

Sarpy Community YMCA's School's Day Out 2016-2017

Child's First Name: _____ M.I.: _____ Last Name: _____

Check boxes to the left of the week your child will be attending.

	Bellevue		Papillion- La Vista
	November 23- Turkey Fun		November 23- Turkey Fun
	November 25- All About Fall		November 25- All About Fall
	December 21- The Polar Express		December 21- The Polar Express
	December 22- Christmas Around the World		December 22- Christmas Around the World
	December 23- Night Before Christmas		December 23- Night Before Christmas
	December 26- Snow Globe		December 26- Snow Globe
	December 27- Pajama Day		December 27- Pajama Day
	December 28- Do You Wanna Build A Snowman		December 28- Do You Wanna Build A Snowman
	December 29- Glitter and Snow		December 29- Glitter and Snow
	December 30- Winter Wonderland		December 30- Winter Wonderland
	January 2- Movie Character Day Fun		January 2- Movie Character Day Fun
	March 13- Spring Break Bonanza		January 3- New Year Fun
	March 14- Board/Card Game Day		March 13- Spring Break Bonanza
	March 15- All About Weather		March 14- Board/Card Game Day
	March 16- Exploring the World of Bugs		March 15- All About Weather
	March 17- Lego Day		March 16- Exploring the World of Bugs
			March 17- Lego Day
			March 20- Fort Making Day

Swim Permission:

My child has permission to swim during School's Day Out. Yes _____ No _____

My child has permission to swim in the deep end. Yes _____ No _____

Swimming Ability: Non-swimmer _____ Fair _____ Good _____

Child must pass a deep water test prior to being allowed to swim in the deep end each day

Daily Rates:
 Early Bird: \$28/ day
 Day Of: \$33/day

Hours:
 7 am- 6pm
 (unless otherwise noted)

Information/Photo and Video Release:

I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education. Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____

Payment:

Registration Fee: \$5 per child (non-refundable one-time fee for 2016-2017 school year)

Deposit: \$5 per day registered (non-refundable & non-transferable and go towards the daily fee)

Payment is due the day of School's Day Out before children are left in our care

Forms Needed:

Your child's 2015 immunization records and a photograph are needed before allowed in the program.

What to bring every day:

Lunch, swimsuit, towel, morning & afternoon snack (refrigerator available)

Child Information & Health Form – School’s Day Out 2016-2017

Child’s First Name _____ **M.I.** _____ **Last Name** _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Sex _____

Mother’s (or Guardian) First Name _____ **Last Name** _____

Mother’s DOB _____ (We must have this to register your child)

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Employed By _____

Address _____

Father’s (or Guardian) First Name _____ **Last Name** _____

Father’s DOB _____ (We must have this to register your child)

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Employed By _____

Address _____

In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:

(Please list names in order you would like them to be called)

A. _____ Phone _____ Relation _____

B. _____ Phone _____ Relation _____

C. _____ Phone _____
Relation _____

D. _____ Phone _____
Relation _____

E. _____ Phone _____
Relation _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.

General Health Questions:

Allergies, if any:

Medication, if any: _____ Possible side effects: _____

Will this medication be taken while he/she is at School's Day Out? Yes _____ No _____

Please note it is the parent's responsibility to supply the staff with the medication paperwork and directions.

Any known medical problems:

Any special devices used (glasses, hearing aids, crutches, etc.)?

Any activities child should NOT engage in?

Date of last tetanus shot _____

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.)

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.)? _____

Authorization for Emergency Medical Care

I (we) expect to be notified at once in case of accident or illness to my (our) child; I (we) will make arrangements for medical care of my (our) child with the physician or hospital of my (our) choice; If I (we) cannot be reached to make the necessary arrangements, I (we) hereby authorize the YMCA to contact:

Dr. _____ at _____
Address Phone

or the nearest hospital for emergency medical treatment of _____
Child's Name

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ **Date** _____


Parent's signature _____ **Date** _____

Medication Permission and Competency

I _____ have determined that the Sarpy YMCA staff is competent to give or apply medication to my child(ren). I understand that the Sarpy YMCA have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

Parent Signature: _____

A copy of your child's 2016 immunization records and a photograph of your child are needed before your child will be officially registered.



**Please put your
child's most
recent school
picture here**

TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the

YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian)

Printed name of participant
(First, Middle, Last, Suffix (Jr./Sr./II/III))

Signature of parent or guardian

Date of signature

Other names used by parent or guardian (Maiden/Previous Married/Alias/Nicknames)



Description of Services- School's Out Fun Club at Sarpy

The Sarpy YMCA licensed programs strive to give all kids the opportunity to discover who they are and what they can achieve. We offer a variety of enrichment activities that help each participant learn, grow, and thrive. Youth participate in small, age-appropriate groups where they build self-esteem and learn new skills. Our experiences are built on the Y's core values of caring, honesty, respect, and responsibility.

The program includes daily components of: indoor play, outdoor play, rest/quiet periods if age appropriate, group play, reading/book exploration, language and social development by talking and interacting with children and modeling appropriate language and behavior.

Hours of Operation:	
7:00am to 6:00pm Holiday Hours Subject to Change	Ages of Children Served: 5-12 yrs.
Location Information	

Sarpy Community YMCA
1111 E 1st Street
Omaha, Ne. 68046
402.339.9861

Program Director: Becca Bradley
Executive Director:
CEO/President: Chris Tointon

The Program Director is your primary contact for all information or any questions you have. We strongly encourage and invite parental participation and communication. All programs have an open door policy and we hope you take an active role in your child's day. If you have any questions concerns or grievances that you feel have not been addressed by the Program Director, please contact the Executive Director.

Licensed Regulations can be obtained by visiting the DHHS website.

Parents Expectations

Parents are expected to be involved in the quality experience

- Complete needed paperwork and provide up to date immunization records
- Share concerns or comments with program leadership
- Communicate any changes in health, behavior or other areas that might impact the children

Center Policies

Exclusion of Ill Children

Children who are ill may not return until they are symptom free for 24 hours. They must also be fever free for 24 hours, without the use of fever reducers. If your child becomes ill during program hours, you will be notified and requested to pick up your child immediately. Our staff will administer first aid for minor injuries. You will be notified if your child needs prompt medical care.

Fees

Fees must be paid by check, cash or credit card as indicated in the tuition payment schedule. You also have the option to keep a credit card on file for payments. There is a late payment fee if your child is picked up after 6:00pm. One will be charged a dollar per minute after 6:00pm.

Attendance and Pick Up

Only people you authorize in writing may pick up your child from the program. Children must be picked up from the program on time, or late charges will apply.

Termination of Care

We will make every attempt to work with children and teach appropriate behavior however we will suspend or terminate children as a last resort. We have the right to suspend or expel children from our program if they or their families threaten safety or interfere with the sustainability of a quality program.

Personnel Policies

Staffing is a key to a high-quality child care program. Each staff member goes through an extensive hiring process including a criminal history background check, reference checks, and interviews. We follow the DHHS staff qualification and training guidelines. Staff receive annual training relating to children, health and safety skills and are First Aid and CPR certified. Staff must complete a health physical (no requirement of immunization record). Staff that are ill will be expected to follow the same guidelines as set in the exclusion of ill children.

Disaster Preparedness

Each Room will have a diagram of locations to go in event of a disaster and will include building evacuation plans. Each room will have a diagram of locations to go in event of a disaster and will include building evacuation plans. The participant binder will be taken with the group in the emergency situation. If there is an emergency that requires

building evacuation there will be a secondary "safe location". Parents will be called from that location and debriefed on the emergency, participants will be picked up from the secondary location until it is safe to re-enter the YMCA. When we enroll students with special needs, we will develop an individual plan for that participant. In general, staff will provide support during this time with special needs.

Staff will read the licensed regulations on providing medication and sign that they understand the regulations.

I have received a copy of the Center's Description of Services and Policies for School's Out Fun Club at Sarpy. Please sign and return to Sarpy YMCA.

Parent Signature

Date

Child's name: _____