



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

After School Fun Club 2016 – 2017

	Monthly Rate	Members	Non-Members
After school	1st child	\$ 170	\$ 210
	2nd child	\$ 80	\$ 170

- After School will run Monday through Thursday - 3:30pm-6:00pm & Friday 2:30-6:00pm
- Please contact DC West Schools about transportation to Twin Rivers. Snack is provided daily.

Schools Out Fun Club 2016-2017

	Monthly Rate	Members	Non-Members
Schools Out Fun Club/Snow Day	Per Child	\$32	\$ 44

- Teacher in service days and during school vacations (provided there are enough registrations) - 7:00am-6:00pm.
- Care may be provided on days that school is closed for inclement weather.
- Breakfast and an afternoon snack will be provided by the Y. Your child should bring his/her lunch.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. Registration forms, health forms, information release forms and medical forms are to be filled out completely and returned to the Twin Rivers before your child begins the program.
2. Payment is due no later than the 1st day of the month.
3. General information: Our Federal Identification Number is 47-0376586 for your tax records.
4. The balance for each month must be paid by the 1st of the month. A \$10 late fee will be assessed if the balance is not paid by the 5th of the month. If other arrangements have not been made your child could lose his/her position in the After School Fun Club.
5. If you are late picking up your child, a fee of \$1 per minute, per child will be charged. The fee must be paid at the time you pick up your child.

2016-2017 After School Fun Club Registration Form

CHILD'S NAME _____ PARENT'S NAME _____

YMCA Member? Yes or No (circle one)

Please check the times your child will be attending After School Care and/or School's Out Fun Club:

Month 1	August	_____	August 15___, & 16___
Month 2	September	_____	September 5_____
Month 3	October	_____	October 14___, & 17___
Month 4	November	_____	November 23___, & 28___
Month 5	December	_____	December 22___, 23___, 26___, 29___, 30___
Month 6	January	_____	January 2___, 3___, 4___, & 16___
Month 7	February	_____	February 16_____
Month 8	March	_____	March 15___, 16___, 17___
Month 9	April	_____	April 14___, April 17___
Month 10	May	_____	

REQUIRED INFORMATION

ANY KNOWN ALLERGIES? _____

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? _____

ANY ACTIVITIES YOUR CHILD MAY NOT ENGAGE IN? _____

ANYONE UNAUTHORIZED TO PICK UP OR VISIT? FIRST AND LAST NAME _____

PAYMENT INFORMATION

Convenient Automatic Payment Options: We are offering automatic payment. Payment will be drafted on the 1st of each month. If you would like automatic payments please check the credit card or bank draft option and fill out the information below.

EFT/BANK DRAFT

- Please use the account the YMCA has on file. Please be ready to verify this information at the time of registration.
- I will provide my account information at the time of registration. Account type, checking or savings, routing number and account number will be needed.

DEBIT/Credit Card Draft

Card Type (check one): Visa MasterCard American Express Discover

Please use the account the YMCA has on file. Last 4 Numbers of Credit Card: _____

I will provide my credit card information at the time of registration.

Payment Agreement:

Monthly payment is due on the 1st of the month. Payment is due in full. If payment is not made by the 5th of the month your child cannot attend until payment is made. A late fee of \$10 will be assessed after the 5th of the month.

Parent Signature _____ Date _____

CHILD INFORMATION & HEALTH FORM

CHILD

First Name _____
Last Name _____
Address _____
City _____
State _____ Zip _____
Phone # _____
Gender _____
Birthday _____
Age _____
School _____
Grade going into _____

MOTHER or Guardian

First Name _____
Last Name _____
Mother's DOB _____
(We must have this to register your child)
Address _____
City _____
State _____ Zip _____
Phone # _____
Work Phone _____
E-mail _____
Employed By _____
Address _____
City _____
State _____ Zip _____

FAMILY'S ANNUAL INCOME

- \$10,000 & UNDER
- \$10,000-\$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 & OVER
- UNKNOWN

FATHER or Guardian

First Name _____
Last Name _____
Father's DOB _____
(We must have this to register your child)
Address _____
City _____
State _____ Zip _____
Phone # _____
Work Phone _____
E-mail _____
Employed By _____
Address _____
City _____
State _____ Zip _____

ETHNIC BACKGROUND

- Hispanic or Latino
- Not Hispanic
- Unknown

RACE

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

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 _____

Authorized person(s) to take child from site: (You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts. Any authorized person must be 18 years of age or older. ID must be presented at the time of pick up.)

A. _____ Relation to child _____

B. _____ Relation to child _____

C. _____ Relation to child _____

D. _____ Relation to child _____

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

GENERAL HEALTH QUESTIONS

Medication, if any:

_____ Possible side effects:

Will this medication be taken while he/she is in After School/School's Out Fun Club? Yes No

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

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of?

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

Parent's signature _____ Date _____

Date of last tetanus shot _____

Names and ages of child's brothers and sisters:

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.?)

Any known intolerance to food, insect bites/stings, or other factors that result in medical reaction? Please provide us with clear instructions in the event of an exposure to the factor.

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 _____

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

Name of Family Doctor

Address _____

City _____

State _____ Zip _____

Phone _____

Name of Dentist

Address _____

City _____

State _____ Zip _____

Phone _____

MEDICATION PERMISSION AND COMPETENCY

I _____ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has 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 _____ Date _____

Parent/Guardian Permission (check all that apply)

- My child has permission to swim.
- My child has permission to swim in the deep end.

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.

- 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.

Parent Signature _____ Date _____

Dept. of Health & Human Services Required Info:

- A copy of your child's current immunization records.
- Signature of receipt of parent brochure will be provided by the YMCA.
- Description of Services Form will be provided by the YMCA.

How have you heard about us?

YMCA Disciplinary Policy – Please read over with your child

At the beginning of the school year, your child will be explained the “Rules of the Y” and be expected to follow the rules and take responsibility for his/her actions when the rules are broken. If rules are broken, a disciplinary procedure will be followed.

**Three simple rules:
Be respectful.
Be responsible.
Listen to the adult the first time.**

Consequences of Inappropriate Behavior – Definition of Inappropriate Behavior: Any behavior that fails to support the three simple rules of the YMCA.

First Occurrence:

The child will be asked if he/she knows what inappropriate behavior they have exhibited. If they do not know, the teacher will explain it to them. The child will receive a warning at this time and will be told that they will be given no further warnings. The parent will be verbally notified by the Teacher and/or the Director about the incident at the time the child is picked up for the day.

Second Occurrence:

The child will be asked if he/she knows what inappropriate behavior they have exhibited. If they do not know, the counselor will explain it to them. The child will again be given personal time to rethink his/her decision and to make a positive choice, depending on the situation. A discipline report will be sent home to the parent and must be returned and signed by the parent of the child to participate the following day.

Third Occurrence

The child will be brought to the Director and a call to the parent will be made. An explanation of the problem will be discussed with the parents. The Director will then ask the parents to come and pick up their child immediately from the YMCA. A conference between the parents and the Director must be arranged before the child can return to the program. Suspension from the program is a possibility.

I have read and understand the YMCA Disciplinary Policy included in this packet. I have also read and discussed this policy to my child who will be attending the program. I take full responsibility in helping the YMCA carry out the policy to ensure that all children and staff have a safe and enjoyable experience in the YMCA programs.

Parent Signature _____

Date _____

Child Signature _____

Date _____

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

The Twin Rivers 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, group play, reading/book exploration, language and social development by talking and interacting with children and modeling appropriate language and behavior.

Day/Hours of Operation:

After School - year 2016/17:
M-Th 3:30-6pm & Friday, 2:30-6pm

Schools Out Fun Club:
Mon-Fri 7am to 6pm

Summer: M-F 7am - 6pm

Ages of Children Served: 5 - 12

Location Information

Twin Rivers YMCA
6100 Twin Rivers Circle
Valley, Ne. 68064
402.359.9622

Program Director: Cole Buffington
Executive Director: Judy Argintean
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.

Attendance and Pick Up

Only people you authorize in writing may pick up your child from the program. Individuals other than parents will be required to show ID when picking up child care children. 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).

Disaster Preparedness

- 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 the Teen Center will be the secondary "safe location" will be the YMCA teen center. Parents will be called from the Teen Center 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 guided support during this time with special needs.

Description of Center Services and Policies

I have received a copy, read and understand the Description of Center Services and Policies. I will abide by the standards at all times.

Signature: _____

Date: _____