



YMCA OF THE GOLDEN CRESCENT AFTERSCHOOL PROGRAMS 2018-2019

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

This enrollment form must be **COMPLETELY** filled out before we can accept any child for care.

PLEASE CHECK THE FOLLOWING SITE YOUR CHILD WILL ATTEND

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

CHILD'S INFORMATION

Child's Name _____ Date of Birth _____ Age _____
Grade Entering _____ Home Phone # _____
Child's Address _____ City _____ Zip _____
Date of Enrollment _____ Date of Admission _____
Ethnicity (check one): Caucasian ___ African American ___ Hispanic ___ Asian ___ Other ___
Gender (check one): Male ___ Female ___

NAME OF PARENT OR LEGAL GUARDIAN

Name _____	Name _____
Relation to child _____	Relation to child _____
Address _____	Address _____
City/Zip _____	City/Zip _____
Home Phone # _____	Home Phone # _____
Employer _____	Employer _____
Address _____	Address _____
City/Zip _____	City/Zip _____
Office Phone # _____	Office Phone # _____
Cell Phone # _____	Cell Phone # _____
Email Address _____	Email Address _____
Authorized to pick up: Yes ___ NO ___	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 ___
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 # _____	Office # _____	Office # _____
Cell # _____	Cell # _____	Cell # _____
Home # _____	Home # _____	Home # _____

My child has a regular physician. Below is the information for my physician and clinic/hospital preference.

THIS INFORMATION IS REQUIRED

Name of Child's Doctor _____ 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/Legal Guardian _____

Date _____





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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, answer accordingly then sign and date at the bottom of page.

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

Name of School _____ Grade _____
Address _____ School Phone # _____

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



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**YMCA CHILDCARE PROGRAM
CODE OF CONDUCT**

The YMCA 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 Day Camp program. Children who violate the rights of others or who violate the organization involved with the Summer Camp program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

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

The Day Camp program participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Day Camp 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 Day Camp rules and regulations
- Follow the Day Camp counselor's directions and instructions
- Cooperate with the YMCA staff in all matters
- Follow the rules outlined in the YMCA Parent Handbook

Signature (child)

Print Name

Date

Signature (parent/guardian)

Print Name

Date

.....

**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



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DISCIPLINE AND GUIDANCE POLICY FOR _____
Name of Operation

A. 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.

B. 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.

C. 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 _____



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YMCA OF THE GOLDEN CRESCENT
Childcare Payment Agreement 2018

Parent _____ School _____

Child _____ Child _____

The following payment options are available:

OPTION 1: AUTOMATIC DRAFT (EFT/CREDIT CARDS)

- 1. Tuition fees will be deducted from my bank account or credit card every 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 1st or 15th of the month.
4. Should my banking institution or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee applied by the YMCA. Full payment is due five days after notification.
5. The YMCA accepts all major credit and debit cards.

Automatic Payment Authorization:

Circle one: Checking _____ Savings _____ Credit Card _____

Name on Account _____ Name of Bank _____

Routing Number _____ Account Number _____

Card Type: MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

Card Number _____

Expiration Date _____ Security Code _____

Special Instructions for Payment: _____

OPTION 2: IN HOUSE PAYMENTS (CHECK/CREDIT CARDS/CASH)

- 1. Tuition is due on the Friday before or the Monday of week attending. Past due statements will be mailed if a balance is unpaid. Failure to receive a statement does not alter the balance due.
2. Payment is due every Friday. Payment received after will be assessed a \$25 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 1st or 15th of the month.
4. Should my banking institution or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee applied by the YMCA. Full payment is due five days after notification.
5. The YMCA accepts all major credit and debit cards.

Signature of Person Responsible for Payments _____

Date _____