



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA FALCONS BEFORE & AFTER SCHOOL CARE 2020-2021 held at DC WEST ELEMENTARY SCHOOL

	Monthly Rate	YMCA Members*	Non-Members
Before & After School Care	1st child	\$ 200	\$ 240
	2nd child	\$ 175	\$ 220

- **\$25 registration fee per student**

- Before School will run Monday-Friday 6:30-7:40am (all children will transition to Walking Club at 7:40am)
- After School will run Monday through Thursday 3:24-6:00pm & Friday 2:04-6:00pm
- Snack is provided for After School Care
- A portion of fees will benefit the D.C. West Schools Foundation

### 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 YMCA before your child begins the program.
2. Payment is due no later than the 1<sup>st</sup> day of the month.
3. 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.
4. Child must be a member of the YMCA of Greater Omaha to receive member rate.
5. Federal Identification Number is 47-0376586 for your tax records.

# 2020-2021 YMCA Falcons Before & After School Care Registration Form

CHILD'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

YMCA Member? Yes or No (circle one)

Please check the months your child will be attending Before and After School Care:

August 2020 \_\_\_\_\_  
September 2020 \_\_\_\_\_  
October 2020 \_\_\_\_\_  
November 2020 \_\_\_\_\_  
December 2020 \_\_\_\_\_  
January 2021 \_\_\_\_\_  
February 2021 \_\_\_\_\_  
March 2021 \_\_\_\_\_  
April 2021 \_\_\_\_\_  
May 2021 \_\_\_\_\_

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

## ETHNIC BACKGROUND

- Hispanic or Latino
- Not Hispanic
- Unknown

## RACE

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

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

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?**

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**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 \_\_\_\_\_**

## 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.

### Location Information

**YMCA FALCONS BEFORE & AFTER SCHOOL CARE**  
DC West Elementary School  
401 South Pine Street  
Valley, NE 68064

Twin Rivers YMCA Program Director: Cole Buffington  
Twin Rivers YMCA Executive Director: Macy Dewispelare

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 can be paid by credit card, cash or check 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 information record (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 Track/Football field will be the “safe location”. Parents will be called from the Track and debriefed on the emergency, participants will be picked up from the secondary location until it is safe to re-enter the School.**
- **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:** \_\_\_\_\_