



## 2017/18 Schools Out Fun Club Registration Form

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

YMCA Member  Non Member  Email \_\_\_\_\_

### Schools Out Program

#### CHOOSE YOUR DAYS

Southwest YMCA= Ages 5-12 (Must have attended Kindergarten)

Deposit (Non-refundable): \$5 per child per day due at registration

Member: \$32/day

Non Member: \$44/day

#### CHOOSE YOUR DAYS

- |   |  |
|---|--|
| <input type="checkbox"/> Monday, August 14 (OPS)                | <input type="checkbox"/> Monday, January 8 (OPS & Millard)   |
| <input type="checkbox"/> Tuesday, August 15 (OPS)               | <input type="checkbox"/> Monday, January 15                  |
| <input type="checkbox"/> Friday, September 15 (OPS)             | <input type="checkbox"/> Thursday, February 15 (Millard)     |
| <input type="checkbox"/> Monday, September 18 (OPS)             | <input type="checkbox"/> Friday, February 16 (Millard)       |
| <input type="checkbox"/> Wednesday, October 18 (Millard)        | <input type="checkbox"/> Monday, February 19 (OPS & Millard) |
| <input type="checkbox"/> Thursday, October 19 (Millard)         | <input type="checkbox"/> Thursday, March 8 (OPS)             |
| <input type="checkbox"/> Friday, October 20 (Millard)           | <input type="checkbox"/> Friday, March 9 (OPS)               |
| <input type="checkbox"/> Thursday, November 9 (OPS)             | <input type="checkbox"/> Monday, March 12 (OPS)              |
| <input type="checkbox"/> Friday, November 10 (OPS)              | <input type="checkbox"/> Tuesday, March 13 (OPS)             |
| <input type="checkbox"/> Wednesday, November 23 (OPS)           | <input type="checkbox"/> Wednesday, March 14 (OPS)           |
| <input type="checkbox"/> Tuesday, December 26 (OPS & Millard)   | <input type="checkbox"/> Thursday, March 15 (OPS)            |
| <input type="checkbox"/> Wednesday, December 27 (OPS & Millard) | <input type="checkbox"/> Friday, March 16 (OPS)              |
| <input type="checkbox"/> Thursday, December 28 (OPS & Millard)  | <input type="checkbox"/> Monday, March 19 (Millard)          |
| <input type="checkbox"/> Friday, December 29 (OPS & Millard)    | <input type="checkbox"/> Tuesday, March 20 (Millard)         |
| <input type="checkbox"/> Monday, January 1 (OPS & Millard)      | <input type="checkbox"/> Wednesday, March 21 (Millard)       |
| <input type="checkbox"/> Tuesday, January 2 (OPS & Millard)     | <input type="checkbox"/> Thursday, March 22 (Millard)        |
| <input type="checkbox"/> Wednesday, January 3 (OPS & Millard)   | <input type="checkbox"/> Friday, March 23 (Millard)          |
| <input type="checkbox"/> Thursday, January 4 (OPS & Millard)    | <input type="checkbox"/> Friday, April 18 (OPS)              |
| <input type="checkbox"/> Friday, January 5 (OPS & Millard)      |  |

**PLEASE PUT  
YOUR CHILD'S  
MOST RECENT  
SCHOOL  
PICTURE HERE**

## 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 OF VISIT? \_\_\_\_\_

FIRST AND LAST NAME

## PAYMENT INFORMATION

**CONVENIENT AUTOMATIC PAYMENT OPTIONS:** We are offering automatic payment. Payment will be drafted automatically on the date that your child attends School's Out Fun Club. If you would like automatic payments, please check the credit card or back 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 saving, 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:** Payment is due on the date that your child is attending School's Out Fun Club. Payment is due in full. A maximum of two days can be attended if you have not paid your payment. If payment has not been made by the third day, your child cannot attend until payment is made.

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

## FEES

- The non-refundable deposit fee(s) and daily fee(s) are due prior to your child's participation in School's Out Fun Club
- The deposit fee is \$5 per day that your child is being registered
- A \$10 late fee will be assessed if the balance is not paid on the date your child attends School's Out Fun Club
- All dates are fill on a first-come, first served basis
- You are responsible for all fees associated with each date for which your child is registered
- In order to receive the YMCA member fee, the participant(s) must be a member

# Child Information & Health Form – School’s Out Fun Club 2017-2018

Child’s First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade going into \_\_\_\_\_

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 \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

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)

A. \_\_\_\_\_ Relation to child \_\_\_\_\_

B. \_\_\_\_\_ Relation to child \_\_\_\_\_

C. \_\_\_\_\_ Relation to child \_\_\_\_\_

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 Out Fun Club? 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 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.) ? \_\_\_\_\_

Any activities child should NOT engage in ? \_\_\_\_\_

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.)? \_\_\_\_\_

### 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 \_\_\_\_\_

### Medication Permission and Competency

I \_\_\_\_\_ have determined that the Southwest YMCA staff is competent to give or apply medication to my child(ren). I understand that the Southwest 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: \_\_\_\_\_

## Immunization Records

In order for your child to attend School's Out Fun Club, we will need to have a recent copy of your child's immunization records on file.

## Swim Permission

My Child has permission to swim during School's Out Fun Club.  Yes  No

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

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

## Field Trip Permission

I give my child permission to participate in field trips during School's Out Fun Club  Yes  No

**\*\*Field trips may include both walking and bus transportation\*\***

## 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

## Receipt of Parent Information Brochure

Child Care Program Name: \_\_\_\_\_

Enrolled Child(ren)'s names: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Signature; \_\_\_\_\_ Date: \_\_\_\_\_

Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review.



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## Description of Services

The Southwest 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.

### Days/Hours of Operation:

School Year: 7:00 am-6:00 pm

Ages of Children Served: 5-12 years old (must have attended Kindergarten)

### Location Information

Southwest YMCA  
13010 Atwood Ave  
Omaha, Ne. 68144  
402.334-8487

Program Director:

Executive Director: Jill Schoenherr

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 and contacts can be obtained by visiting the DHHS website.

### Special Services Provided

Swimming: We will swim each day during School's Out Fun Club.

### 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 prior to dropping your child off for the day. 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. Children must be picked up from the program on time, or late charges will apply. Staff may ask for identification at time of pick up.

## 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 discipline procedures are outlined in the Employee Handbook/Child Care Center Standards.

Staff will read the licensed regulations on providing medication and sign that they understand the regulations (pg 37-39).

Parents will receive a copy of the Parent Information Brochure from DHHS and return the Receipt of Parent Information Brochure.

## **Received Parent Information Brochure**

I have received a copy of the Parent Information Brochure and the Center's Description of Services and Policies.

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Parent Signature

Date