



ACTIVE AFTERSCHOOL AT THE YMCA

Active Afterschool/Easter Seals Program/Men and Women of Distinction Program

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.
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 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. Late Fee of \$10 per child will be added to your child care fee if not paid by Saturday at 5:00 PM.**

WEEKLY FEES	YMCA Member	Future Member
Active Afterschool (DCSS students)	1st Child: \$55 per week 2nd Child: \$50 per week	1st Child: \$65 per week 2nd Child: \$60 per week
Active Afterschool (LCSS students)*	1st Child: \$65 per week 2nd Child: \$60 per week	1st Child: \$75 per week 2nd Child: \$70 per week
Easter Seals	1st Child: \$80 per week 2nd Child: \$75 per week	1st Child: \$85 per week 2nd Child: \$80 per week
Men and Women of Distinction	NO FEES	NO FEES

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

_____ **LATE PICK-UP FEE:** Late pick-up fee is \$10 per family for the first 5 minutes after 6:00 PM and an additional \$1.00 per minute after that. 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 Friday after Thanks giving 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.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO / AUDIO VISUAL / NARRATIVE RELEASE

I am 18 years of age or older, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or the Greater Missoula Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast, or rebroadcast:

- Video film or footage of me
- Sound track recording of me
- Photo reproduction of me
- Any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be able liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purposes and without compensation to me

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of consent, the use, or the shared use of the above materials.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____ City: _____ State: _____

I am the ___ Mother ___ Father ___ Legal Guardian: _____

Printed Name: _____



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. Child(ren) enrolled to receive day care				
Names of all household members (First, Middle Initial, Last)	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU), or Client ID number for children only.	DOB	Head Start Participant	FOSTER CHILD
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Total Household Gross Income—You must tell us how much and how often				
A. Name (List everyone in household including foster & non-foster children)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Check if NO Income
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Part 3. Enrollment Information: Children Only
 My child is normally in attendance at the facility between the hours of _____ AM PM to _____ AM PM
 Check here if only after school care will be provided Check here if only Summer Camp care will be provided
 Monday Tuesday Wednesday Thursday Friday

My child will normally receive the following meals while in care:
 Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.**
 (See Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 5. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___	
Reason: _____	
Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **[address]** by **[date]**. (Sending in this form will not change whether your children get free or reduced price meals.)

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Signature of Parent/Guardian: _____ Today's Date: _____

Print Your Name: _____

Address: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."