

2010 SCHOOL AGE INFORMATION FORM – Summer in the City

Date of registration _____

My child is:

My child has attended these YMCA programs:

<input type="checkbox"/> YMCA Member	<input type="checkbox"/> After-school
<input type="checkbox"/> Child of Adult Member	<input type="checkbox"/> Holiday/Weather Day Camps
<input type="checkbox"/> Program Participant	<input type="checkbox"/> Day Camp Arrowhead
	<input type="checkbox"/> Youth Sports
	<input type="checkbox"/> Swim Lessons
	<input type="checkbox"/> Day Care



CHILD'S INFORMATION

Child's name _____ nickname _____
 Address _____ City/State _____ ZIP _____
 _____ Male _____ Female Birthday _____ Grade now _____ Age _____

Check all that apply to your child, or check none if they don't apply:

Allergies (type) _____ none
 ADD _____yes _____no ADHD _____yes _____no none
 Medication (type & schedule) _____ none
 Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None

 Special circumstances (see back page and provide additional information if necessary or requested) _____ None

Family information (start with first person responsible for payment)

****Name** _____ relationship _____
 Address (if different from child) _____ City/State _____ ZIP _____
 Employer _____ phone _____
 _____ Home phone _____ cell phone _____ email _____
****Name** _____ relationship _____
 Address (if different from child) _____ City/State _____ ZIP _____
 Employer _____ phone _____
 _____ Home phone _____ cell phone _____ email _____

Emergency Information

Child's Doctor _____ phone _____
 Child's Dentist _____ phone _____
 Hospital preference _____
 Insurance company _____ policy # _____

Emergency Contact if parent cannot be reached (be sure contact is willing to come and pick your child up, staff will require I.D.)

****Name** _____ relationship _____
 Home phone _____ Work phone _____ Cell phone _____
****Name** _____ relationship _____
 Home phone _____ Work phone _____ Cell phone _____
****Name** _____ relationship _____
 Home phone _____ Work phone _____ Cell phone _____

***Please take this form home and fill out completely; make yourself a copy before returning to the YMCA 1 full week before your child attends our program, your child will be unable to attend without this form.**

2010 SCHOOL AGE POLICY

PLEASE READ EACH OF THE FOLLOWING AND SIGN AT THE BOTTOM

Waivers/Permissions

1. I permit my child to participate in activities the YMCA conducts outside of the facility. I understand that if the children leave the facility I will be required to sign a permission slip giving my OK for such outings.
2. I give permission for the YMCA to use images of my child for internal and external promotional materials. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA Web site which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.
3. ***I give permission for my child, when attending off site field trips, to use public transportation that is supervised by the YMCA Staff.***

Payment Policies

Outstanding balances due on past programs are paid.

4. **Insufficient funds:** If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$15 for each returned check. I will need to send cash, money order or a certified check for the check within 5 business days after I receive a notification letter from the YMCA. Personal check will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned checks within a six-month period, I will no longer have the check privilege.**
5. **Cancellations:** I must have a doctor's note to have my child released from the program without having to incur further charges. I know that I will not receive my registration without a doctor's note.
- Late Fee:** I understand that a late fee of \$5 will be charged for payments received after the start of the weekly program. Payment can be made in the a.m. of the program, but will be deemed late if paid at the time of pickup. If my child is picked up after the closing time of 6:00 p.m. I will incur a \$5 late fee for every 5 minutes I am late and that is per child.
- Refunds:** If I choose to have my child not attend any other weeks that I registered for, I know that I will not receive the registration fee back, it is non-refundable.

Medical Treatment Policies

6. **Accident Insurance:** Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
7. **Medication:** The YMCA does not administer any medication; parents are required to medicate children themselves. We encourage parents to drop into our programs at any time. A log of any medications given or lotions used will be kept on file.
8. **Emergency release –** I give permission for the YMCA to arrange for emergency medical/surgical/dental care and treatment(including diagnostic procedures) necessary to preserve the health of my child. I again acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.
9. **Blood Borne Pathogen Exposure:** I understand that while my child is the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children; they will explain what has occurred and ask both parents to come to the YMCA. A report will be written and a copy will be given to the parents.
10. **Emergency procedure: In the event of an emergency within the YMCA property or while on a field trip, the children will be moved to a secure location and parents will be called immediately for pick-up. The YMCA staff has been trained on what to do in both situations. In every SACC classroom there is an emergency procedure book that explains the process in detail and is available for parent review.**

Program Policies

11. **Babysitting Policy:** The YMCA strives to employ the very best staff possible in all of our programs. During the time staffs are employed by the YMCA, they cannot spend time with the children in the program. When staffs are no longer employed with us they are no longer bound by the YMCA employment rules. We do not under any circumstances recommend or endorse any past employee to be babysitters. Your choice to have a former employee baby-sit is independent of our organization.
12. **Inclement Weather:** There may be times when the YMCA is closed due to a severe storm.
13. **Responsibility:** I understand that the YMCA is not responsible for any personal items lost or stolen; I will make sure my child does not bring along any valuable items, wear any t-shirts/clothing that are inappropriate.

I have read the above School Age Policy and understand each item.

Parent/guardian signature-_____

date_____

SCHOOL AGE BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

It is important that staff maintain good order and discipline in all programs. The purpose of our program is to provide entertainment, relaxation and diversion to school age children up to 12 years of age through assistance in activities based around youth health and fitness.

Program Objectives:

1. To grow personally means building self-esteem and self-reliance
2. Building character develops based on our YMCA values of Caring, Honesty, Respect and Responsibility
3. Improving healthy eating habits means we will educate your child
4. Becoming better leaders and supporters means our members learn the give and take necessary to work towards a common good
5. Developing skills means to acquire new knowledge and ways to grow in spirit mind and body through physical activity
6. Having fun and making friends

<p>The YMCA does not condone and will not permit:</p> <ol style="list-style-type: none"> 1. Corporal punishment 2. Ridiculing, threatening, using an inappropriate loud voice 3. Leaving children unsupervised 4. Use of profanity 	<p>A child's behavior is expected to be consistent with the following:</p> <ol style="list-style-type: none"> 1. Use appropriate language at all times 2. Cooperate with staff and follow directions 3. Respect other children and staff, equipment and facilities and yourself 4. Maintain a positive attitude 5. Stay in program areas – running away is not acceptable
<p>The Discipline Policy</p> <ol style="list-style-type: none"> 1. If child is unable to comply behavior expectations, a conference will be held by the Supervisor and child; the parents/guardian will be notified in writing with an Incident Report 2. If after the meeting the child is still unable to comply with the behavior expectations, the Supervisor will set up a conference with the parents/guardians. A behavior contract will be established and signed by the child (if appropriate), the parents/guardians and the Supervisor 3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal 4. Failure of the parents/guardian to attend conference and cooperate will subject the child to suspension or dismissal 	<p>Behaviors resulting in immediate dismissal include but are not limited to:</p> <ol style="list-style-type: none"> 1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff 2. Fighting 3. Possession of a weapon of any kind 4. Vandalism or destruction of YMCA property or property of others 5. Sexual misconduct 6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor 7. Running away 8. Biting

SPECIAL CIRCUMSTANCES:

Parents or guardians are required to inform the YMCA in writing prior to a child's acceptance in the program of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical condition.

Upon being informed of such circumstances, the Director may require a conference with the parents/guardian to discuss issues created by these circumstances.

The YMCA will not discriminate due to any medical, psychological or physical conditions. The YMCA will make every effort to accommodate these special needs within reasonable limits.

I understand and acknowledge that (i) It is the responsibility of the parents/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parents/guardian to inform the YMCA of any requested accommodation believed by the parent/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Please initial, indicating you have read and understand the above:

 Parent/guardian initials

The YMCA does not discriminate on the basis of race, creed, and disability, national or ethnic origin

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward.

Parent/legal guardian signature

Date