

AFTER SCHOOL PROGRAM 2011-2012



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adair County Family YMCA

1708 S Jamison, Kirksville, MO 63501

August 2011 – May 2012

www.adairymca.org

PARENT HANDBOOK

Dear Parents,

This Parent Handbook includes our policies, procedures, and some extra information about our After School Program. Please take a moment to read all this information, ask questions if necessary and become knowledgeable about the program.

Our primary goal is to provide a safe, healthy, and well-supervised environment for children. We provide both recreational and enrichment activities to develop your child's mind, body and spirit.

The YMCA has a long track record of recruiting and hiring qualified, well-trained staff whose major concern is the well-being of each child. Our staff provides program activities that are appropriate for all age levels so that our participants will find the program enjoyable, stimulating, relaxing and motivating.

Thanks for your participation and support. We look forward to seeing you at the Y! If you have any questions throughout the program, feel free to contact me at bgarver@adairymca.org or at the YMCA 660-665-1922.

Sincerely,

Brittni Garver

Typical Day

3:00p.m. – 3:15p.m. Arrival at the YMCA

3:15p.m. – 3:45p.m. Homework/Free time

3:45p.m. – 4:00p.m. Snack Time

4:00p.m. – 5:00 p.m. Organized Game

5:00p.m. – 6:00p.m Pick up time/Quiet time/Free time



YMCA Mission:

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



GENERAL INFORMATION

The Adair County Family YMCA After School experience will be available to all children Kindergarten through 13 years old. Each participant will be required to **complete all necessary paperwork prior to your child or children's first day of participation** (Waiver, Medical/Contact Information, and Signature Authorization). All information provided will be kept confidential and is used in the best interest of your child. Our staff will be given only information necessary to make the after school experience as positive as possible for your child.

Fee Information

Monthly/Daily Registration:

Member	\$30/month	\$5/day (until the \$30/month is reached)
Participant	\$80/month	\$11/day (until the \$80/month is reached)

Advanced Registration:

Member Only	\$100 in advance for September - December
	\$125 in advance for January - May
	\$200 in advance for the entire school year

* Fees need to be paid prior to the month of enrollment. Fees can be paid by check, cash, or credit card (no bank drafts) at the front desk.

If children wish to come every once in a while (i.e. once or twice a week), and do not choose to pay a monthly fee, the cost is **\$5.00 per day (for members)**, until the \$30 limit is reached. This is due the day of attendance.

Late Payments

*Your monthly payment is due on the 1st of each month. Here are the late payment charges.

2 nd – 9 th grace period
10 th – 21 st a \$10 charge
22 nd – 31 st a \$25 charge

Financial Assistance

At the YMCA no one is ever denied the opportunity to participate due to the inability to pay. Scholarship request forms are available at the front desk for all YMCA members. The scholarships are based on total household income and number of dependents to determine the fees for those with documented financial need. The forms **MUST** be filled out two weeks prior to joining the program.

PROGRAM POLICIES

- Parents or guardian must sign child out each day.
- A child shall be released from the facility only to the child's custodial parent(s) or guardian or to a person or self-authorized, in writing, by the parents(s) or guardian to receive the child.
- If your child is going to be absent from the YMCA After School Program, please notify the YMCA as soon as possible.

Pick-Up

All participants will need to be signed out when picked-up. Parents can also use this time to visit with staff or ask questions if necessary. **Only participants 11 years of age may sign themselves out (with a completed authorization form from their parent/guardian)**. Participants must be picked up no later than 6:00 p.m. No exceptions.

Accidents and Injuries

1. Any child showing signs of illness shall be isolated until he/she leaves the camp site. A staff member shall be available to comfort and observe him/her periodically. Parents or emergency contacts will be notified and expected to pick up the child immediately after contact.
2. If children have been exposed to a communicable disease within the program, all parents will be notified of possible exposure. Any child who has been dismissed due to illness cannot return until they are over the illness and if necessary a physician's signature to verify the return of the child.
3. YMCA staff will treat routine scrapes and cuts; however campers needing additional medical attention will follow the medical release form information to the best of our ability.

We will make every attempt to notify the parent immediately if additional medical attention is required. Your authorized signature on the Health, Information, and Release forms allow us to secure prompt medical attention if necessary.

Discipline

Children count on the wisdom of adults to set reasonable limits for them. Limits are necessary to maintain their safety, protect health and guard the rights of others. Discipline will be based on reason and understanding. Children will be informed of all rules and regulation. If rules are broken the staff:

1. Will take the child aside and discuss the problem. A verbal warning will be given.
2. A written warning may be given for multiple/severe offenses. The parents will be notified at the end of the day and be asked to sign the written warning.
3. Will remove the child from the group for a period of time with the understanding that when the camper is ready to rejoin the group and cooperate he/she may do so.
4. May take privileges away (Time taken from play period, free time or group activities).
5. If a child's behavior is such that it had a negative effect on the child or staff, the child will be placed on immediate probation, with the parents understanding that the child may be asked to withdraw from the program.
6. A child who has 3 written warnings during the summer will be suspended from the program and their position in the program will then be determined by the YMCA. No refunds will be given due to disciplinary issues.

Parent Involvement

- Things may happen at home that affect your child's behavior. Please feel free to discuss these matters with the staff. In order for us to instill self-discipline, we need cooperation and support from all parents.
- Parents have the option of signing a "**Homework First**" slip. This form ensures that your child will complete their homework first (rather than doing recreational activities) when the program starts. As soon as your child has completed their homework with the help of staff, your child can resume planned activities with the program. This program is optional to all participants.

Snacks

Snack will be provided to children at 3:45 p.m. each day. If the children wish to bring his/her own snacks then they are welcome to do so.

Medical/Emergency Contact Information

Participant's Name: _____ Gender: M F

Address: _____ Date of Birth: _____

City: _____ Zip Code: _____ Phone #: _____

School Child Attends: _____

Teacher : _____ Grade Level: _____

PARENT/GUARDIAN INFORMATION:

Mother:		Father:	
Employer:		Employer:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
E-Mail:		E-Mail:	

OTHER EMERGENCY CONTACT:

Name:		Name:	
Employer:		Employer:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
E-Mail:		E-Mail:	

PICK UP AUTHORIZATIONS:

Name		Relationship		Phone #	
Name		Relationship		Phone #	
Name		Relationship		Phone #	
Name		Relationship		Phone #	

*Children will NOT be allowed to leave with unauthorized adults. Please contact the YMCA if this changes.

HEALTH HISTORY/MEDICAL INFORMATION:

Physician: _____ Phone: _____

Address: _____

Health Insurance: _____ Policy#: _____

Has your child ever been diagnosed with any of the following? (check all that apply)

<input type="checkbox"/>	ADD	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Behavioral Disorder
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Frequent Headaches
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Other Heart Conditions
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Medication Allergies
<input type="checkbox"/>	Mental Impairment	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other Allergies
<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	

If you check the above, please explain:

Are immunizations current? Yes No

Does your child follow a special diet? Yes No

If yes, please explain:

Other Medical Information that the YMCA should know:

IMPORTANT: BOX MUST BE COMPLETED FOR ATTENDANCE!

Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the program director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me-or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization for the person named above. The completed form maybe photocopied for trips out the YMCA.

Signature of parent/guardian _____

Date _____

SIGNATURE AUTHORIZATION RELEASE

Participant's Name: _____

Date: _____ Age: _____ ***(MUST be 11-13 yrs old)***

YMCA Name: Adair County Family YMCA

As the parent or guardian of the participant listed above, I hereby give that participant listed above the absolute right and permission, with respect to the Adair County Family YMCA After School Program, to sign himself/herself out of the program according to the following guidelines:

- a. The participant must inform the staff of the YMCA that he or she is signing out for the day and also explain the reason for leaving.
- b. Reasons for signing out of the program must be viable ones (i.e. school functions, practices, going home for the evening)
- c. After the participant has signed out of the program for the afternoon/evening, they may not return back to the program that day (i.e. participants are not allowed to continuously enter and exit the facility)
- d. They must immediately leave Adair County Family YMCA property after signing out (no
- e. The participant must be between the ages of 11 and 15. No participant under the age of 11 will be allowed to sign themselves out.
- f. While in the program, participants must still abide by the same rules as ALL other participants (i.e. will not go outside unless directed by supervised staff).

After the participant has signed out and exited the facility, I hereby release and discharge the YMCA from any and all claims and demands arising out of or in connection with the participant's whereabouts. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of the YMCA.

I hereby certify that I am the parent or guardian of the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Printed name of parent/guardian _____

Signature of parent/ guardian _____

Date: _____

HOMework FIRST POLICY

(OPTIONAL)

“Homework First” is an **optional** opportunity for your child. Signing the form ensures your child has a quiet space to complete their homework immediately upon arriving at the YMCA for the After School Program **before** any recreational activities. An After School Program staff will be available to provide homework assistance to your child. Signing this form means the staff will be instructed to ensure completion of your child’s homework everyday immediately. Once your child’s homework is completed they will be allowed to have recreational time in the gym/outside/activities center.

Child’s Name: _____

Parent’s Name: _____

Parent’s Signature: _____

Date: _____

Special Instructions:



I hereby grant permission to record my child/ward's likeness and/or voice for use by television, films, radio, or printed media to further the aims of the Adair County Family YMCA in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

Signature of Responsible Party

Date

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Adair County Family YMCA to secure proper medical care for my Child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

Signature of Responsible Party

Date

The undersigned hereby releases and holds harmless Adair County Family YMCA and any officers, employees or agents thereof including without limitations the Adair County Family YMCA, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Signature of Responsible Party

Date