



Winter/Spring 2019 Out of School Program Registration Form

Child: First Name _____ MI _____ Last Name _____

YMCA Member Non Member E-mail _____

NOTE: There is a one time, non-refundable \$20 registration fee per child required to secure your spot.

SCHOOLS OUT PROGRAM

CHOOSE YOUR DAYS:

Ages 5-12 (Must have attended Kindergarten)

Note: There is a \$5 deposit for each day, to hold your child's spot in the program.

Member: \$30/day

Nonmember: \$40/day

CHOOSE YOUR DAYS (Please highlight which dates you will be attending)

***All dates follow the OPS Schedule for Elementary Students**

- Wednesday, December 26th
- Thursday, December 27th
- Friday, December 28th
- Wednesday, January 2nd
- Thursday, January 3rd
- Friday, January 4th
- Monday, January 21st
- Monday, February 18th
- Thursday, March 7th
- Friday, March 8th
- Monday, March 11th
- Tuesday, March 12th
- Wednesday, March 13th
- Thursday, March 14th
- Friday, March 15th
- Thursday, April 11th
- Friday, April 12th
- Thursday, May 23rd
- Friday, May 24th

**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 OR VISIT? _____

FIRST AND LAST NAME

PAYMENT INFORMATION

CONVENIENT AUTOMATIC PAYMENT OPTIONS: We are offering automatic payment. Payment will be drafted 4 days prior to the due date. 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: Weekly payment is due on the Thursday before the start of each week. 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 _____

FEEES

- The non-refundable registration fee(s), non-refundable deposit fee(s) and weekly fee(s) are due prior to your child's participation in After School Program.
- The registration fee is a one-time \$20 administrative fee.
- A \$10 late fee will be assessed if the balance is not paid by the due dates.
- All weeks are filled on a first-come, first-served basis.
- You are responsible for all fees associated with each week for which your child is registered.
- Other activities will be offered throughout the summer for an additional fee.
- In order to receive the YMCA member fee, the participant(s) must be a YMCA member.

CHILD INFORMATION & HEALTH FORM

Child: First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Gender _____

Birthday _____ Age _____ School _____ Grade going into _____

Family's Annual Income

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 and over
- Unknown

Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

Race

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

How did you hear about us? _____

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 _____

Name of Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

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 _____ 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 _____

D. _____ 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

Medication, if any: _____ Possible side effects: _____

Will this medication be taken while he/she is at Summer Day Camp? 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.)? _____

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 _____ CHILD'S NAME

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.

Parent's signature _____ Date _____

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 during camp.
- My child has permission to swim in the deep end.
Swimming ability: Non-Swimmer Fair Good
Child must pass a deepwater test prior to being allowed to swim in the deep end each day.
- I give my child permission to participate in field trips during camp. Field Trips will include both walking and bus transportation.
- 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.

Signature _____

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.

Photo of child requested by the YMCA attached.

Parent/Guardian 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)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Omaha School's Out Participant Code of Conduct

Our goal is to provide the highest quality School's Out Program in a safe environment for all children. Please assist us in maintaining a safe and enjoyable environment by following the camper code of conduct.

- Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated while treating others with courtesy and consideration.
- Show respect to the staff and cooperate with their instructions and rules.
- Know and follow the rules of School's Out.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her action and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking facility rules will be:

1st and 2nd offense: The inappropriate behavior will be discussed with the child as well as positive alternatives by their teacher.

3rd offense: The inappropriate behavior will again be discussed with the child as well as positive alternatives, then a time out will be enforced, 1 minute for every year they are old by their teacher/counselor or the Director.

4th offense: A meeting will be scheduled with the child's teacher/counselor, director and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion and Reinstatement process will be used. Please see your program director for more information.

I have read and understand the above policy. I assume the responsibility for insuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

Parent/Guardian signature: _____ **Date** _____

Child/Participant signature: _____ **Date** _____

The mission of the YMCA of Greater Omaha is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.



Description of Services

The Downtown YMCA School-Age Center 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, nap/rest/quiet periods if age appropriate, group play, reading/book exploration, language and social development by talking and interacting with children and modeling appropriate language and behavior.

Days/Hours of Operation:

Schools Out Care: Monday- Friday (when school is not in session) 630a-6p

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

Special Services Provided

Schools Out Days: AM snack, lunch, PM snack

Field Trips: We may walk or ride on a bus when trips are available

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

Location Information

Downtown Family YMCA of Greater Omaha
430 S 20th Street
Omaha, Ne. 68102
402.977.4297

Youth and Family Director: Christian Schwab
Senior Program Director: Samantha Chloupek
Executive Director: Brandon Brugger
CEO/President: Chris Tointon

Licensed Regulations and contacts can be obtained by visiting the DHHS website,
<http://dhhs.ne.gov>.

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.

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.

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 picture identification at time of pick up.

Grievances, Questions and Concerns

The Youth and Family 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 Youth and Family Director, please contact the Executive Director.

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 Center Policies.

Parent Signature

Date

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

The Types of Licensed Child Care in Nebraska are:

- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School--Age Only Center



Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any question or concerns they may have.

800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Expectations of Child Care Consumers

As a consumer of Licensed Child Care you should:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Be informed of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

Contact Child Care Licensing with any questions or concerns you may have.

800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx



Complete other side and
return to your
Child Care Provider

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.

Contact Information for Child Care Licensing

The following information may be of help in gathering information about Child Care Licensing and includes a mailing address, phone numbers and websites.

For questions regarding Child Care Licensing:

800-690-1289 (toll free)
Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986
dhhs.ne.gov/publichealth/Pages/ccl_childcare_childcareindex.aspx

Review or request a copy of Child Care Licensing Regulations:

dhhs.ne.gov/Pages/Reg_1391.aspx
Phone: 800-600-1289

Request copies of Compliance Reviews, the results of Licensing visits to the provider:

Douglas, Sarah, Washington, Cass
County—402-595-3343
All other counties—800-600-1289

Review Negative Actions:

dhhs.ne.gov/publichealth/Pages/ccl_monthlydisciplineports.aspx

Make a complaint:

dhhs.ne.gov/publichealth/Pages/ccl_childcare_complaints.aspx
Phone: 800-600-1289

Review or request a roster of Licensed Child Care Providers:

dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf
Phone: 800-600-1289

Additional Resources

These resources may be of additional interest to you.

Child Abuse/Neglect Hotline
800-652-1999

Child and Adult Care Food Program:
800-731-3266

www.education.ne.gov/NS/cadp/index.html

Child Care Subsidy (ACCESS Nebraska)
accessnebraska.ne.gov

Nebraska Dept of Health and Human Services
dhhs.ne.gov

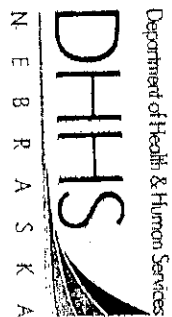
Nebraska Immunization
dhhs.ne.gov/publichealth/Pages/immunization_index.aspx

State of Nebraska
nebraska.gov

Child Care Licensing
dhhs.ne.gov/publichealth/Pages/ccl_childcare_childcareindex.aspx

National Children's Coalition
teenzen.org

CHED-PAN-24 Rev. 12/14 (9/5/20)
(Previous version should be used)



Division of Public Health

PARENT INFORMATION
BROCHURE
FOR LICENSED
CHILD CARE

