



YMCA OF THE GOLDEN CRESCENT AFTERSCHOOL PROGRAMS
2016-2017

The enrollment form must be COMPLETELY filled out before we can accept any child for care

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE CHECK THE FOLLOWING SITE YOUR CHILD WILL ATTEND

Aloe Chandler Crain DeLeon Dudley Ella Schorlemmer
Guadalupe Mission Valley O'Connor Pinnacle Pointe
Rowland Shields Smith Vickers

CHILD'S INFORMATION

Child's Name: Date of Birth: Age: Hm.Phone #:
Child's Address: City: Zip
Date of Enrollment: Date of Admission: Sex: M or F (circle one)
Ethnicity: Caucasian African American Hispanic Asian Other (check one)

NAME OF PARENT OR LEGAL GUARDIAN

Name: Relation to child: Address: City/Zip: Home Ph#: Employer: Address: City/Zip: Office Ph#: Cell Ph#: Email Address:
Authorized to pick up: ( ) Yes ( ) NO

\* When a parent is NOT authorized to pick up we must have a copy of court documentation\*
\* In the case of divorce or legal separation are you: managing conservator— possessor conservator- legal guardian (circle one) Please provide copies of court documentation

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name: Address: Relation: Office #: Cell #: Home #:
Name: Address: Relation: Office #: Cell #: Home #:
Name: Address: Relation: Office #: Cell #: Home #:

( ) My child has a regular physician. Below is the information for my physician, clinic/hosp. preference
Name of Child's Dr. Address: Phone #:
Clinic/Hospital : Address: Phone #:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian Date

## SPECIAL PROBLEMS/NEEDS

The YMCA believes that each child in care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalization in past 12 months, long-term, continuous use of medication, etc. Please write N/A if none apply to your child \_\_\_\_\_

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help your child in these situations? Does your child have any limitations or require any special provisions?  
\_\_\_\_\_

Other comments: \_\_\_\_\_

**Please read each statement below, then sign and date at the bottom of page.**

My signature below acknowledges my understanding that as a participant in a state licensed Afterschool program, my child's records may be reviewed and/or photo copied by representative of Texas Dept. of Protective and Regulatory Services.

My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes **YMCA operational and parent policies.**

My signature below gives my consent for my child to be transported and supervised by the facility staff in case of emergency.  
 YES  NO

My Signature below gives my consent for my child to be transported by YMCA bus on any scheduled fieldtrip.

My signature below gives consent for my child to be photographed and/or video taped participating in the program.  YES  NO

My signature below acknowledges that I understand the school district is not responsible for incidents/accidents that occur during After school hours.

My signature below states that I was informed that not all of the VISD playground equipment meets licensing standards specified on page 137, standard 746.4609. My signature below gives my consent for my child to play on the equipment.

My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility  Yes  No

My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Dept. of Protective and Regulatory Services.

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_ School Ph# \_\_\_\_\_

**I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## YMCA CHILDCARE PROGRAM CODE OF CONDUCT

The YMCA After school program will foster a climate of mutual respect for the right of others. Children are expected to respect the rights and privileges of other children, counselors and YMCA staff. This code of conduct is established to achieve and maintain order in the Afterschool program. Children who violate the rights of others or who violate the organization involved with the After school program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

The YMCA After School program Code of Conduct is to assist children, parents, counselors and Afterschool program administration in identifying appropriate and in appropriate behaviors and understanding the rights and responsibilities of each individual.

The Afterschool program participant has the responsibility to;

- Conduct himself/herself in a safe and responsible way.
- Seek help from Afterschool counselor or Program leaders when having problems with the program
- Demonstrate an attitude of respect toward individuals and property
- Use appropriate language when speaking with others
- Be familiar with and obey Afterschool rules and regulations
- Follow the After school counselor's directions and instructions
- Cooperate with the YMCA staff in all matters

Follow the rules outlined in the YMCA Parent Handbook

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (parent or guardian)

### YMCA CHILDCARE PROGRAM PARENT'S HANDBOOK

#### PARENT'S ACKNOWLEDGEMENT

I, hereby, state that I have read the YMCA CHILDCARE PROGRAM PARENT HANDBOOK and have been given the opportunity to discuss the policies with the staff and understand the policies therein.

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

\_\_\_\_\_  
Date

# Discipline and Guidance Policy for \_\_\_\_\_

Name of Operation

- Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child’s level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.
  
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child’s mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:  
 parent  employee/caregiver  household member of child-care home

**YMCA OF THE GOLDEN CRESCENT  
Childcare Payment Agreement 2016-2017**

Parent: \_\_\_\_\_ School \_\_\_\_\_

Child: \_\_\_\_\_ Child: \_\_\_\_\_

**I understand that I am responsible for the weekly payment unless I formally withdraw from the program.**

**The following Childcare payment options are available for the 2016-2017 school year.**

**Option 1: Credit Card Payments**

1. Tuition fees will be deducted from my credit card on each **Friday** for the following week of care if my account is set up on a draft.
2. The Child care credit card deduction is a continuous payment plan. I understand that this plan will remain in effect until I wish to terminate child care or until the end of the school year.
3. **It is my understanding that if I wish to terminate or change my child care in any way, I must give the Billing Coordinator in the Child Care office a 2 week notice, on either the 1<sup>st</sup> or 15<sup>th</sup> of the month.**
4. Should my credit card company, for any reason not honor my debit, I understand that I am responsible for the payment, plus a \$30.00 service charge applied by the YMCA. Full payment is due five days after notification.
5. The only credit cards that the YMCA will accept are major credit cards such as American Express, Master Card, Visa and Discover. **NO DEBIT CARDS**

**Option 2: Check Payments**

1. Tuition is due each Friday. Statements will be mailed prior to the due date. **Failure to receive a statement does not alter the due date.**
2. Payment is due no later than Friday for the following week attending. Payment received after Friday will be assessed a \$25.00 late fee per child. Payments will be accepted by mail but must reach the YMCA by the Friday before week attending. Accepted forms of payment: check, cash, credit card, or money order.
3. **It is my complete understanding that if I wish to terminate or change my child care in anyway, I must give the Billing Coordinator in the Child care office a 2 week written notice, on either the 1<sup>st</sup> or 15<sup>th</sup> of the month.**  
Should any payment paid by check not be honored by my bank, for any reason, I understand that I am still responsible for the payment plus a \$30.00 service charge applied by the YMCA. Full payment is due five days after notification.

**Electronic Funds Transfer (EFT) Authorization**

**Circle one:**      Checking      Savings      Credit Card

Name on Account \_\_\_\_\_ Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit Card Type: MC   VISA   AMEX   DISC      Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Special Instructions for Payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Responsible for Payments**

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