



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# QUINCY FAMILY YMCA

## CHILDCARE PROGRAM ENROLLMENT INFORMATION

*WELCOME TO OUR QUINCY YMCA FAMILY!*

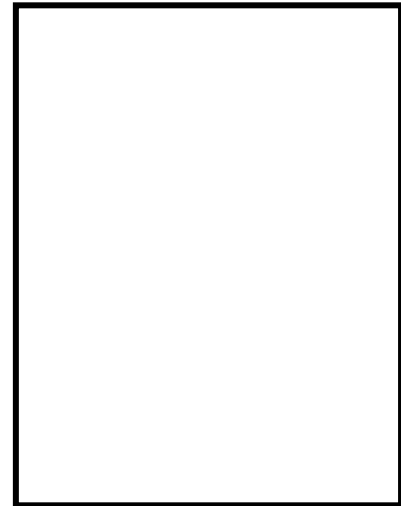
### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ *Please attach most recent headshot*

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Lives With: \_\_\_\_\_



### ATTENDANCE PLAN (*Please Check & Circle*):

Full-time (4-5 days)       Part-time (1-3 days)

***Circle Days Child will attend:***

Monday Tuesday Wednesday Thursday Friday

### PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### Spouse info (optional):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_



**ADDITIONAL STUDENT INFORMATION:**

*We are excited to get welcome your child to the YMCA Family! Please help us get to know your child to better equip us to adequately care for her/him. In the space below, please include any information that we should be aware of that will help us care for your child.*

Medical Condition(s) / Physical Handicap(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions for play (indoors/outdoors): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social/Emotional Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information to help us get to know your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **COST & PAYMENT INFORMATION:**

### **Cost Information:**

There is a 1-time registration fee of \$40 to reserve your child's spot in the school-age care program.

We offer discounted rates for our members, and we invite you to speak with our member service team to explore membership options along with potential membership discounts through our corporate partner program.

Please select:

|  |  |
|--|--|
| <p><u>    </u> <b>Full-time (4-5 days/week):</b></p> <ul style="list-style-type: none"><li>• Standard Rate: \$75/wk</li><li>• Member Discount: \$60/wk</li></ul> | <p><u>    </u> <b>Part-time (1-3 days/week):</b></p> <ul style="list-style-type: none"><li>• Standard Rate: \$63/wk</li><li>• Member Discount: \$50/wk</li></ul> |
|--|--|

We gladly accept West Central Child Care & DCFS payments, but we want to make sure that you understand it is your responsibility to apply and to ensure the balances (including co-pays) are paid.

The Quincy YMCA is a local, community-supported nonprofit organization, and as a result of the generous support of the community, we offer scholarships to parents & families to help with care. Scholarships are awarded in accordance with your family's financial needs and available funds. You will need to apply for West Central Child Care support prior to applying for YMCA scholarship.

### **Payment Information:**

To help make the payment process easier for you, we encourage everyone to enroll in our automated draft. It is an extremely safe process, and can be set up either through a debit card, credit card, or bank draft. The account or card on file will only be used for these balances per your instruction.

We offer a discounted enrollment fee if you enroll in auto-draft. Please speak with you member service team about getting your automated payment set up so you don't have to worry about remembering to pay.

I understand the cost & payment information as explained, and I understand that all charges are my responsibility.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY CONTACTS

In the event Parent/Guardian listed above cannot be reached in an emergency situation please contact individual(s) below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHILD PICKUP

I/we authorize:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone: \_\_\_\_\_

and/or

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone: \_\_\_\_\_

to pick up my/our child when I am/we are unavailable.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENTS & ACKNOWLEDGEMENTS

Please initial after each item, and sign at the end.

ABSENCE REPORTING – If your child is not going to attend for the day, we ask that you call us at the YMCA by 1pm to let us know.

Parent/Guardian Initial\_\_\_\_\_

LATE PICKUP – The Quincy Family YMCA Childcare program is open until 6pm Monday-Friday (unless otherwise notified). There is a \$1.00 late fee for every 5 minutes after 6:00pm when the child is still in the program area. After 5 minutes if parent has not contacted the facility, YMCA staff will try to contact the parent. After 20 minutes and 3 attempts, emergency contacts will be called. After 30 minutes, local DCFS and/or police will be contacted.

Parent/Guardian Initial\_\_\_\_\_

EMERGENCY MEDICAL CARE – I/we authorize the Quincy Family YMCA to secure emergency medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for all medical charges for my child, and I/we hold the YMCA, its staff, and its Board of Directors harmless in the event of an injury to the child.

Parent/Guardian Initial\_\_\_\_\_

ADMINISTER PRESCRIPTION MEDICATION - The Quincy Family YMCA prefers not to administer medication but if it is necessary, I/we authorize the Quincy Family YMCA to administer prescribed medicine to my/our child as specified in the prescription's directions for administration. All medications must be given to the coordinator by the parent prior to the child's arrival and must be in a container with the pharmacist's label. Any medications administered to children while in our care will be documented in a daily log sheet documenting the date, time, and staff that administered the medication.

Parent/Guardian Initial\_\_\_\_\_

TRIPS, EXCURSION, and PUBLIC PARK FACILITIES – I/we authorize the Quincy Family YMCA to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above. I/we understand all such trips are under the supervision of the above and that health and safety precautions are taken.

Parent/Guardian Initial\_\_\_\_\_

FIELD TRIPS – The YMCA After School program does take field trips and does community activities regularly. If a field trip does require transportation, parents will be notified prior to the trip. Notification will include departure and arrival time along with a permission form. The permission slip must be filled out in order for the child to attend the event. The YMCA reserves the right to cancel trips due to weather, safety reasons or any other unforeseen factor.

Parent/Guardian Initial\_\_\_\_\_

TRANSPORTATION – The Quincy Family YMCA will only have licensed and qualified personnel operate any vehicle that transports students from school to the YMCA. I understand that transportation is provided when registered in program and as parent/guardian I must contact Director if transportation is not needed.

Parent/Guardian Initial\_\_\_\_\_



PERSONAL ITEMS – It is preferred that children do not bring personal items from home. We ask that if it comes to the YMCA from school that it remains in their backpack until the time of pickup. We ask that any personal items be marked with the child’s name. This includes coats, hats, gloves and swim gear. We don’t want any of your child’s special items lost, broken, or taken, and we will do everything we can to prevent this; however, in the event that personal items are brought to the YMCA, the Quincy Family YMCA & Staff are not responsible for any loss or damage.

Parent/Guardian Initial\_\_\_\_\_

PHOTO USE – I/we consent that photo or other recording of the YMCA program activities could include my child, and may be used for promotional purposes and programming materials including but not limited to the YMCA website & social media pages.

Parent/Guardian Initial\_\_\_\_\_

CLASSROOM OBSERVATION & INTERNSHIPS - The Quincy Family YMCA does from time to time have students for observation and Interns working with the participants of the after school program. Classroom Observation is a role of training, assessment and development of new and experienced teachers and educators, offering practical guidance and detailed insight on all aspects of educational training. Students under observation will be monitored by a YMCA employee.

Parent/Guardian Initial\_\_\_\_\_

DCFS APPROVED EXEMPT PROGRAM – The Quincy Family YMCA program is a fully-approved DCFS programs that is operating under a license exemption due to the nature of the school-age program operating during out-of-school times.

Parent/Guardian Initial\_\_\_\_\_

SWIM TEST – The YMCA After School program does utilize the pool here at the YMCA. Children are encouraged to swim every Friday as a way of encouraging participants to engage in a healthy lifestyle, promote water safety and the excitement for swim lessons and other programming. While swimming is not mandatory, it is strongly encouraged that after school participants bring their swimming gear and swim. All swimmers at the start of the school year are required to take a swim test regardless of swim ability. The lifeguard on duty will monitor the participant during the swimming test which consists of one lap across and one lap the length of the pool, swimming front crawl or breast stroke. The swimmer must then tread water for 2 minutes.

Participants are issued bands based on their swimming ability as follows:

- Red Band: must wear a floatie and stay in the shallow end.
- Yellow Band: must stay in the shallow end but do not require a floatie.
- Green Band: have access to the full pool both shallow and deep end.

Please be advised should the After School Staff who are monitoring the pool deck during swimming and lifeguards have the right to take away swimming privileges if a student has multiple interactions that are deemed to put themselves other participants at risk. For those who choose not to swim, a staff will be provided in the after school room.

Parent/Guardian Initial\_\_\_\_\_

RELIGIOUS OBSERVATION – The Quincy Family YMCA is a Christian organization and proudly adheres to strong Christian values. We are sensitive to other faith values and to the values of non-faith families, and while we may occasionally integrate religious activities into our program, we openly welcome every belief and do not discriminate in any way. In addition, we also celebrate the recognized state & national holidays, which include some religious holidays such as Christmas, Easter, etc.

Parent/Guardian Initial\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**The following documents are signed digitally when you have your child registered into our program. Please keep for your records.**



## KEEP FOR YOUR RECORDS

### Medication Policy

The Quincy Family YMCA prefers not to administer medication but if it is necessary written instructions from your physician must be submitted. All medications must be given to the coordinator by the parent prior to the child's arrival and must be in the container with the pharmacist's label. The coordinator will document the number of pills coming into the facility and the number leaving the facility at the end of the week. Children that have medication will have a medication log sheet that is to be filled out when the medication is administered by the designated staff member. This log will include the date, time, dosage, and prescription number.

- A. Both prescription and non-prescription medication shall be accepted only in its original container.
  - a. Prescription medications shall be labeled with the full pharmacy label.
  - b. Over-the-counter (non-prescription) medication shall be clearly labeled with the child's first and last name. The container shall be in such condition that the name of the medication and the directions for use are clearly readable.
- B. Medication shall be administered in a manner that protects the safety of the child. Due to some activities, medications may be given within a 30-minute time frame.
  - a. Prescription medication shall be administered as required by a physician subject to the receipt of appropriate releases from parents, which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label.
  - b. Over-the-counter medications may be dispensed in accordance with manufacturer's instructions when provided by the parent with written permission.
  - c. The facility shall maintain a record of the dates, times administered, dosages, prescription number, if applicable, and the name of the person administering the medication.
- C. Medication shall be safely stored.
  - a. Medication containers should have child-protection caps whenever possible.
  - b. All medication, whether refrigerated or unrefrigerated, shall be kept in locked cabinets or other containers that are inaccessible to children and that are designated and used only for this purpose.
  - c. Medications shall be kept in a well-lighted area.
  - d. Medications shall be kept out of the reach of children.
  - e. Medication shall not be kept in rooms where food is prepared or stored, unless refrigerated in a separate locked container.
- D. Medication shall not be used beyond the date of expiration.
- E. When a child no longer needs to receive medication, the unused portion or empty bottle shall be returned to the parent.
- F. Any topical products, such as sunscreen or insect repellent, whether supplied by the parent or by the child care center, shall be approved by the parent prior to use on the child.





## KEEP FOR YOUR RECORDS

### Behavior Management Policy

Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to: hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member, and attempting to leave the program space.

In response to these behaviors, we will not use:

- Threats or bribes.
- Physical punishment, even if requested by the parent.
- Deprivation of food or other basic needs.
- Humiliation or isolation.

YMCA Program Expectations:

- Speak for yourself.
- Listen to others.
- Use put-ups; not put-downs.
- Care for others, the property, and yourself.
- Be honest.
- Show respect for all.
- Be responsible for yourself.
- Do unto others as you would have them do unto you.

In response to misbehavior we will:

- 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.

Our goal is to work together with the child and family to address and modify any behavior concerns; however, if a child cannot display appropriate behavior then he/she may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff and the child. The child may be allowed to return to the program after the parent conference and a behavior improvement plan is developed. If a child receives a fourth written warning, we may ask the family to make alternative childcare arrangements for the remainder of the summer. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly. Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program. There are no refunds given for time missed due to behavior.



## **KEEP FOR YOUR RECORDS**

### **Child Care Payment Policy**

A \$40 activity fee is required to reserve a spot for your child in After School or Summer Camp. Failure to pay the activity fee will forfeit your child's spot. Parents with children in a Child Care program will receive an invoice at the end of each week. The full balance must be paid within 14 days. Any balance not paid 14 days after your registered session may be assessed a \$15 late fee.

Failure to pay fees by the due date will result in your child not being able to participate in the program until all fees are paid. This could result in your child being left in the hands of Quincy Public School officials at time of scheduled pickup.

If you need financial assistance, please apply at the Welcome Desk. Please allow two weeks for processing. Financial assistance is awarded in accordance to your family's financial need and funds available.

The YMCA gladly accepts West Central Child Care and DCFS payments as well.

The YMCA offers a discount if you enroll in automated draft. Automated draft is set up through a debit card, credit card or bank account. The automated draft is taken out at time of billing. The After School draft is scheduled on Fridays and Summer Camp on Mondays.

### **Program Participant Waiver**

I, the undersigned, do hereby give my consent and agree that the person listed can participate in the YMCA of West Central Illinois programs. I understand that the YMCA, its staff, volunteers, Board of Directors or anyone designated by the YMCA to work with the participants assumes no responsibility for anyone in case of any loss by accidents or injury to persons or property as a result of using the YMCA property or participating in a YMCA program and I hold same harmless for any such occurrence.

I further understand that the YMCA does not carry any medical or accident insurance for injury or loss for persons using the YMCA facilities involved in YMCA programs, and I am responsible for adequate medical insurance and insurance for loss of theft property. My understanding of these matters is witnessed by my signature.

I agree to abide with the following YMCA policy. No child 8 or under can be at the YMCA without a parent or guardian on the premises unless they are participating in a YMCA program. This policy is for the safety and security of every child.



**KEEP FOR YOUR RECORDS**

**Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The YMCA of West Central Illinois (Quincy Family YMCA, Mt. Sterling Community Center YMCA & Western Community Center YMCA) has put in place preventative measures to reduce the spread of COVID-19; however, **the Y cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING**

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at the Y may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Y's employees, volunteers, and program participants and their families.

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the Y.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Y, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Y, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the Y.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so in the state where the Y is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

**I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

If I have signed a separate general waiver of liability connected to my participation at the Y, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

**I agree that I will practice safe social distancing and clean hygiene during my participation at the Y.**