



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Richmond Family YMCA

### School Age Child Care Union County Location

Welcome to the Richmond Family YMCA! Thank you for your interest in the After School Child Care Program, also known as Y-Care. In order for your child to be enrolled in the program the following items will need to be met:

1. A parent or guardian must complete and sign all the necessary application forms for each child enrolling in the program.
2. The immunization form must be **completed and signed by the participant's doctor.** (This can be faxed to the office at 765-962-7506)
3. A non-refundable registration fee of \$20.00 must be paid per family.

Once all of the above have been met your child may attend the Y-Care Program!

-----FOR STAFF USE ONLY-----

Application Form-completed and signed

Communicable Disease Policy signed

Discipline Agreement- completed and signed

Medical Forms-completed and signed

Copy of Immunization Records from Doctor

Parent Handbook -distributed

Registration Fees-paid

EFT Form- completed and signed

Staff initials\_\_\_\_\_ Date\_\_\_\_\_

**\*\*Please return this form with completed documentation\*\***

# The Richmond Family YMCA

## 2022-2023 Y-Care Union/LES Registration Form

Y Member ☐

Non Member ☐

E-mail: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade (entering) \_\_\_\_ School \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_

The following individuals MAY pick up my child or be contacted in case of an emergency (Please fill in completely) Children will be released ONLY to those names listed. YOU MUST LIST PEOPLE WHO WILL BE AVAILABLE VIA PHONE. They should be prepared to show ID when picking up the child. Additions MUST BE MADE IN WRITING to the Director.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

### Please use an "X" beside the program you will be using.

Sibling Discount is \$5 after the first child.

\_\_\_\_ **FULL TIME** - 4+ Days a week

\$45 - Non Member \$40 - Y Members

\_\_\_\_ **PART TIME** - 1-3 Days a week

\$35 - Non Member \$30 - Y Members

\*An Electronic Funds Transfer Form (EFT) **MUST** be filled out in order to attend the program. You will be invoiced on Friday's based on the weeks attendance for you to review, and then charged on Monday, unless a holiday, then it will be done the next business day.

### Allergies & Restrictions

Medication Allergies

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

Food Allergies

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

Restrictions (Details & Process)

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

## PARENTS STATEMENT OF UNDERSTANDING - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I agree to pay a nonrefundable registration fee.
- I understand that I must pay by automatic withdrawal each week and will fill out the form necessary to make that happen. However, if I become two weeks behind in payments, I will be charged a \$10 late fee and my child will not be able to attend until my balance is paid in full.
- Should a childcare payment not be honored by the bank for any reason, parents will be responsible for payment, plus a service charge of no more than \$10 applied by the YMCA. It will be the responsibility of the parent to notify the YMCA should a change in the bank or credit/debit card expires.
- I understand that the After-School fees are based on 3 and 5 day services and care will not be prorated.
- I agree that I will pick up my child by 6:00p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not picked up by 6:00p.m., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05 pm), then \$1.00 for every minute thereafter. After 6:10p.m. my emergency contact will be called.
- I understand that the YMCA will allow for time to work on homework each day if the child has it.
- I understand that my child is to be signed out each and every day and that I am not to leave with my child until a YMCA staff or volunteer receives my signature.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pickup my child must be listed with the YMCA on this form and present picture ID.
- I understand that 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.
- 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 that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- I understand that in the event of continued late payments, late pickup of my child, or for any other good cause, the Richmond Family YMCA reserves the right to remove my child from the program.
- I understand if I am not the parent of the registered child, I am to provide the YMCA with court documentation stating that I am the legal guardian and I am authorized to make medical decisions on behalf of the child
- I understand that my child must follow and abide by the discipline system adopted by the YMCA. Failure to do so may result in the child being removed for the program by the YMCA

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHILD PERMISSION FORM - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating in scheduled daily activities and planned field trips.
- I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.
- I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.
- I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

**I have read the release and waiver, I understand it, and I agree to it voluntarily.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Optional Information

The Richmond Family YMCA receives financial support from the United Way. To better report the diversity of our programs, we ask that you supply us with the following information. Please note, this section is completely optional.

	Below \$10,000			African- American
	\$10,000 \$14,999			Asian
	\$15,000 -\$19,999			Native American
	\$20,000 - \$29,999			White
	\$30,000 - \$59,999			Bi-Racial
	\$60,000 - \$124,000			Other
	\$125.00 and over			

**Richmond Family YMCA**  
**After School Child Care Program (Y-Care)**  
**2021-2022 School Year**  
**Medical Information/Emergency Medical Authorization**

The information on this form is not a part of our program acceptance process but is gathered information to assist us in identifying appropriate care for your child. Any changes in the information on this form should be provided to the Richmond Family immediately. Please complete ALL information so that we can be aware of your child's needs.

Has / does the participant:

Yes No

1. Had any recent injury, illness, or infectious disease?
2. Have a chronic or recurring illness/ condition?
3. Ever been hospitalized?
4. Ever had surgery?
5. Have frequent headaches?
6. Ever had a head injury?
7. Ever been knocked unconscious?
8. Wear glasses, contacts, or protective eye wear?
9. Ever had frequent ear infections?
10. Ever passed out during or after exercise?
11. Ever been dizzy during or after exercise?
12. Ever had seizures?
13. Ever had chest pain during or after exercise?
14. Ever had high blood pressure?
15. Ever been diagnosed with a heart murmur?
16. Ever had back problems?
17. Ever had problems with joints (e.g., knees, ankles)?
18. Has an orthodontic appliance been brought to camp?
19. Have any skin problems (e.g., itching, rash, acne)?
20. Have diabetes?
21. Have asthma?
22. Had mononucleosis in the past 12 months?
23. Had problems with diarrhea/ constipation?
24. Have problems with sleepwalking?
25. Have a history of bed-wetting?
26. Ever had an eating disorder?
27. Ever had emotional difficulties for which professional help was sought?

In the event of an illness or injury to my child, I hereby authorize the Richmond Family YMCA to provide or cause to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all cost incurred for such medical care or treatment.

My permission is granted to call the following doctors (in order by name) after attempts made to contact me by telephone have been unsuccessful. I hereby release the Richmond Family YMCA from any claim arising out of the doctor's actions.

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Information:

Is the participant covered by family medical / hospital insured?      Yes                      No

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## YMCA Communicable Disease Policy

Parents and Families:

The health and safety of our children and staff is a top priority. To mitigate the spread of this virus in our childcare community, we would like to communicate some important changes with you.

The Indiana State Department of Health is working closely with our county health department and the Family and Social Services Administration (FSSA) to monitor the situation closely and is preparing guidance documents for health care professionals and childcare providers to be able to effectively respond to any cases that may be identified in the State.

As instructed by the Family and Social Services Administration, the following policy will be effective immediately:

Each day as you arrive, a YMCA staff will meet you at the door, and then will bring your child to the door at the end of the day for pickup.

If a child presents a temperature over 100.4 degrees Fahrenheit, you will be asked to return home with your child.

Children will be asked to remain home until they are fever free for 24 hours without fever reducing medications, as well as free of other symptoms such as diarrhea and vomiting for at least 24 hours from the last episode.

In the event of a positive case of COVID within our childcare, parents will be notified of a contagious illness by phone/email by Y-Care Staff Members.

The health department will be notified of any communicable diseases as outlined on the communicable disease chart as well.

We will be continuing to promote proper handwashing, continuing to have kids wash their hands multiple times throughout the day, and will follow rigorous cleaning procedures as outlined by the Family and Social Services Administration current guidelines.

You can assist us by remaining vigilant but sensible in your approach to dealing with this health concern. Please contact our site director if you have any questions or concerns regarding this new policy.

Sincerely,

Ryan George

Director of After School Care

765-962-7504 (office) 760-631-6117 (cell)

***Please initial below stating you understand this policy:***

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## RICHMOND FAMILY YMCA YCARE APPLICATION FOR ELECTRONIC FUNDS TRANSFER

### What is the YMCA - YCARE electronic transfer plan?

The program provides a way to budget your annual YMCA - YCARE fees on a weekly basis. With your authorization, the YCARE fees are deducted weekly from an account of your choosing.

### What are the benefits of such a program?

**Convenience:** You save time and costs. With our automatic electronic transfer, there are no checks to write, or cash to remember every week.

**Continuous Care Use:** Your childcare will not be interrupted unless you decide to discontinue your participation.

**No additional fees:** There is no extra charge for using the YMCA's electronic fund transfer payment plan and you will never be charged a late fee.

### Authorization Agreement (Please Print)

I hereby authorize the Richmond Family YMCA to initiate electronic fund entries to my:

- ☐ **Checking**
- ☐ **Savings**
- ☐ **Credit Card (Visa, Mastercard)**
- ☐ **Debit Card (Visa, Mastercard)**
- ☐ **Other:** \_\_\_\_\_

as indicated, and I authorize the financial institution named below to debit my account.

### Checking/Savings Information

**Financial Institution:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

### Credit/Debit Card Information

**Type of Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

This authorization remains in effect until the Richmond Family YMCA has received a minimum of 14 days notification of my desire to discontinue my care or make other payment arrangements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Terms & Conditions

1. I understand that debits will be initiated for posting on Monday of each week, or on the subsequent business day if a holiday occurs.

**Initial:** \_\_\_\_

2. I understand that if I wish to terminate my YCARE or change my care payment, I must give a YMCA a minimum 14-day notice.

**Initial:** \_\_\_\_

3. Should any YCARE fee deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$15 applied by the YMCA. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

**Initial:** \_\_\_\_

### For Office Use Only

**YCARE Student Name:**

\_\_\_\_\_

**Beginning Draft Date:**

\_\_\_\_\_

# **Richmond Family YMCA**

## **Discipline/Guidance Policy**

### **Provider Name: Richmond Family YMCA**

It is very important a child is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's behavior. Hitting, kicking, spitting, hostile verbal behavior, and other behaviors which will hurt another child will NOT be 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
- Humiliation or isolation

In response to these behaviors, we WILL:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Explain calmly while meeting your child at eye level
- Give clear choices
- Redirect your child to a new focus/activity
- Move your child to a time out chair for no more than one minute per year, if necessary

If your child's behavior is very harmful or disruptive to either themselves or others, we will discuss the issue with you privately. If the situation can be resolved, your child is welcome to remain enrolled. If the situation cannot be resolved, you may be asked to make other childcare arrangements.

As a parent, you may have concerns, or wish to offer suggestions. You may meet with the Director/CEO, and amendments could POSSIBLY be made to this agreement. Please list any other techniques to be used with your child on the lines below.

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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child Immunization Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

	1	2	3	4	5
<b>Hep B</b>					
<b>DtaP/DTP/Td</b>					
<b>Hib</b>					
<b>MMR</b>					
<b>IPV</b>					
<b>Varicella</b>					
<b>PCV/Prevnar</b>					

Child has documented history of Varicella Disease. Yes\_\_\_\_ No\_\_\_\_ Dates\_\_\_\_

### Please check appropriate response.

☐

Child has received complete age appropriate immunizations.

☐

Child is in the process of receiving age appropriate immunizations.

Comments: (List immunizations excluded for medical reasons:

Parent Comments: (Please list any religious objections, if any):

Health Care Provider's Signature

Signature \_\_\_\_\_ Date: \_\_\_\_\_

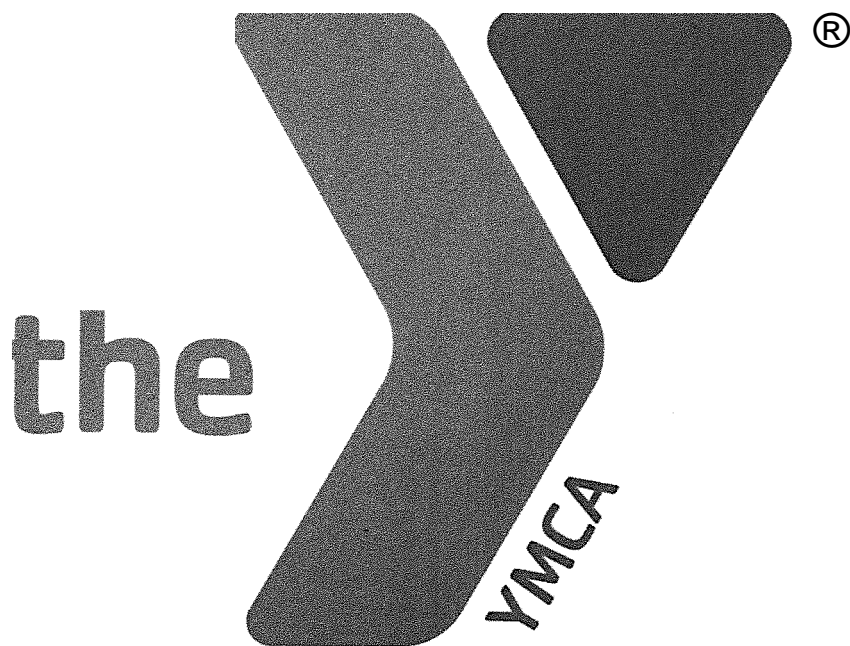
Printed Name and Title: \_\_\_\_\_

**MUST BE COMPLETED ANNUALLY**



\*The Following Pages are copies for you to read and keep, no pages to fill out/sign.

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



Richmond Family **YMCA**  
Y-Care Parent Handbook

Director: Shannon Loveless  
1215 South J Street  
Richmond, Indiana 47374  
765-962-7504

[shannonl@richmondfamilyymca.org](mailto:shannonl@richmondfamilyymca.org)

## ABOUT THE YMCA

### **The Richmond Family YMCA**

The YMCA building opened in 1905 and has provided a variety of youth and family programs since that time. The YMCA is a nonprofit organization owned by the local community and supported solely by those who choose to join and take part in any of the many programs offered, as well as those who choose to make voluntary contributions.

### **The YMCA Mission Statement**

"To put Christian principles into practice through programs that build healthy spirit, mind, and body for all."

### **Equal Access**

The Richmond Family YMCA is committed to the policy that all persons shall have equal access to its programs without regard to race, color, religion, age, gender, ability, national origin or any other classification protected by law. The YMCA will accommodate special needs into existing programs to the extent that financial and physical resources permit.

*"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider."*

### **Confidentiality**

All matters concerning enrolled children are considered to be confidential. The Y-Care Program will seek parental permission before discussing confidential information with anyone.

### **Staff Qualifications**

The quality and effectiveness of YMCA services for children are directly related to the skills and personal characteristics of the counselors. Recruiting, selecting, training, and supporting the staff are essential, interrelated processes in ensuring the success and integrity of children's programs. The leaders are required to have experience working with children, knowledge of recreation activities, and must possess certain qualities in order to serve as role models for children.

Staff are selected for personal qualities (e.g. warmth, empathy, and the ability to relate positively with children). They receive training in many areas: First Aid, CPR, Universal Precautions, Child Abuse & Prevention, child/adult communication, and activities including arts and crafts, games, etc. Background checks are conducted on all staff members. This includes a criminal record background checks, central registry check, reference checks, drug test, and driver's license record checks.

## YMCA PROGRAM INFORMATION

### **Program Philosophy Statement**

The YMCA believes that our School Age Child Care program should be more than supervision. We believe that our program should provide opportunities, and experiences that stimulate a child's physical, social, intellectual and emotional development. The program must meet the developmental needs of particular age groups and, more importantly, the individual needs of each child. Furthermore, we believe that each child should share his or her thoughts and feelings to aid in their emotional, social and language development.

### **Program Goals & Objectives**

- To provide comprehensive, supervised care for the children and families we serve.
- To create an environment that fosters opportunities for development in the areas of physical fitness/health awareness, self-awareness and confidence, interpersonal relationships, cultural and social awareness, and having fun.
- To support and strengthen the families that we serve by providing a feeling of self-confidence that their child will be in a safe place.

### **Registration**

Children must be enrolled in 4 year old Pre-k - sixth grades to be accepted. (Children must be fully potty trained to register. We know that children have accidents from time to time, but they must be able to use the bathroom on their own and not have continuous accidents.) Registration is at the **Richmond Family YMCA**. Enrollment forms will have to be submitted before the child can begin the program. The YMCA is not responsible for

children that are not properly registered for the program. There is a one-time \$20 per child registration fee per year. Summer Registration Fee for those not currently enrolled in program= \$5.00.

To ensure that all signed paperwork is valid, we require if you are not the parent, to provide us with a copy of court documentation stating that you are the legal guardian and are authorized to make medical decisions on behalf of the child.

### **locations**

The Richmond Community School that hosts our program is Charles Elementary School. If your child does not attend Charles, he/she will be bussed to the site by RCS bussing system. The program operates out of the school cafeteria and gym. If you attend Union County Schools, the program is at Liberty Elementary School. If your child does not attend liberty, they will be bussed from College Corner Union and the program operates out of the cafeteria/gym as well.

Summer Care Location Varies due to maintenance on schools

### **Safe Conditions Policy**

The Richmond Family YMCA strives to create quality, safe, and engaging time with your child while under our care. Below is a list of standards that we will adhere to in order to help keep your child safe, secure environment. You are welcome as parent/guardian to visit the site anytime during operation.

- We operate under a 1 to 15 ratio in our after-school care. There will be no less than one adult per 15 children and no child will be out of sight or sound.
- The doors of the school remain locked until a parent/approved person comes to pick up their child. They will come to the marked door and be let in by a staff person only.
- For your child's protection, whenever you pick up your child, you must enter the Program area and complete the sign out sheet. The staff members use these sheets to determine which children are in y-care at any given time. If your child is a part time participant and you do not record the time you pick your child up you will be charged for full time care. The YMCA staff will not release your child to any other person than those you have listed on your enrollment forms. For your child's safety, picture identification may be required from those picking up your child. Minimum age to pick up a child from the SACC Program is 16 years of age. Please do not call with names to add, as we cannot accept them over the telephone. All changes must be made in writing.
- While your child is in our care, we can administer prescription medication however, we will not give the first dose of any medication to your child. We do ask you to have your physician try to schedule medication so that it can be given only at home or at school. All medications will be in a locked tub and marked with student's name. Medication must be brought to Y-Care in the original container and must have the prescription on the

container stating the child's name, the prescription number, physician's name, and dosage to be given. If your child requires medication while at Y-Care, you must fill out an authorization form. This form allows the staff to administer prescribed medication. A separate form is required for each new medication. Parents should keep the staff informed daily of any continuing medical needs.

- Children will wash their hands before snack and at scheduled times throughout the day. Temperature checks may be conducted, and children will be asked to social distance as much as possible. Any child who has a temperature over 100.4 will be separated and parent called to pick up.
- Staff are trained in the emergency plan that is available for anyone to see.
- The Space will be observed regularly for any safety hazards. The indoor and outdoor premises of the facility shall be clean, comfortable, and safe. Site is maintained by school janitors.
- There is a designated evacuation area for weather emergencies, lock downs, and fire. There are posted evacuation signs.
- Fire drills are practiced monthly
- We have a tobacco-free environment for children.
- The site has a public phone number through the school, and emergency numbers posted for easy access.
- All staff will receive training in many areas: First Aid, CPR, Child Abuse & Prevention, child/adult communication, and activities including arts and crafts, games, etc. Background checks are conducted on all staff members. Drug Test, TB TEST are included in that. They also receive an orientation of the facility and program before starting.
- The After-School program provides a nutritious snack daily. It is approved by the Department of Education and contains food from 2 of the food groups. The snack will be served between 3:30pm and 4:00pm. It will be kept under refrigeration if necessary until the service time and maintained at a temperature of 40 degrees or less.
- Minor injuries will be treated as needed, including cleansing, applying band-aids or ice packs. Parent/guardians will be notified upon pick-up and an incident report will be completed. First Aid kits are on hand.
- In the event of a major injury, the Staff **will** make the emergency contacts necessary to obtain appropriate medical attention. This may include calling an ambulance to transport the child to the hospital. In order for the staff to proceed with a major injury, you **MUST** fill out the medical release and fill in the medical information on the registration form. Parents/Guardians will be contacted immediately. Again, it is important to have enough emergency numbers so the staff can easily contact a parent/guardian.

- No staff member will ever strike, swear at, abuse, or threaten with physical intimidation either a child or a parent.
- No staff member will allow a child to be stricken, sworn at, abused or physically intimidated by anyone else associated with the program.
- STAFF WILL REPORT ANY SIGNS OF ABUSE OR NEGLECT TO THE PROGRAM DIRECTOR. The program director will turn the report into Children's services, the State Department and or Police Investigators. NO QUESTIONS ASKED!
- No child will be allowed to continue in the program that becomes a safety hazard to him/herself or others.
- No staff member will ever solicit or accept gratuities in consideration for any treatment of a child.

### **Snacks**

The After-School program provides a nutritious snack daily. It is approved by the Department of Education and contains food from 2 of the food groups. The snack will be served between 3:30pm and 4:00pm.

### **Hours of Operation/Late Pick Up**

The Program is in operation Monday thru Friday after school until 6:00p.m. We provide care for all scheduled school dismissals.

**Parents picking their full-time child up past 6:00 pm will be assessed a late charge of \$10 for the first 5 minutes, then \$1.00 per minute thereafter. This will be strictly enforced.**

SUMMER Hours: 7:30am-5:30.1?\_m

### **Closures:**

We will not make a separate announcement that Y-Care is closed; however, if school closes due to inclement weather, Y-Care will be cancelled.

### **What to wear/bring to YCare**

**Clothing-** It is suggested that your child bring an extra change of clothing on days they "dress up" for school. Closed toed shoes are recommended for play in the gym.

**SUMMER:** Bring towels, swimsuits, and sunscreen on pool days- typically Tuesdays and Thursdays, weather permitting. For summer programming, we do suggest that you send an extra pair of clothes and underwear in case of accidents.

**Personal Items-** We request that all personal items such as toys, will be the child's responsibility to keep track of. Staff will be helpful as they can be but not responsible for child's items. Electronics allowed ONLY during approved times. Children carrying cell phones will be asked to leave devices in the student's backpack until designated time.

**Lost and Found-** The YMCA is not responsible for lost or stolen items. All unclaimed items will be held for 2 weeks following the session when the item was found, and if left unclaimed, will be donated to a charity.

### **Sick Child/ Illness**

The YMCA does not have facilities to care for sick children. Children with a fever of 100.4 degrees or more will be sent home IMMEDIATELY. Children will also be sent home if they are unable to fully participate regardless of temperature. It is important that there is someone listed on your enrollment form that is available to come quickly for your child when we call. Parents are urged to make alternative plans for care of a sick child in advance, if needed.

Children who have a known or suspected communicable disease should not be left in our care. If your child is exposed to a contagious disease, you must notify the Director immediately.

### **Head Lice**

If head lice are detected while your child is attending our program, we ask that you pick them up immediately.

A child with head lice is allowed to return to the program after treatment. Evidence of treatment includes no lice or nits, clean hair and scalp, and a note from you or a physician stating the treatment used.

## **BEHAVIOR MANAGEMENT PROCEDURES- Suspension and Expulsion**

### **Philosophy**

The YMCA strives to maintain a positive approach to managing children's behavior at all times. "Discipline" is the process of teaching self-control and the ability to live within limitations and agreed upon guidelines. The staff and children establish expected behavior guidelines. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside of the guidelines, some consequence is required to avoid future problems. The overall safety of all children in the program is our highest priority.

### **Behavior Related Issues**

In addition to behavior management procedures outlined above, parents must be aware that:

- No staff member will ever strike, swear at, abuse, or threaten with physical intimidation either a child or a parent.
- No staff member will allow a child to be stricken, sworn at, abused or physically intimidated by anyone else associated with the program.
- **STAFF WILL REPORT ANY SIGNS OF ABUSE OR NEGLECT TO THE PROGRAM DIRECTOR.** The program director will turn the

report into Children's services, the State Department and or Police Investigators. NO QUESTIONS ASKED!

- No child will be allowed to continue in the program that becomes a safety hazard to him/herself or others.
- No staff member will ever solicit or accept gratuities in consideration for any treatment of a child.

### **Techniques**

As mentioned previously, when positive behavior is displayed, the consequence is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the following techniques may be employed:

- **Reasoning:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort **will** be made to have them reason together face-to-face with staff facilitating.
- **Removal for the Specific Activity:** When reasoning has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The denied activity should be related to the misbehavior and the removal should be of an appropriate length of time. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
- **Discipline Reports:** Parents will receive a written discipline report if a child's behavior is a consistent problem or causes harm to others. Multiple written reports may result in a 1-5 day suspension of Y-Care services.
- **Child/Director Conference:** When the staff is not successful in correcting behavior, the Director is consulted and may decide on longer or stricter consequences.
- **Parent/Director Conference:** If the parent needs to be formally involved in the process, specific changes in behavior will be requested, with specific consequences for non-compliance outlined.

### **Behavior Management**

The safety of a child is the highest priority for setting behavior management procedures.

- When a child has a serious discipline problem (on any ONE occasion), the parent may be called by staff and asked to pick up the child within one hour of the call. (Hitting another child, spitting on another child or injuring another child or staff member is considered a serious discipline problem.)
- Should YMCA staff decide that a child poses a serious discipline problem; the child may be suspended from the program for a period of 1-5 days or may be removed from the program entirely.
- Suspension or expulsion will happen as a last resort. Staff are trained through the Huffer CC and Rand the Indiana Learning Paths website for coaching and professional development on positive behavioral development and developmentally appropriate behaviors to ensure the children's developmental needs are being met and that suspension or expulsion is limited.

## **PAYMENT INFORMATION**

### **Fees**

A \$20 non-refundable registration fee is due upon enrollment. An Electronic Funds Transfer Form (EFT) **MUST** be filled out in order to participate in the program. You will be charged weekly according to attendance, and the withdrawal will happen on Mondays, unless a holiday, then it will be taken next business day. If the payment is declined, we will attempt to call to get a new payment method. A \$10 late fee will be assessed for every week unpaid after 2 weeks. Participants will also not be permitted to attend Y-Care until the balance is paid in full.

**Summer-** Registration fee for those not currently enrolled: \$5.00

### **Richmond Rates:**

4 or 5 DAYS until 6:00p.m.

\$50 - Members, \$45 - Non-Members

PART TIME-1, 2, or 3 days up until 6:00p.m. OR up to 5 days until 4:00pm

\$35 - Members, \$30 - Non-Members

### **Union County Rates:**

4 or 5 DAYS until 6:00p.m.

\$30 - Members, \$35 - Non-Members

PART TIME

1, 2, or 3 days up until 6:00p.m. OR up to 5 days until 4:30pm

\$20 - Members, \$25 Non-Members

### **SUMMER Care All Day Rates:**

#### **Registration: \$5.00**

3 Day Rate: \$60.00- Members, \$65.00- Non-Members

3 Day Rate Sibling Discount: (first child full price, 2<sup>nd</sup> child- \$10 less)

\$50- Members, \$55- Non-Members

Full Time Rate: \$75- Members, \$80- Non- Members

Full Time Rate Sibling Discount: \$65- Members, \$70 Non-Members

(Rate applies to second child- \$10 less)

\*Summer Field Trips will occur for a small additional cost. Prices will be announced the week before.

**\*Prices Subject to Change at Beginning of each School/Summer Season**

**For questions, comments, concerns, or additional info, please contact the Child Care Director at 765-962-7504.**