



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING STRONG MINDS FOR A BETTER TOMORROW

## SUMMERCLUB

YONKERS FAMILY YMCA

July 3, 2017–August 25, 2017



Children (Age 5-12)

All subsidies are welcome

\*\* Ask about our Afterschool Program

17 Riverdale Ave  
Yonkers, NY 10701  
914-963-0183 (x23)  
[www.yoymca.org](http://www.yoymca.org)



Child's Name \_\_\_\_\_



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**PAYMENT INFORMATION (Please print clearly.)**

<b>Parent's Name</b>		<b>Child's Name</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Other Phone</b>	
<b>Place of Work</b>			

**PARENT/GUARDIAN AGREEMENT**

- ✓ My child is enrolled in the YMCA School Age Summer Program after the payment of each weekly fee.
- ✓ 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 \$15.00 for every 15 minutes that I am late. Late fees must be paid when the lateness issue occurs.

**\*Campers will be assigned to age appropriate peer groups\***

<b>Fees</b>	
<b>Required Application Fee (Non-refundable)</b>	<b>\$30.00</b>
<b>Weekly Program Fee</b>	<b>\$250.00</b>
<b>Late Pick Up</b>	<b>\$15.00</b>

**MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF with AGREEMENT TO THE ABOVE**

Parent/Guardian Signature	Date
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**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		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**

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**

**ALLERGIES**

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 #
Name of Specialist	Phone #



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**IMMUNIZATION HISTORY**

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough)}DPT* Tetanus	1 2 3	1 2
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.)	

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

(Parent/Guardian Signature)\_\_\_\_\_ (Date)\_\_\_\_\_



### **Yonkers Family YMCA Summer Program Policies**

- Summer program operates from 8:30am – 4:30pm unless you have registered and paid for extended care. If children are not picked up by 6:00 pm, and no prior arrangements have been made with the YMCA, the local police 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 speak to the ho may wish to question any decision made regarding their child may make arrangements for 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 STATEMENTS**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



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### **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 Summer Program.

Name of Child:

\_\_\_\_\_

Date Enrolled in Summer Program: \_\_\_\_\_

#### **Additional Persons Approved to Pick Up Child:**

<b>NAME</b>	<b>TELEPHONE</b>	<b>RELATIONSHIP TO CHILD</b>

Special Agreements (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian Signature

Date



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In the case of an emergency and we are unable to contact you or anyone on the emergency contact list, are we authorized to call an ambulance?

Please circle one.

Yes Or No

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Parent/Guardian Signature

Date



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

**I. OBEDIENCE TO THE STAFF**

Children in the Summer 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**

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

**Children Ages 9-12**

- 1<sup>st</sup> Offense – Verbal Warning
- 2<sup>nd</sup> Offense – Written Assignment
- 3<sup>rd</sup> Offense – Call to Parent
- 4<sup>th</sup> Offense – 2-Day Suspension
- 5<sup>th</sup> 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:

- 1<sup>st</sup> Offense – 1-Day Suspension
- 2<sup>nd</sup> Offense – 1-Week Suspension
- 3<sup>rd</sup> 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:

- 1<sup>st</sup> Offense – 1-Day Suspension
- 2<sup>nd</sup> Offense – 1-Week Suspension
- 3<sup>rd</sup> 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.

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**PLEASE REVIEW THESE POLICIES WITH  
YOUR CHILD**





**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)**

<b>1.</b>	<b>2.</b>	<b>3.</b>
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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.



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- **All Application Items filled out**
- **Applicant Signatures**
- **\$30.00 Registration Fee**
- **Medical/Physical**
- **Department of Social Services  
Verification (ex. Approval Letter)**

**If you have any questions, concerns, or  
need assistance in completing your  
application, please contact:**

**Mr. Wilfred Dennis  
(914) 963-0183 extension 23  
(914) 620-7545 Cell  
wdennis@yoymca.org**