



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Families:

Welcome to the Y Before and After School Enrichment program. By participating in this program, you are joining other families in the Gateway Region YMCA area and surrounding communities that enjoy all that the YMCA has to offer! The Gateway Region YMCA has been able to provide programs and services for more than 45 years to ensure the needs of students and their families are met before school starts, through the school day and afterschool. All of our staff are trained and experienced in working with children and families. The YMCA also provides its staff with ongoing training throughout the year.

The Y believes children of all abilities need to have opportunities to develop and explore their individual skills and interests through a balance of enrichment and educational activities. Through participation in the Before and After School program, your child(ren) will be engaged in safe, fun and enriching programs that include enhancement activities that are self-directed and rewarding. Our State licensed programs are designed to provide each child with a variety of positive, healthy and interesting activities throughout the week.

Your child(ren) will make choices to participate in activities in the following areas:

- *Academic Support
- *Health & Wellness
- *21st Century Skill
- *College & Career Exploration
- *Leadership Development
- *Service Learning
- *Arts Education
- *Global Learning
- *Family & Parent Engagement

Enclosed in this Enrollment Packet you will also find all necessary forms and a Family Handbook to complete your child's enrollment. Please keep in mind enrollment forms must be completely filled out. The Family handbook will assist to provide you with a better understanding of the philosophy, goals, policies and procedures of the Before and After School Enrichment program. We request you review this booklet with your child and retain it for future reference. If you have any questions, please feel free to call and we look forward to serving you and your family.

Warm Regards,

The CMT Y Staff

Please let us know if there is anything we can do to make your Y experience even better!

CMT YMCA

1 Town Center Drive, Maryville, IL 62062
P 618 346 5600 F 618 346 8550 www.gwrymca.org





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Y CLUB ENROLLMENT & HEALTH FORM 2018-2019 School Year
This enrollment packet including the immunization records must be completed in full before any child may attend the program.

This enrollment packet must be completed in full before the child may attend the program.

| | | | | | |
|---|--------------------------------|-----------------------|---|--|--------------|
| Child's Name | | Sex | Age | Birthdate (MM/DD/YYYY) / / | |
| Child's Primary Home Address (Street, City, State, Zip) | | Home Telephone () | | Guardian with whom child primarily resides | |
| Center Name | | | | | |
| Center Address (Street, City, State, Zip) | | | Center Telephone () | | Center Hours |
| Parent #1 or Guardian's Name | | | Home Telephone () | | |
| Home Address (if different) (Street, City, State, Zip) | | | Mother's driver's license number and last 4 digits of SS#(required) | | |
| Employed by (or School Attended) | Hours of Employment From to | | Business Address (Street, City, State, Zip) | | |
| Business Phone with extension () | Cell Phone () | | E-mail Address | | |
| Parent #2 or Guardian's Name | | | Home Telephone () | | |
| Home Address (if different) (Street, City, State, Zip) | | | Father's driver's license number and last 4 digits of SS#(required) | | |
| Employed by (or School Attended) | Hours of Employment From to | | Business Address (Street, City, State, Zip) | | |
| Business Phone with extension () | Cell Phone () | | E-mail Address | | |
| Family Password: | | | | | |

Check any or all that may apply:

Does your child have a Custodial Agreement/Parenting Plan _____YES _____NO
(Copy of Court Order Custody Papers Must Be Attached)

Does your child have an Individual Education Plan (IEP)? _____YES* _____NO

Does your child have a Behavior Intervention Plan? _____YES* _____NO

Does your child have a 504 Student Accommodation Form? _____YES* _____NO

***A copy of a current IEP/BIP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

For Office Use Only

To be completed by site director

| | |
|--|--|
| Admission Date (first date attended): _____ | Days of week enrolled (circle): M T W Th F |
| Hours per day (check): <input type="checkbox"/> _____AM – start of school <input type="checkbox"/> dismissal – 6:00 PM | |
| Discharge Date (to remain on-site for one year after discharge) _____ | Site Director's Initials: _____ |

HEALTH REPORT AND HISTORY

ADHD ED Aspergers Cerebral Palsy
 DD ODD OCD Chronic Health Condition
 Other _____
 Not applicable

Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.

Use the space below to note any habits, language or special conditions that staff should be aware of:

List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

List any special medications for chronic problems and/or restrictions for child's care below:

Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.

IMMUNIZATION RECORD

A copy of your child's current immunization record completed by our physician must be included with these forms. However, our records must be updated annually. The Y Club program does not have access to your child's school records. Therefore, it is the parent's responsibility to obtain a copy of the child's current immunization record prior to the start of the program. **Preschool-Age children MUST have a separate form completed by their physician on file.**

EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital I prefer my child to be transported to is _____, located at _____, phone number _____ or the doctor contacted will be Dr. _____, phone number _____ located at _____. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Site Director will notify me, the Child Care Program Director and Executive Director.

| | | |
|----------------|---------|----------|
| Insurance Name | Group # | Policy # |
|----------------|---------|----------|

The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.

Parent or Legal Guardian Signature: _____ **Date:** _____

AUTHORIZED PICK UP & EMERGENCY CONTACT

List at least two contacts (not including parents or doctors) authorized to be contacted to pick up your child, if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours.

| Name of Contact | Relationship To Child | Address (Street, City, State, Zip) | Phone # (during program hours) |
|-----------------|-----------------------|------------------------------------|-----------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID until staff is comfortable with recognizing them.

PROGRAM ATTENDANCE

My child will be attending the program during the following sessions: (please circle)

| | | | | | |
|----|--------|---------|-----------|----------|--------|
| AM | Monday | Tuesday | Wednesday | Thursday | Friday |
| PM | Monday | Tuesday | Wednesday | Thursday | Friday |

At this time my child will not need to leave the Y Club program for any activities.

My child has the permission to leave the program, or arrive late to the program for the following activities:

| | | |
|---|--------------------------------------|-----------------------------------|
| Name of activity (tutoring, scouts, drama, music lessons, etc.) | Start date of activity (MM/DD/YYYY) | End date of activity (MM/DD/YYYY) |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| Location of activity (gym, music room, parish center, etc.) | Who will pick child up for activity? | Who will return child to program? |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| What method of transportation will be used? (walk, bus, etc.) | Time leaving program | Time returning to program |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| Parent's or Guardian Signature | Date permission granted | |
| 1. | | |
| Parent's or Guardian Signature | Date permission granted | |
| 2. | | |
| Parent's or Guardian Signature | Date permission granted | |
| 3. | | |

Parent or Legal Guardian Signature: _____ **Date:** _____

INDEMNITY AGREEMENT

I hereby waive any claim of liability and will hold harmless the Gateway Region Young Men's Christian Association, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that the Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

EMERGENCY CLOSURE – EARLY DISMISSAL FORM

| | | | |
|--------------|-------|----------------|-------------|
| Child's Name | Grade | Teacher's Name | School Name |
|--------------|-------|----------------|-------------|

If the school calls for an early dismissal not previously scheduled in the 2016-2017 school calendar, the Y Club program will be cancelled.

If there is an emergency school closure or unscheduled early dismissal, my child will:

- Ride the school bus home.
- Ride the school bus to a friend's home. *(This is only an option if arranged by parent with the school department of transportation.)*
If so...name of friend: _____
Friend's Parent's Name: _____ Day time phone: (_____) _____
- Parent will pick up child.
If so...Mother/Guardian's name: _____ Day time phone: (_____) _____
Father/Guardian's name: _____ Day time phone: (_____) _____
- Ride home with other adult.
If so...Adult's name: _____ Day time phone: (_____) _____

ANY ONE LISTED ABOVE WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD MUST ARRIVE AT THE SCHOOL IMMEDIATELY AFTER DISMISSAL. IF A SCHOOL BUS IS AVAILABLE, THE SCHOOL MAY DECIDE TO SEND YOUR CHILD HOME VIA THE BUS.

If there is any change in the above procedure, immediately notify in writing your site director and the **school office**.

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I understand that I will not be contacted by the YMCA. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

Parent or Legal Guardian Signature: _____ **Date:** _____

ENROLLMENT AGREEMENT

Please carefully read and sign below.

- I am enrolling my child to participate in the Y Club program for duration of the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 10 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person not listed on the Enrollment form. In the case of an emergency and someone other than those listed on this enrollment form must pick up, I will contact the Site Director to identify the person picking up my child and they will provide picture ID and family password.
- I understand that my child will not be released to any person who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee.
- If my child experiences problems in the program, a conference may be arranged between the parent, staff, and program director/coordinator.
- The YMCA reserves the right to terminate child care services if it is determined that the placement is unsatisfactory.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.); the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled early dismissals or late starts.
- If I choose to participate in the early dismissal or holiday programs I understand I must register in advance and pay in full.
- I understand early dismissal days and/or holiday programs will be cancelled if enough registrations are not received.
- The YMCA provides a recreational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation into the programs when appropriate.
- The Gateway Region YMCA provides recreational programs which are not staffed by individuals trained to perform invasive medical procedures. In order to protect the health and safety of all children and employees, YMCA employees will not perform such invasive procedures including, but not limited to: administering shots, drawing blood, catheterization, diabetes testing, insertion of suppositories and tube feeding. The medical procedures which employees may not perform will be determined at the sole discretion of the YMCA.
- I understand that the YMCA will communicate and collaborate with the school on an ongoing basis about my child and their individual needs while enrolled in the program.
- The YMCA has the right to deny application for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand that photographs will be taken throughout the Y Club program day. These pictures may be displayed in YMCA brochures, YMCA website or promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Child Care office in writing of exclusions.
- I understand that if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of child care services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action.
- I understand that if any of the information above changes, it is my responsibility to notify both the YMCA branch and the program site director in writing immediately.
- I warrant that the rights granted herein do not conflict with my existing commitments on my part.
- **I have been informed that a copy of the Licensing Rules for Family Day Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Day Care Centers in Missouri is available at this facility for review.**
- I do do not give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. I understand that I will be notified when such trips are planned and that I must give written permission for each trip or excursion.
- **The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.**
- **To my knowledge, my child is in good health, free of conditions that would endanger him/her or other children in care. When my child is ill, it is understood and agreed that they may not be accepted for care or remain in care.**
- **I understand that before the first day of attendance by my child. I will provide proof of completed age-appropriate immunizations or exemption from immunizations.**
- **I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.**
- **I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.**
- I do do not give permission for the facility to transport my child.
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined in the Parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the Parent handbook.**
- **All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.**

Parent or Legal Guardian Signature: _____

Date: _____



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BEFORE & AFTERSCHOOL ENRICHMENT PROGRAM LEGAL RESPONSIBILITY AND PROCEDURES POLICY

The following policy is established concerning legal responsibility and procedures for children when moving from the BASEP site to school and back to the BASEP site. This is for all the schools.

- * A parent shall be legally responsible for the child(ren) en route to the center unless transportation or escort service is provided by the center or the school.
- * When students are dismissed from school, the YMCA is responsible for the child if they are in the after school program and scheduled to attend for that day. Roll will be taken and when completed the site coordinator will sign their name, date and time, accepting responsibility from the school
- * Children attending the PM BASEP shall report to the BASEP site. If a child(ren) does not report to the site, the staff should check with the school office to see if the child was absent or went home sick that day. Staff will also check to see if the parents left a note with the school office that the child would not be in the YMCA program today.
- * If the child was not absent or did not go home sick, parent/ parents will be called immediately to find out why the child is not there. **(Do not rely on information from the other children.)**
- * If the child is missing ... call the YMCA Program Director or Executive Program Director immediately for steps to be followed.
- * Parents should be informed as to the importance of letting the Site Coordinator know when a child will not be in the YMCA program.

The Gateway Region YMCA accepts full responsibility for students coming from and going to the school.

Parent Signature

Date

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Unclaimed Child / Late Fee

The after school program ends at 6:00p.m. From 6:01 to 6:15p.m., a late fee of \$15.00 per child is charged. During this time, the YMCA staff will attempt to contact a parent or emergency contact person to pick up the child. After 6:15p.m., an additional late fee of \$1.00 per minute per child is charged for the time that a YMCA staff member is supervising your child. If no one can be contacted by 6:30p.m., and the child is still at the site, the local police will be contacted. DCFS will also be notified of the situation.

- Late fees must be paid within two days of the incident in order for the child to return to the program. Fees must be paid by check, money order, or cashiers check made payable to the Gateway Region YMCA and given to the site coordinator.
- If police intervention is required, the child may be dismissed from the program immediately.
- ***After two(2) occurrences of picking your child up late, your child may be dismissed from the program.***
- The official time will be determined by the clock located at the BASEP site.

Parent signature: _____

Date: _____

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INVESTING IN OUR YOUTH

Afterschool Enrichment Program COLLINSVILLE MARYVILLE TROY YMCA

Monthly Rates

One-time Registration Fee \$25 per child

Member Monthly Rates

| | Before AND After | Before | After |
|------------------------------|------------------|---------|---------|
| 1 Child | \$296 | \$94 | \$218 |
| Each Additional Child | 20% off | 20% off | 20% off |

Non-Member Monthly Rates

| | Before AND After | Before | After |
|------------------------------|------------------|---------|---------|
| 1 Child | \$340 | \$107 | \$250 |
| Each Additional Child | 20% | 20% off | 20% off |

Payment Options For your convenience, we offer 3 options for payment:

- **EFT** (check/debit card) This is the preferred payment method--can be automated.
- **Credit Card** Payments can be made by accessing your online account, visiting our branch, or calling the branch at 618-346-5600.
- **Money Order** (special exception) For all payments made by money order, please include your child's full name and month of payment.

Payments received late may jeopardize your child's enrollment in the program and will be subject to additional fees. Fees must be paid by the third of each month, regardless of attendance.

Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



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YMCA PHILOSOPHY

The YMCA believes that child care should provide opportunities and experiences that stimulate a child's physical, social, intellectual, and emotional development.

The YMCA provides activities that involve parents in their child's development. Activities to strengthen the family unit will give the family and the YMCA the opportunity to work, play, and learn through a variety of experiences. Participation as a family in other YMCA programs will be encouraged by becoming a member.

The YMCA believes that the program should work in cooperation with other area institutions, i.e., schools, churches, social service agencies, etc. when possible.

The YMCA believes that communication with school personnel is essential to the quality of care your child(ren) receive.

Open communication and collaborations with the school about your child(ren) behavior and individual needs will be ongoing.

Discipline Policy

It is the goal of the Gateway Region YMCA to guide children in becoming caring, honest, responsible and cooperative participants in our program. The YMCA uses only positive behavior management techniques to increase participant's self esteem by helping them to become responsible for their own actions. It is important for participants to grow to respect themselves as well as the rights and feelings of others.

When a conflict arises concerning the rights of other people and/or property, our goal is to work with each participant individually to solve the problem through effective communication and logical consequences. Other behavior management techniques, which include redirecting behavior, removal from a particular activity, and parent consultation, will be used in situations where conflicts continue.

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Child care staff shall help individual children develop self-control and assume responsibility for their own actions. The following are guidelines for inappropriate behavior:

1. Removal from the group to help a child gain control shall not exceed one minute per year of age.
2. Removal from the group shall not be used for children less than 24 months of age.

The following behaviors are prohibited in all child care settings:

- A. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear;
- B. Threatened or actual withdrawal of food, rest or use of the bathroom;
- C. Abusive or profane language;
- D. Any form of public or private humiliation, including threats of physical punishment;
and
- E. Any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.

Depending on the severity and frequency of incidents, such as fighting, inappropriate language, destruction of property, lack of regard for rules, or the possession of inappropriate toys (i.e., play guns, swords, or other weapons), a participant may be suspended or expelled from the program. The following procedures will (unless severity or repetition of incident requires other action) be followed concerning suspension and/or expulsion:

1. Daily verbal communication.
2. A written warning will be given.
3. The participant will be suspended immediately and parents notified.
4. The Program Director will be notified and review the situation.
5. A parent conference will be scheduled with Center/Program director, Teacher, Parents or Guardian and any other YMCA designated resource person.

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6. At the Parent Conference a written Disciplinary Action Plan will be developed. The participant will not re-enter the Program until Parents and staff have agreed upon the Disciplinary Action Plan.

Any participant who is determined at the sole discretion of the YMCA to have intentionally harmed or attempted to harm another participant, staff member of themselves will be immediately suspended from the program and subject to termination from all YMCA programs after review of the incident by the Program Director and approval by the Executive Director of the YMCA.

If the participant/s are terminated due to aggression from the program for any reason the participant/s enrollment in any future YMCA programs may be compromised. Program enrollment will be subject to review.

Failure to disclose any and all pertinent information about your child can lead to termination from the program. Participants can be removed from the program based upon inappropriate behavior of parent or guardian.

Good communication between the YMCA staff and the parents will ensure a YMCA program that provides an environment that helps participants develop self-control and respect for themselves and others.

Parent/employee signature: _____ Date: _____

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