



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING STRONG MINDS FOR A BETTER TOMORROW

SCHOOL AGE AFTER SCHOOL PROGRAM

For children 5-12 years Old

September 6, 2016 to June 23, 2017

3:00 pm – 6:30 pm

(Subsidies Welcomed)



YONKERSFAMILY YMCA

17 Riverdale Avenue

Yonkers, New York 10701

Phone: (914) 963-0183

Fax: (914) 968-5822

CHILD'S NAME (PLEASE PRINT)

Child's name _____

Child's age _____

PAYMENT INFORMATION (Please print clearly.)

Parent's Name		Child's Name	
Address			
City	State	Zip	
Home Phone	Work Phone	Other Phone	
Place of Work			

PARENT/GUARDIAN AGREEMENT

- ✓ My child is enrolled in the YMCA School Age Program after the payment of each session fee.
- ✓ Bi-weekly payments are due in a timely manner or the reserved slot for my child may be reassigned.
- ✓ All changes to my child's schedule of care must be made in advance.
- ✓ I grant permission to the Yonkers Family YMCA to take pictures, record video and produce sound tracks that may include my child, for the purpose of fund raising in conjunction with the YMCA's charitable status, with no remuneration, reduced fees, favors, benefits, bonuses or advantage of any kind while my child is involved in YMCA programs.

I agree that should I pick up my child late I will pay a late fee of \$20.00 for every fifteen minutes that I am late. Late fees must be paid when the lateness issue occurs.

FEES	
REQUIRED APPLICATION FEE (NON-REFUNDABLE)	\$30.00
WEEKLY PROGRAM FEE	\$135.00
LATE PICK UP FEE	\$20.00 EVERY 15 MINUTES

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF with AGREEMENT TO THE ABOVE

Parent/Guardian Signature	Date
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Child's name _____

Child's age _____

CHILD/FAMILY INFORMATION

Are you a YMCA member? Yes No

Child's Name		M/F	Birth Date		Age
Home Address		City		State	Zip
Home Phone		School		School Phone	
In case of emergency, who should we contact first?					
Mother/Guardian Name			Father/Guardian Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone		Work Phone		Home Phone	
Work Phone		Home Phone		Work Phone	
Place of Work			Place of Work		

EMERGENCY CONTACT INFORMATION

In case of emergency, and the YMCA is unable to reach the parent/guardian above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of an emergency or dismissal from the YMCA.

Name		Relationship to Child			
Home Phone		Work Phone			
Home Address		City	State	Zip	

HEALTH INFORMATION (Indicate "yes" where it applies and explain if necessary. Include attachments if appropriate.)

Asthma		Convulsions		Emotional/Psychological		Hay Fever	
Diabetes		Hearing		Learning Disabilities		Poison Ivy, etc.	
Special Diet		Vision		ADD/ADHD		Insects	
Physical Restraints		Illness		Heart Defects		Medication	
Hypertension		Injury		Other		Food	
Mononucleosis						Penicillin	
Has this person menstruated? Yes <input type="checkbox"/> No <input type="checkbox"/>						Other	
Is menstrual history normal?							
Other medical considerations:							

HEALTH

ALLERGIES

Is this child currently taking a prescribed or over the counter medication? Yes No

If yes, please complete a Child Care Medication Form and attach.

Are you covered by any hospitalization/medical care policy? Yes No

Name of Insurance Company	Phone #
Address	City/State/Zip
Policy Holder's Name	Holder's SS #
Holder's D.O.B.	Policy #
Name of Physician	Phone #
Name of Dentist	Phone #

Child's name _____

Child's age _____

Name of Specialist _____	Phone # _____

IMMUNIZATION HISTORY

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)}DPT*	2	2
Tetanus	3	
or		
Tetanus		
Diphtheria }TD*		
or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard, red, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		

RECOMMENDATIONS BY LICENSED PHYSICIAN

I examined the above child within the last 12 months. Date of Examination: _____

In my opinion, the above condition does does not preclude his/her participation in an active recreational program.

Height _____	Weight _____	Blood Pressure _____
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The applicant is under the care of a physician for the following condition (s):

Current Treatment (include current medications):

Explanation of any reported loss of consciousness, convulsion, or concussion:

Does applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Please attach any restrictions, treatments, allergies or medications required while enrolled in the YMCA's After School Program.

Licensed Physician's Signature _____
Address _____ City _____ State _____ Zip _____
Date of Form Completion _____ By _____ (Initial if completed by nurse or physician's assistant.)

I give the YMCA permission to transport my child to the hospital and permission for all proper medical personnel to provide care. (Signature Affirms statement) _____ (Date) _____

Child's name _____

Child's age _____

Yonkers Family YMCA Program Policies

- School Age After School Program operates from 3:00pm – 6:30pm unless you have registered and paid for extended care. If children are not picked up by 6:30 pm, and no prior arrangements have been made with the YMCA, the local authorities will be contacted.
- Parents/Guardians must provide written permission to the YMCA. Children under 11 years old will NOT be permitted to sign out or walk home unescorted. Parents/Guardians must provide written permission to the YMCA.
- All personal belongings are the responsibility of the child/parent/guardian. The YMCA assumes no responsibility for any misplaced, lost or stolen items.
- Parents/Guardians may visit the program to at any time. We asked that your presence not disturb the operation of the classroom or program.
- Parents with questions regarding their child or the offered service should schedule an appointment with the Program Director.
 - ✓ The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or news releases. I will not receive remuneration for such.
 - ✓ My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
 - ✓ My child may participate in water activities as scheduled and under the direct supervision of YMCA staff.
 - ✓ In order to insure the safety of all of the children in the care of the Yonkers Family YMCA, all instances of hurt, harm or danger to any child will be reported to the Child Care Council, or the Spring Valley Regional Office.

My child's swimming ability is:

Afraid of Water Some Lessons Confident in Deep Water

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent's/Guardian's Signature

Date

Child's name _____

Child's age _____

Authorization for Child's Release from the YMCA

Please let us know who you are authorizing as those people your child can be released to when leaving the YMCA's School Age Program.

Name of Child: _____

Date Enrolled in Program: _____

Additional Persons Approved to Pick Up Child:

NAME	TELEPHONE	RELATIONSHIP TO CHILD

Special Agreements (if any):

Parent/Guardian Signature

Date

YONKERS FAMILY YMCA DISCIPLINE POLICY FOR CHILDREN IN THE SCHOOL AGE CHILD CARE PROGRAM

I. OBEDIENCE TO THE STAFF

Children in the Program must come to understand that they need to listen to the staff and be obedient to the rules that are in place. There have been a number of times in which the children have ignored or were disrespectful towards the staff and disobedient towards good directions set up for them. The following policy has been put in place to insure safety, insure good communication between the children and the staff and to provide quality leadership to them.

Children Ages 4-8

- 1st Offense – Verbal Warning
- 2nd Offense – Written Assignment
- 3rd Offense – Time Out
- 4th Offense – Call to Parent
- 5th Offense – 2-Day Suspension
- 6th Offense – Possible Termination from Program

Children Ages 9-12

- 1st Offense – Verbal Warning
- 2nd Offense – Written Assignment
- 3rd Offense – Call to Parent
- 4th Offense – 2-Day Suspension
- 5th Offense – Termination from Program

II. FIGHTING

Fighting is a serious issue. We encourage the children to talk through their issues not fight them out. If the children fight, the following will take place after contacting you:

- 1st Offense – 1-Day Suspension
- 2nd Offense – 1-Week Suspension
- 3rd Offense – Termination from program

III. WRESTLING

Wrestling, although most of the time has been for play, has caused a number of serious problems between the children. Wrestling must happen in a safe, properly supervised situation in which we are not presently equipped. Wrestling is not allowed. If the children wrestle, the following will take place after contacting you:

- 1st Offense – 1-Day Suspension
- 2nd Offense – 1-Week Suspension
- 3rd Offense – Termination from program

In order to insure the safety of all of the children in the care of the Yonkers Family YMCA all instances of harm to any child will be reported to the Child Care Council, or the Spring Valley Regional Office.

PLEASE REVIEW THESE POLICIES WITH YOUR CHILD

Child's name _____

Child's age _____

CHILD PROFILE

The following Information will help us to better understand your child and his/her needs.

Special Talents
Hobbies
Special Interests
Adults Child Relates to
Peers Child Relates to
Fears/Apprehensions
What helps your child handle transitions?
Special Services received through school?
External Stress Factors
How is anger/frustration expressed?
Previous program left and why
Custody Orders (attach copies of documentation)
Family Discipline Practices
If he/she is upset, try this

Things I would like to see my child accomplish at the YMCA. (Attach another sheet if necessary)

1.	2.	3.
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PARENT/GUARDIAN AGREEMENT

I understand:

- ✓ The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child.
- ✓ I am responsible for the cost of all medical treatment and care.
- ✓ Medication may only be administered with specific written instructions (Child Medication Form), a physician's note and must be in the original container.
- ✓ The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- ✓ I must notify the YMCA staff immediately of any changes on this form.
- ✓ The YMCA's responsibility for my child begins when the child has reached the program and signed in with a YMCA staff person.
- ✓ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport any children at any time outside of the YMCA program.
- ✓ The YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ Events and activities may be photographed and/or videotaped. I agree to allow any photo, video or film likeness of my child to be used for any legitimate purpose by the Yonkers Family YMCA.