



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHTER FUTURES

School Age Program

VALPARAISO FAMILY YMCA

Valparaiso Family YMCA
1201 Cumberland Crossing Drive
Valparaiso IN 46383
219.464.9543



www.valpoyymca.org



**FOR YOUTH DEVELOPMENT®
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VALPARAISO FAMILY YMCA

1201 Cumberland Crossing Drive, Valparaiso, In 46383

219 462 4185

FAX 219 477 4720

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School Age Check List

Please use the following as a guide for the listed documents that are needed prior to your child's enrollment. We will be happy to provide you a copy of any/all of the documents in your child's enrollment packet, by request only.

If you have any questions, please contact us by phone: (219) 462-4185 ext 235. Please ask for Cody Bischoff, Director of Recreation and School Age Programs.

_____ Application/Intake Agreement/Emergency Medical Treatment Permission

_____ Authorization for Child's Release/ Parent-Guardian Consent/ Sunscreen Policy

_____ Parental Agreements/Tuition Policy

_____ Tuition Express Information (Mandatory)

_____ Child Care Health Record/Current Immunizations (Signed by Physician)

_____ DISCIPLINE/Guidance Policy/Transportation Policy/Aggression Policy

_____ Parent Handbook Receipt (Signed)

Our Mission

To put the Christian principles of caring, honesty, respect and responsibility into practice through inclusive programs that build healthy spirit, mind and body.

OFFICE ONLY

Enrollment Date: _____

Starting Date: _____

Withdrawal Date: _____

Valparaiso Family YMCA, Child Care Phone (219) 464-9543, web www.valpoymca.org.

**APPLICATION/ INTAKE AGREEMENT
CHILD INFORMATION**

Full Name _____ Nickname: _____

(First) (Middle) (Last)

Date of Birth: _____ Please Circle: Male / Female Child's Grade: _____

Primary Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian #1: _____ Relationship: _____

Home Address: _____ City: _____ State: ____ Zip code: _____

Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Working Hours: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: ____ Zip code: _____

Parent/Legal Guardian #2: _____ Relationship: _____

Home Address: _____ City: _____ State: ____ Zip code: _____

Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Working Hours: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: ____ Zip code: _____

Name of Parent/Legal Guardian who has legal custody: _____ Child primarily lives with: _____

Any custody arrangements we should be aware of: _____

HOURS OF OPERATION: 6:00 A.M. TO 6:00 P.M.

Children are expected to be picked up by closing time. A charge of \$1.00 per 1 minute will be assessed per child to any family picking up after 6:00 p.m. (closing time).

**Reserve these days for my child each week (payment is required to hold reservation):
(Circle all that apply)**

Monday Tuesday Wednesday Thursday Friday

Typical drop-off time: _____ Typical pick-up time: _____

Please indicate which site you are registering your child and if you are a Y Member or Not:

- YMCA Cumberland Crossing
- Y Pre-School Downtown Facility
- YMCA Member
- Community Member

Please indicate which program/school you are registering your child:

- Toddler Care
- All Day Pre-School 3's and 4's
- All Day Pre-School 4's and 5's
- 1/2 Day Pre-School
- Before School
- After School
- Fun Days
- Flint Lake
- Memorial School
- Cooks Corner
- Central
- Northview
- Hayes Leonard
- Parkview
- T.J.
- St. Paul
- Washington Twp.
- Morgan Twp.
- Pre-School Camp
- Camp Little Bear
- Adventure Days 1
- Adventure Days 2
- Teen Camp
- Summer School Explorers
- Other _____

EMERGENCY MEDICAL TREATMENT PERMISSION

Child's Name: _____ Birth Date: _____

As parent/legal guardian, I give consent to have my child receive first aid by the child care staff, emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed below to act on my behalf until I am available. I agree to update this information with the Director, Program/Pre-School Coordinator, or Administrative Assistant whenever a change occurs.

Dated the _____ Month of 20_____

Parent/Legal Guardian Name (please print) _____ Parent/Legal Guardian (signature) _____

LOCAL EMERGENCY CONTACTS (to whom child may be released if legal guardian is unavailable)

Name #1 _____

Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Name # 2 _____

Relationship _____

Home Phone _____ Work Phone _____ Cell _____

CHILD'S USUAL SOURCE OF MEDICAL CARE

Name _____

Phone _____

CHILD'S USUAL SOURCE OF DENTAL CARE

Name _____

Phone _____

CHILD'S HEALTH INSURANCE

Insurance Plan _____ Phone _____

Name (on insurance card) _____ ID # _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL INFORMATION FOR EMERGENCY SITUATIONS

Please list: Allergies; other Restrictions, Medications/Foods to be Avoided and Why (attach written instructions/special care plan from child's physician)

AUTHORIZATION FOR CHILD'S RELEASE

WE WILL NOT RELEASE YOUR CHILD TO ANYONE WITHOUT THE PARENT/LEGAL GUARDIAN'S WRITTEN AUTHORIZATION (Must be 18 or older!)

Please provide a minimum of two designated individuals and in the order you would like us to contact them, who are authorized to pick up your child in the event of an emergency or a student illness.

Name #1: _____ Relationship: _____

Home Phone: _____ Employer Phone: _____ Cell Phone: _____

Name #2: _____ Relationship: _____

Home Phone: _____ Employer Phone: _____ Cell Phone: _____

Name #3: _____ Relationship: _____

Home Phone: _____ Employer Phone: _____ Cell Phone: _____

Name #4: _____ Relationship: _____

Home Phone: _____ Employer Phone: _____ Cell Phone: _____

Parent /Guardian Consent

Please read and check off each statement and sign at the bottom that you understand.

- I give the YMCA permission, without limitation or obligation, to use photography, video, or audio recordings of my child participating in YMCA Child Care programs for the promotion or interpretation of the YMCA.
- I give permission for my child to participate in field trips or be transported to/from school during Child Care program hours with the understanding that advance notice and details will be provided. School age children are transported in a YMCA bus equipped with seat belts and driven by a licensed, experienced driver, or by a contracted bus transportation service driven by a licensed, experienced driver, or they may walk to their designation. Pre-School children are transported by a YMCA bus equipped with appropriate child care seats, or you may have the option to drive your child to and from the trip, or they may walk to their designation.
- I give permission to the YMCA to show G and PG rated movies to my child at the Youth Program Director's discretion.
- I give permission for my child to participate in swim activities, and I will provide my child's swimsuit and towel.
- I give permission for the YMCA to assist my child with applications of sunscreen as needed. I will apply the first layer prior to arrival at the program. I will provide my child with enough sunscreen (in a sealed original container) to keep at the program for later day applications.
- I give permission for the YMCA to use the preventative products checked below without a physician's order. I will supply the products to the program for my child. I understand the products must be in a sealed original container with my child's name clearly labeled on the outside of the container.
 - Sunscreen (must be checked) Lotion Insect repellent
 - Non-medicated powder Petroleum jelly Chap Stick A&D ointment

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Dated the _____ Month of 20_____

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian (signature)

PARENTAL AGREEMENTS

Please keep and refer to your copy of the Valparaiso Family YMCA Child Care or Pre-School Services Policies and Procedures Handbook. The policies are very important for the safety and protection of your child. Please carefully read the statements below. Your signature that follows indicates that you have received your copy of the Handbook, and have read, understand, and agree to the handbook and the following:

**I understand that I am not to leave my child at the Valparaiso Family YMCA Child Care or Pre-School Services unless a YMCA staff or volunteer is there to receive and supervise my child.

**I understand that I must make sure that a staff member is aware of my child's arrival and departure.

** I understand that my child will not be allowed to leave the program with an unauthorized person. **I will not be allowed to make last minute arrangements on the telephone to allow unauthorized pickup.**

**I understand any change of information, including Authorization for Pick-Up, must be done on a "Student Data Change Form" forms are available from the Director, Program/Pre-School Coordinator, or an Administrative Assistant; It is my responsibility to give the form to the Director, Program/Pre-School Coordinator, or an Administrative Assistant.

**I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol; the program staff may have no recourse, for the child's safety, but to contact police. Please do not put staff in a position where they have to make this judgment call.

**I understand that the YMCA is mandated by State law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand the program is closed for all major national holidays as outlined in the school calendar and I agree that I am not entitled to any allowances or reimbursements for these days. **(School Age Programs - Exempt)

**I understand the program does not offer vacation credits for any all day pre-school or half day preschool.

**I understand if my child becomes ill, my emergency contact person or I will be called to pick up my child. If my child is exposed to a contagious disease, I agree to notify the Director, Program/Pre-School Coordinator, or an Administrative Assistant immediately. I agree my child to be fever free for at least 24 hours before attending the program.

For child care, I understand that the **Health Record and Updated Immunizations on the correct form that pertains to the program your child is in, and that is provided by the program, **must be completed by a physician prior to or within one-week admission to the program.** The Health Record Includes an examination and the child's immunization record (includes month, day and year given for each immunization and child's birth date) or a medical exempt statement from a physician, or a religious belief exemption statement from the parent.

**The Discipline Policy/Transportation Policy of the YMCA Child Care or Pre-School Services has been fully explained to me, and any disciplinary action taken will be reported to me and noted in my child's case record.

**I have read and understand the program has the right to deny admittance or withdraw any child whose behavioral or physical needs cannot be met by the existing policies or whose behavior is such that it creates a danger to other children.

**If the YMCA must hire a lawyer for any reason relating to my child (i.e., custody issues, pickup Authorization, etc.), I will pay for the YMCA's expenses and legal fees, whether or not the YMCA must appear in court.

ACKNOWLEDGEMENT OF PARENTAL AGREEMENT

I have read and understand the above written parental agreement. I understand that the parental agreement may change at any time at the sole discretion of the Family YMCA Child Care or Pre-School Services, with or without prior notice to all participants.

Dated the _____ Month of 20_____

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian (signature)

TUITION PAYMENT POLICIES

TO ENSURE CONSISTENT INCOME, WHICH IS NECESSARY FOR EFFICIENT PROGRAMMING, PARENTS MUST ADHERE TO THE FOLLOWING POLICIES:

PAYMENT DUE Payments are to be paid each Monday of the current week of care with our convenient electronic draft system. Please complete the Tuition Express form and attach a voided check (payment of credit card, debit card, or check may be accepted, but only at the time of registration). **If your child's enrollment status changes, a two-week written notice with payment is necessary, including the additional Tuition Express withdrawal form.**

Any form of payment returned from the bank as unpaid due to insufficient funds or closed account will be subject to a \$30.00 NSF fee. A payment that continues to be returned for insufficient funds after the second draft attempt will be assessed an additional \$20 late fee for each week past due. If a balance is unpaid after the second week, your child's enrollment will be discontinued. Fees past due, as well as legal fees (including court fees and attorney fees,) are the parent's responsibility.

SIBLING DISCOUNT Each additional child in the same family will receive 15% off the lower weekly tuition rate.

WHEN MY CHILD IS SICK OR ABSENT I understand that the program reserves my child's slot every week with my weekly child care tuition payment. Therefore, I am expected to pay the tuition every week, regardless of my child's attendance. In addition, I understand that I am responsible for medical fees incurred for sickness or accident when my child is enrolled for care at the program.

No Credits: except for hospitalization or death in immediate family. Credits will not be issued to accounts with balances due, but rather a credit will be applied toward the balance.

POLICY ABOUT CHILDREN LEFT AFTER CLASS CLOSING TIME

Children are expected to be picked up by closing time. A charge of \$1.00 per 1 minute will be assessed per child to any family picking up after 6:00 p.m. (closing time).

If contact is not made with the Valparaiso Family YMCA, and an authorized individual provided in writing by the parent/legal guardian, does not pick a child up 30 minutes after closing time. Child Protective Services will be contacted for guidance and staff will follow their recommendations.

The tuition fee for my child is \$_____ per week/month. I understand and agree to comply with this policy. Failure to do so will result in the withdrawal of my child.

Please select the payment option below, that you will be using:

All Day Child Care:

_____ **Weekly:** Your payment will be deducted from your account on each **Monday** of the month.

Half Day Pre-School Only:

_____ **Monthly:** Your payment will be deducted on the **First Monday** of each month.

All School Age Programs:

_____ **Weekly:** Your payment will be deducted from your account on each **Monday** of the month.

Please note: When the payment date reflected above falls on a Holiday the Valparaiso Family YMCA, will process the payment on the next available business day.

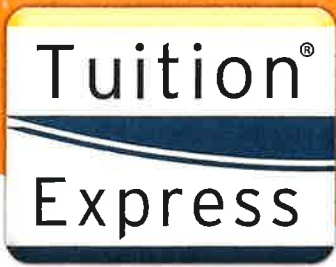
ACKNOWLEDGEMENT OF TUITION PAYMENT POLICY

I have read and understand the above written tuition policy. I understand that the tuition policy may change at any time at the sole discretion of the Valparaiso Family YMCA, with or without prior notice to all participants.

Dated the _____ Day of 20_____

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian (signature)



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

For Official Use Only

Date Received
Employee Signature



A service of



procare
SOFTWARE®

THIS IS A REQUIRED FORM

Day Care Provider Name _____

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease ____ No ____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)*

Signature _____ Date _____

(Health Care Provider's Signature and Date is **Required.**)

Printed Name and Title _____

(Printed Name and Title is **Required**)

This form must be updated annually.

Valparaiso Family YMCA Discipline/Guidance Policy

It is very important a child's development is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors that will hurt another child or teachers are not permitted.

In response to these behaviors we will not use:

- Threats or Bribes
- Physical Punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Utilize food as a reward
- Humiliation or Isolation

In response to misbehavior we will:

- Utilize developmentally appropriate discipline and guidance by age
- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- For children ages two years and up, move your child to a time-out area for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or others, staff will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name _____ Date of Birth _____

Additional techniques to be used with my child: _____

By signing below, I acknowledge I have read and understand the above policy.

Parent/Legal Guardian #1 Name (please print) _____ Parent/Legal Guardian #1 (Signature) _____

Parent/Legal Guardian #2 Name (please print) _____ Parent/Legal Guardian #2 (Signature) _____

Director's Signature _____ Date _____



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At the YMCA, our top priority is the safety of the children in our care. We always want to provide our children with an environment they feel safe and secure in, and where our teachers can do their jobs effectively. We realize, to some extent, aggression may be age appropriate.

“Any physical aggression directed toward another child, or a staff member, may result in the child’s immediate dismissal from the program. Forms of aggression can include, but are not limited to: biting, scratching, hitting, kicking, and throwing. Leaving a supervised area also will not be tolerated and will fall within the listed repercussions.”

1st Offense: Parents will be contacted to come pick the child up immediately for a first offense.

2nd Offense: Parents will be asked to pick the child up immediately and will result in a 3 day suspension.

3rd Offense: The child may be dismissed from the program depending on the severity of the physical aggression.

Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

Parent/Legal Guardian #2 Name (please print)

Parent/Legal Guardian #2 (Signature)

Director’s Signature

Date

Our Mission

To put the Christian principles of caring, honesty, respect and responsibility into practice through inclusive programs that build healthy spirit, mind and body.

Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at our childcare program. Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen and negative TB test, CPR and First Aid and have completed all required trainings).

The childcare will take the following steps to maintain the safety of the children:

- (1) Maintain staff at the front desk to ensure non-child care people do not enter the child care hallway.
- (2) Maintain staff at the child care office to ensure safety and security of child care facility.
- (3) Keep all classroom doors locked at all times.
- (4) Only allow entrance to classrooms to positively identified persons who are allowed access.
- (5) When leaving the classroom, one teacher will be at the front of the line with one at the back, ensuring all children are within sight and sound at all times.
- (6) All children will be counted before leaving, while traveling and when arriving at destination, with continued follow up to ensure all are accounted for at all times.
- (7) Children and staff will participate in monthly tornado, fire and lockdown drills.
- (8) Children will be actively supervised within state required staff to child ratios at all times.

Our childcare will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.

The childcare will take the following steps to maintain the child care:

- (1) Clean the child care daily.
- (2) Keep the child care in a sanitary condition at all times.
- (3) Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated.
- (4) Wash all soiled items prior to sanitization.

Transportation Safety Policy

School age and pre-school children will be transported to/from school or for field trips in a YMCA bus that is equipped with seat belts or by a contracted bus transportation service. We will only transport children if we have a permission slip signed by a parent or guardian on file. For certain trips the children may walk to their designation or parents may have the option to drive their child to/from the trip. Only qualified adults that are licensed drivers will transport children. Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while in the vehicle. At no time will the vehicle exceed the recommended capacity. Children will not be left unattended. Upon returning from each trip, the bus will be inspected to ensure that no children are still on board. We have automobile insurance that covers transportation of children for our child care business. All vehicles used for transportation will be maintained in a safe condition

Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

Parent/Legal Guardian #2 Name (please print)

Parent/Legal Guardian #2 (Signature)

Director's Signature

Date

Sign Up for YMCA Text Alerts

Go to YMCA mobile site

www.valpoyymca.org from a mobile device or
<http://valpoyymca.mobilesites.org> on computer



Select 'Text Alerts' icon

A screenshot of the 'Text Alerts' form. It includes a 'List' dropdown menu, 'First Name' and 'Last Name' input fields, a 'Provider' dropdown menu (set to 'ACSWireless'), and a 'Mobile #' input field. Below the form, there is a note: 'Standard carrier SMS rates apply to receive messages' and a 'Get Alerts' button.

Select a program from the drop-down list

Fill out the rest of the form
Select 'Get Alerts' button

FRM:
ValpoYMCA@text2customers.com
MSG: Thank you for subscribing to SMS alerts! Your subscription confirmation code is:
7105

Enter the 4 digit code that was sent to your phone
Select 'Confirm!' button

A screenshot of the 'SMS Subscription' confirmation page. It features a green checkmark icon and a message: 'Thank you for subscribing! We have sent you a confirmation code which must be entered below before your subscription is active. Please be sure to enter the code in the message provided to you in 60 minutes to be successful.' Below this, there is a text input field for the confirmation code and a 'Confirm' button. A red arrow points from the '7105' code in the previous block to the input field.

Congratulations!
You are now signed up.