Sarpy Community YMCA’s School’s Day Out 2019-2020

Child’s First Name: _________________________ M.I.:___  Last Name: __________________________

Check boxes to the left of the week your child will be attending.

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<td>November 27 – Thanksgiving Break</td>
<td>March 18 – Spring Break</td>
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<td>November 29 – Thanksgiving Break</td>
<td>March 19 – Spring Break</td>
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<td>December 23 – Christmas/New Year’s Break</td>
<td>March 20 – Spring Break</td>
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<td>December 24 – Christmas/New Year’s Break</td>
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<td>December 26 – Christmas/New Year’s Break</td>
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<td>December 27 – Christmas/New Year’s Break</td>
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<td>December 30 – Christmas/New Year’s Break</td>
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<td>January 2 – Christmas/New Year’s Break</td>
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<td>January 3 – Christmas/New Year’s Break</td>
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<td>March 16th – Spring Break</td>
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<td>March 17th – Spring Break</td>
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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_____
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**

Information/Photo and Video Release:
I give 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 ______

Parent/Guardian Signature: _______________________________   Date: _________________

Payment:
Full Payment is due at time of registration. There is a $5, per child, cancelation fee.

Parent/Guardian Signature: _______________________________   Date: _________________

Documents Needed:
Your child’s 2019/2020 immunization records and a photograph are needed before allowed in the program.

What to bring every day:
- Lunch
- Two Snacks
- Swimsuit
- Towel
- Books/Journals
CHILD INFORMATION & HEALTH FORM

Child: First Name ___________________________ MI _______ Last Name ______________________________

Gender ___________ Address ________________________________________________________________

City ______________________________ State ___________ Zip ______________

Birthday ______________ Age (at time of starting Preschool) _________

Parent(s) email address (list multiple if applicable) ____________________________________________

Household Annual Income

☐ Under $15,000
☐ $15,000-24,999
☐ $25,000-$34,999
☐ $35,000-$49,999
☐ $50,000-$74,999
☐ $75,000 and above

Child’s Race

☐ Asian/Pacific Islander
☐ African American/Black
☐ Alaskan Native
☐ Hispanic
☐ Native American
☐ Other
☐ Unspecified

How did hear about us? ______________________________________________________________________

Mother’s (or Guardian) First Name __________________________ Last Name ________________________________

Mother’s DOB ___________________ (We must have this to register your child)

Address __________________________________________ Phone Number ________________________________

City ______________________________ State ___________ Zip ______________ Work Phone ___________________

Employed By ______________________________ Address _________________________________________

Fathers Name ___________________________ Father’s DOB ___________________ (We must have this to register your child)

Address __________________________________________ Phone Number ________________________________

City ______________________________ State ___________ Zip ______________ Work Phone ___________________

Employed By ______________________________ Address _________________________________________

Name of Family Doctor ______________________________ Phone Number ______________________________

Address __________________________________________ City ______________________________ State ___________ Zip ______________

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? _________________________________
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)

1. __________________________________________ Phone _______________________ Relationship ________________
2. __________________________________________ Phone _______________________ Relationship ________________
3. __________________________________________ Phone _______________________ Relationship ________________
4. __________________________________________ Phone _______________________ Relationship ________________

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)

1. __________________________________________ Relationship to child____________________________
2. __________________________________________ Relationship to child____________________________
3. __________________________________________ Relationship to child____________________________
4. __________________________________________ Relationship 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 Preschool? ☐ 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.________________________________________
**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 medication to my child.

| Parent Signature: _______________________________ | Date: __________________________ |

**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 Signature: _______________________________ | Date: __________________________ |

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**Receipt of DHHS Parent Information Brochure**
Please read the last page of the packet and fill out the information below.

Child Care Program Name: _______________________________________________________

Enrolled Child(ren)’s Names: ___________________________________________________

Parent/Guardian Names: _______________________________________________________

Parent/Guardian Signature: ___________________________ Date: _______________________

Sign and 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 Sarpy Community YMCA’s 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.

Day/Hours of Operation:

Sarpy Community YMCA School’s Out Fun Club: Mon-Fri 7AM to 6PM (Only days listed on registration packet for the current year)

Ages of Children Served: 5-12 must have attended at least kindergarten.

*Snow Days will be called by the Program Director. Parents will be notified by 5AM the day of the potential snow day*

Special Services Provided

Age appropriate activities
Swim Time
Gym time

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

Sarpy Community YMCA
1111 E. 1st Street
Papillion, NE 68046
402-339-9861

Program Director: David Castillo
Executive Director: Katlin Wilson
CEO/President: Chris Tointon

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

Our Child Development Program includes the following activities:

- Indoor & outdoor activities
- Opportunities for children to read and explore books
- Opportunities for socialization through individual and group times
- Fostering language and social development by talking and interacting with children and modeling appropriate language and behavior.

Center Policies

Exclusion of Ill Children

In the event that your child becomes ill ("ill" defined as a temperature of 100°F and/or contagious symptoms such as vomiting, flu-like symptoms, pink-eye, contagious rash, etc), they 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. This will help us minimize the spread of illness throughout our program and building. Please call the office, 402-339-9861 and leave a message or email the program director.

Fees

All School’s Out Fun Club participants are expected to pay in full at the time of registrations. If there is a balance due, your student will not be able to attend until it is taken care of.

Attendance and Pick Up

Only people authorized by the parent may pick up your child from the program. I.D. will be requested from anyone new or unknown picking up your child. In an emergency situation parents may notify the Director that someone other than an authorized person will be picking up their child. 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.

Grievances, Questions and Concerns

The Program Director is your primary contact for all information or any questions you have. We strongly encourage and invite parental participation and communication. Parents are invited and encouraged to visit the program anytime during the hours of operation, unless parental contact is prohibited by a court order. If you have any questions, concerns, or grievances that you feel have not been addressed by the Program Director please contact the executive director.