



**YMCA OF THE GOLDEN CRESCENT  
AFTER SCHOOL 2009-2010**



The enrollment form must be completely filled out  
Before we can accept any child for care

**PLEASE CHECK THE FOLLOWING SCHOOL YOUR CHILD WILL ATTEND**

<input type="checkbox"/> Aloe	<input type="checkbox"/> Chandler	<input type="checkbox"/> DeLeon	<input type="checkbox"/> Dudley	<input type="checkbox"/> Edna
<input type="checkbox"/> Gross	<input type="checkbox"/> Guadalupe	<input type="checkbox"/> Juan Linn	<input type="checkbox"/> Mission Valley	<input type="checkbox"/> Pinnacle Pt.
<input type="checkbox"/> Rolwand	<input type="checkbox"/> Shields	<input type="checkbox"/> Schorlemmer	<input type="checkbox"/> Smith	<input type="checkbox"/> Vickers

**CHILDS 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

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? (check one) Please provide copies of court documentation

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

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Relation: _____	Relation: _____	Relation: _____
Office Ph.#: _____	Office Ph.#: _____	Office Ph.#: _____
Cell #: _____	Cell #: _____	Cell #: _____
Home #: _____	Home #: _____	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 \_\_\_\_\_

Reg Fee: \_\_\_\_\_ Weekly fee Amount: \_\_\_\_\_ Recieved by: \_\_\_\_\_ Date: \_\_\_\_\_



## SPECIAL PROBLEMS/NEEDS

**The YMCA believes that each child in or 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 After school 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 AFTER SCHOOL 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 After school 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 After school administration in identifying appropriate and in appropriate behaviors and understanding the rights and responsibilities of each individual.

**Responsibilities of After school Children**

The After school program participant has the responsibility to;

- Conduct himself/herself in a safe and responsible way.
- Seek help from After school 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 After school 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 AFTER SCHOOL PROGRAM PARENT'S HANDBOOK**

**PARENT'S ACKNOWLEDGEMENT**

I, hereby, state that I have read the YMCA AFTER SCHOOL 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 quid-ance 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;
  9. and
  10. 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