



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA FALCONS AFTER SCHOOL CARE 2024-2025 held at DC WEST ELEMENTARY SCHOOL

	Monthly Rate	YMCA Members*	Non-Members
After School Care	1st child	\$ 210	\$ 250
	2nd child	\$ 185	\$ 230

- After School will run Monday through Thursday 3:20-6:00pm & Friday 2:04-6:00pm
- Snack is provided for After School Care

TWIN RIVERS YMCA SCHOOLS OUT CARE held at the TWIN RIVERS YMCA

		YMCA Members*	Non-Members
Out of School Care	Per Child	\$35	\$ 45

- Follows DC West School calendar for out of school days (provided there are enough registrations)
- 7:00am-6:00pm. (Days that 5 or less student are registered, programming will not be offered)
- Lunch will need to be sent.

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 1st 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. The Federal Identification Number is 47-0376586 for your tax records.

2024-2025 YMCA Falcons After School Care 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

Month 1 August _____
Month 2 September _____
Month 3 October _____
Month 4 November _____
Month 5 December _____
Month 6 January _____
Month 7 February _____
Month 8 March _____
Month 9 April _____
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

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

CHILD

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

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 _____

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

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 the 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 _____**

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 AFTER SCHOOL CARE

DC West Elementary School
401 South Pine Street
Valley, NE 68064

TWIN RIVERS YMCA

6100 Twin Rivers Circle
Valley, Ne. 68064
402.359.9622

Twin Rivers YMCA Engagement Director: Connor Churchill

Twin Rivers YMCA Executive Director: Jerry Rinne

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 childcare 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 childcare 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 courthouse and Parents will be called from the YMCA 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 always abide by the standards.

Signature: _____

Date: _____

2024-2025 YMCA School's Out Care Dates

CHILD'S NAME _____ PARENT'S NAME _____

YMCA Member? Yes or No (circle one)

Please check the times your child will be attending YMCA School's Out Care:

October 10 th _____	March 17 th _____
October 11 th _____	March 18 th _____
October 14 th _____	March 19 th _____
November 27 nd _____	March 20 th _____
December 23 rd _____	March 21 st _____
December 30 th _____	March 18 th _____
January 2 nd _____	
January 3 rd _____	
January 6 th _____	
January 20 th _____	
February 17 th _____	
March 13 th _____	
March 14 th _____	