2019/2020 Schools Out Fun Club
Registration Form

Child: First Name ______________________ MI ______ Last Name__________________________

YMCA Member□  Non Member□  Email ____________________________

Schools Out Program
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

OPS          MPS

☐ September 20, 2019 – Curriculum Day
☐ September 23, 2019 – Teacher Planning Day
☐ October 24, 2019 – Teacher Planning Day
☐ October 25, 2019 – Teacher Planning Day
☐ November 27, 2019 – Thanksgiving Break
☐ December 23, 2019 – Winter Break
☐ December 26, 2019 – Winter Break
☐ December 27, 2019 – Winter Break
☐ December 30, 2019 – Winter Break
☐ January 2, 2020 – Winter Break
☐ January 3, 2020 – Winter Break
☐ January 6, 2020 – Teacher Planning Day
☐ January 20, 2020 – MLK Jr. Day
☐ February 17, 2020 – Presidents’ Day
☐ March 5, 2020 – Teacher Planning Day
☐ March 6, 2020 – Teacher Planning Day
☐ March 9, 2020 – Spring Break
☐ March 10, 2020 – Spring Break
☐ March 11, 2020 – Spring Break
☐ March 12, 2020 – Spring Break
☐ March 13, 2020 – Spring Break
☐ April 10, 2020 – Professional Development

☐ October 16, 2019 – Conferences
☐ October 17, 2019 – Conferences
☐ October 18, 2019 – Conferences
☐ November 27, 2019 – Thanksgiving Break
☐ December 23, 2019 – Winter Break
☐ December 26, 2019 – Winter Break
☐ December 27, 2019 – Winter Break
☐ December 30, 2019 – Winter Break
☐ January 2, 2020 – Winter Break
☐ January 3, 2020 – Winter Break
☐ January 20, 2020 – MLK Jr. Day
☐ February 13, 2020 – Conferences
☐ February 14, 2020 – Conferences
☐ February 17, 2020 – Presidents’ Day
☐ March 16, 2020 – Spring Break
☐ March 17, 2020 – Spring Break
☐ March 18, 2020 – Spring Break
☐ March 19, 2020 – Spring Break
☐ March 20, 2020 – Spring Break
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 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 2019-2020

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

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**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: Rachel Lowe
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