



2018/2019 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: \$35/day

Non Member: \$45/day

CHOOSE YOUR DAYS

- | | |
|---|---|
| <input type="checkbox"/> Friday, September 14 (OPS) | <input type="checkbox"/> Wednesday, January 2 (OPS and MPS) |
| <input type="checkbox"/> Monday, September 17 (OPS) | <input type="checkbox"/> Thursday, January 3 (OPS and MPS) |
| <input type="checkbox"/> Wednesday, October 17 (MPS) | <input type="checkbox"/> Friday, January 4 (OPS and MPS) |
| <input type="checkbox"/> Thursday, October 18 (MPS) | <input type="checkbox"/> Monday, January 21 (OPS and MPS) |
| <input type="checkbox"/> Friday, October 19 (MPS) | <input type="checkbox"/> Thursday, February 14 (MPS) |
| <input type="checkbox"/> Thursday, October 25 (OPS) | <input type="checkbox"/> Friday, February 15 (MPS) |
| <input type="checkbox"/> Friday, October 26 (OPS) | <input type="checkbox"/> Monday, February 18 (OPS and MPS) |
| <input type="checkbox"/> Wednesday, November 21 (OPS and MPS) | <input type="checkbox"/> Thursday, March 7 (OPS) |
| <input type="checkbox"/> Wednesday, December 26 (OPS and MPS) | <input type="checkbox"/> Friday, March 8 (OPS) |
| <input type="checkbox"/> Thursday, December 27 (OPS and MPS) | <input type="checkbox"/> Monday, March 11 (OPS) |
| <input type="checkbox"/> Friday, December 28 (OPS and MPS) | <input type="checkbox"/> Tuesday, March 12 (OPS) |
| <input type="checkbox"/> Wednesday, December 27 (OPS and MPS) | <input type="checkbox"/> Wednesday, March 13 (OPS) |
| <input type="checkbox"/> Thursday, December 28 (OPS and MPS) | <input type="checkbox"/> Thursday, March 14 (OPS) |
| | <input type="checkbox"/> Friday, March 15 (OPS) |
| | <input type="checkbox"/> Monday, March 18 (MPS) |
| | <input type="checkbox"/> Tuesday, March 19 (MPS) |
| | <input type="checkbox"/> Wednesday, March 20 (MPS) |
| | <input type="checkbox"/> Thursday, March 21 (MPS) |
| | <input type="checkbox"/> Friday, March 22 (MPS) |
| | <input type="checkbox"/> Thursday, April 11 (OPS) |
| | <input type="checkbox"/> Friday, April 12 (OPS) |

**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.



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.

Parent Signature

Date