CONDUCT FOR YMCA STAFF, MEMBERS, PROGRAM PARTICIPANTS, AND GUESTS**

Character development is directly linked to the YMCA's mission and is the basis of all YMCA operations including membership, programs, and activities. YMCA programs are the means to achieve positive character development among all those involved. The YMCA's goal is to contribute to the growth of individuals and families in spirit, mind, and body and to improve the quality of life in the community. Therefore, the conduct of members, program participants, and guests will reflect the values of caring, honesty, respect, and responsibility. Moreover, all YMCA participants must agree to adhere to the following code of conduct.

- Behavior and language will be positive, uplifting, and respectful of others. Profanity, abusive language, fighting, or aggressive behavior is strictly prohibited.
- The YMCA is tobacco, drug, and alcohol free. Any use of tobacco, drugs, or alcohol including being under the influence of drugs or alcohol on YMCA property or during an official YMCA activity is strictly prohibited.
- Members and guests are to refrain from wearing articles of clothing that contain obscenity, profanity, or otherwise deemed inappropriate.
- Everyone is expected to respect the personal property of others and of the YMCA. Personal belongings should be properly secured.
- All participants are expected to be engaged in a YMCA activity or program while on YMCA property. No loitering is allowed. All children under the age of 13 must be supervised by a parent or enrolled in a YMCA program where supervision is provided.

The rules and guidelines of each specific facility and program will be followed.

I agree to support the work of the YMCA and abide by its rules, policies, and code of conduct. I understand that the YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, fighting or aggressive behavior, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable, and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at its sole discretion. The undersigned acknowledges that the YMCA is legally mandated to report any suspicions of child abuse to the proper authorities.

(Parents, please review this with all family members.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# TRANSPORTATION AGREEMENT AFTER-SCHOOL PICKUP

This is to certify that the YMCA has my permission to transport my child

\_\_\_\_\_ from \_\_\_\_\_  
Name of child Name of school

at the dismissal time to the YMCA returning by 3:30 p.m. Monday through Friday.

The Site Director or Program Director is authorized to receive my child. In the event the Site Director or Program Director is not present to receive my child, the following procedures are to be followed:

**YMCA staff is always available.**

In the event that my child is not to be transported as outlined above, I agree to notify the YMCA at 436-0531, ext. 231.

## **DROP-OFF / PICK-UP INFORMATION**

Please check with the Site Director for the specific locations. When bringing your child to the YMCA Active After-school please escort your child inside the building each day. For the protection of the children they must be personally signed out by the parent, guardian, or other person authorized to pick them up. Children will not be allowed to wait for parents in the parking lot.

## **Note concerning bus pick-up from school:**

At each school, the YMCA bus will not wait more than five minutes beyond regular pick-up. We will have to move on to the next school. **We will not return to any school to pick up late arrivals.** Therefore, parents will be called by the school to pick up your child.

*Parent Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



# Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person(s) to notify in an emergency if parents cannot be reached

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

In the event of an emergency involving my child \_\_\_\_\_, and if the **Albany Area YMCA** cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

# Parents or Guardian's Notice of No Liability Insurance and Acknowledgment

I understand that I am being informed in writing by signing this acknowledgement that this facility does not carry liability insurance sufficient to protect my children in the event of an injury, ect.

Child (ren)Names: \_\_\_\_\_

\_\_\_\_\_

Parents' or Guardians' Signature (S):

\_\_\_\_\_

Printed Names (s):

\_\_\_\_\_

Per SB 24 (2004) requiring child care facility owners to post in a conspicuous place if it is not covered by liability insurance and to provide and retain written notice regarding no coverage to the parents and guardians.