

YMCA OF GREATER ST. LOUIS – SCHOOL AGE CHILD CARE ENROLLMENT FORMS

This enrollment packet including the immunization records must be filled in and completed in full before any child may attend the program.

Child's personal information

Child's Name		Gender	Age	Birthdate (MM/DD/YYYY) / /
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone ()		Guardian with whom child primarily resides
School Name		Grade		Teacher's Name
School Address (Street, City, State, Zip)		School Telephone ()		School Hours
Mother's or Guardian's Name		Home Telephone ()		
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information *		
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)		
Business Phone with extension ()	Pager ___ Cell Phone ___ ()	Mother's driver's license number (required)		
E-mail Address				
Father's or Guardian's Name		Home Telephone ()		
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information *		
Employed by (or School Attending)	Hours of Employment From to	Business Address (Street, City, State, Zip)		
Business Phone with extension ()	Pager ___ Cell Phone ___ ()	Father's driver's license number (required)		
E-mail Address				

Check any or all that may apply:

- Chronic / Severe Health Condition (Asthma, Diabetes, etc.) **Additional forms required.**
- Does your child have an Individual Education Plan (IEP)? ___Yes ___NO
- Does your child have a Behavior Management Plan? ___Yes ___NO

All children diagnosed with a disability will be referred to the Inclusion Service Department. Current Individual Education Plan (IEP) and or Behavior Management Plans (BMP) must be on file before program participation is authorized.

- Is there a Custodial Agreement ___Yes ___No

*** Copy Of Court Order Custody Decree Must Be Attached**

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: _____
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HEALTH REPORT AND COMMENTS ON CHILDS DEVELOPMENT FOR SCHOOL AGE CHILD CARE

Child's Health History and Current Health Problems

List any allergies, special medical or physical conditions or problem 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:

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

IMMUNIZATION RECORD

This record does not need to be completed by a physician. However, our records must be updated annually. The School-Age Child Care program does not have access to your child's school records. Therefore, it is the parent's responsibility to complete this form or 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.**

Name of child (Last, First, Middle)			Age	Date of Birth
Address (Street, City, State, Zip)			Gender _____Male _____Female	
Day Care: _____ Family YMCA	Parent's Name:	Home Phone ()	Work Phone () ext	
DOSE	Dates Given			
	DTP/DT/DTAP	Polio	Td	Hepatitis B
Dose #1				
Dose #2				
Dose #3				
Dose #4				HBIG
Dose #5				
Dose #6				
DATE	ACTION TAKEN			

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. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent. All medications must be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags or pockets.

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES

To my knowledge, my child is in good health, free of disabilities that would endanger him/her or other children in care.

Parent or Legal Guardian Signature: _____

Date: _____

HEALTH HISTORY

Has your child been diagnosed with the following (Mark NA if Not Applicable):

_____ ADD	_____ DD	_____ Cerebral Palsy	_____ Chronic Health Problems *
_____ ADHD	_____ PDD	_____ Bipolar Disorder	(asthma, diabetes, severe allergies)
_____ ODD	_____ Autism	_____ Tourette's	_____ Other _____
_____ OCD	_____ Asberger's	_____ Rett's Syndrome	_____ NA
_____ MR	_____ Fragile X	_____ Down's Syndrome	

***Additional Forms are required for enrollment of children with Chronic/Severe Health conditions and children with Individual Education Plan (IEP) and or Behavior Management Plans (BMP). Please contact your Child Care Program Director at the YMCA for these forms and procedures.**

PROGRAM ATTENDANCE INFORMATION

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

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

My child has the permission to leave the program, or arrive late to the program for the following activities. **Not at this time**

Date: _____

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.		

**EMERGENCY CONTACTS
 AUTHORIZED PERSONS TO PICKUP CHILD FROM THE SCHOOL AGE CHILD CARE PROGRAM**

List at least two contacts (not including doctors or parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the program beyond program hours. Provide two persons authorized to take child from the program.

Name of Contact/Authorized Pickup	Relationship To Child	Address (Street, City, State, Zip)	Telephone during program hours
1.			
2.			
3.			
4.			

In case of an emergency if someone other than the individuals listed above are going to pick your child up from the program, call the site director immediately (after 3 pm). The site director will ask you for your driver's license number in order to verify your identity over the phone.

ALL INDIVIDUALS PICKING A CHILD UP FROM THE SITE MUST PRESENT A CURRENT FORM OF PHOTO ID. This will be required until the site staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

YMCA School Age Child Care Program Enrollment Agreement

Please carefully read and sign below.

- I understand that I am committing my child to participation in the School Age Child Care program for 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(s) not listed on the enrollment form. In case of an emergency an emergency release plan will be followed.
- I understand that my child will not be released to any person(s) 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 (as listed on the enrollment form).
- If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and program director/coordinator.
- The YMCA reserves the right to terminate child care services if it is determined 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 canceled. There is **no refund** for services due to unforeseen school cancellations or unscheduled early dismissals.
- If I choose to participate in the early dismissal or holiday programs I understand that I must register in advance and pay in full.
- I understand that care for early dismissal days and/or holiday program will be cancelled if enough registrations are not received 5 days in advance.
- The YMCA provides a recreational environment for school age children with and without disabilities through added support staff, when needed to facilitate successful participation into the programs when appropriate.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.
- I understand that the YMCA will communicate and collaborate with the school on an ongoing basis about my child(ren) and their individual needs while enrolled in the program.
- 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 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.**

Parent or Legal Guardian Signature: _____ Date: _____

EMERGENCY CLOSURE – EARLY DISMISSAL FORM

Child's Name	Grade	Teacher's Name	School Name
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In the event that school should dismiss early due to an emergency closure, such as inclement weather, power failure, water main break, etc., the school age child care program will be canceled. Also, if the school calls for an early dismissal not previously scheduled in the current school calendar, the YMCA school age child care program will be canceled.

Please complete the section below:

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

- Walk home.

- Walk to a neighbor's house:
If so...name of neighbor: _____ Home Phone (____) _____

- 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, please notify in writing your site director and the school office at once!

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 should do in the event of an emergency school closing or early dismissal.

This form (information) will be duplicated and shared with the school office.

Parent or Legal Guardian Signature: _____	Date: _____
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YMCA of Greater St. Louis
Behavior Management Procedure for
Child Care, Camp, Child Watch, AStar Programs

It is the goal of the YMCA of Greater St. Louis to guide children in becoming caring, honest, responsible, and cooperative participants in our program. The YMCA uses only positive behavior management techniques to increase participants 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.

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:

Daily verbal communication.

A written warning will be given.

The participant will be suspended immediately and parents notified.

The Program Director will be notified and review the situation.

A parent conference will be scheduled with Center/Program Director, Teacher, Parents or Guardian and any other YMCA designated resource person.

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 or 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 Executive Director or designated YMCA Supervisor.

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 or Legal Guardian Signature:

Date: