



# Scott County Family Y Child Care & Family Services School-Age Programs

Thank you for choosing the YMCA Childcare, we are delighted to have you and your family as a member of our YMCA family. Please note we have a Child Care & Family Services Handbook to assist you with any questions you might have. All of our childcare programs are based on our mission to put Judeo-Christian principles into practice through the programs that build healthy spirit, mind, and body for all.

Child's Home School: \_\_\_\_\_

Start Date: \_\_\_\_\_ Funding Source: Parent Pay State Pay  
 Child's Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sex: M  F

The following information is required by the Child and Adult Care Food Program the Y participates in.  
 My child's usual days and times of attendance will be:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arriving at	_____	_____	_____	_____	_____
Leaving at	_____	_____	_____	_____	_____

My child's anticipated meal participation will be:

PM Snack

Ethnicity/Racial Identity of Child (Answering this question is voluntary)

Hispanic or Latino	Non-Hispanic or Latino	American Indian	Alaskan Native	Asian	Caucasian	Black or African American	Pacific Islander or Native Hawaiian

### In Case of Emergency

Persons to contact in case of emergency if parents are unavailable and are authorized to pick the child up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If there are any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child(ren) while in care at the center, please list the names of the person(s). If there is a custody or restraining order in place, we will need a copy of the document for the file.

# Parental Emergency Medical Consent

**This form must be presented upon admission for treatment**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Guardians/Custodians with whom the child resides:

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
City: _____ State: _____ Zip: _____	Department: _____ Work Hours: _____
Home: _____ Cell: _____	Work: _____
Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
City: _____ State: _____ Zip: _____	Department: _____ Work Hours: _____
Home: _____ Cell: _____	Work: _____

This form allows parents and guardians to authorize the provision of emergency treatment for the above named child in the event that the child becomes ill or injured while under program authority when parents/guardians cannot be reached. In the event reasonable attempts to contact me at the above listed numbers are not successful, I hereby give consent for the administration of any treatment deemed necessary by:

## Physician and Dentist Information

Physician Name: _____	Dentist Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone: _____	Phone: _____

In the event that the designated practitioners are not available, then by another licensed physician or dentist and the transfer of the child to \_\_\_\_\_ (SPECIFIC HOSPITAL OF PREFERENCE).

Date of Last Tetanus: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder's ID: \_\_\_\_\_

This consent will be in effect for one year beginning \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

### Waiver of Liability

I understand that I am able and am speaking on behalf of myself and other individuals listed on this application. In consideration of my/our participation in the Scott County Family Childcare program(s) I/we do hereby agree to hold free from any and all liability the YMCA and it's respective officers, employees, and members and do hereby for myself/ourselves, my/our heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I/we may hereafter accrue to me/us arising from, or connected with myself/ourselves to be physically sound having medical approval to participate in the childcare program of the YMCA.

### Transportation and Activity Authorizations

I give permission for my child to participate in trips, tours, walks, and special events under the supervision of YMCA staff. Notifications of any activity will be given in advance of said activity. Please note that all Y activity classes that a child has signed up for will be considered a field trip from the center. The Y staff involved in teaching the class is/ are not considered a member of the childcare staff. I further understand the childcare staff will be responsible for preparing each child for lessons including assisting with changing clothes if the class requires special clothing (swim suits, gymnastic outfits, etc.). Children will be supervised at all times and no child will be allowed to go to or from any activity class without the supervision of a staff person from the childcare department.

### Parent Payment Agreement

Tuition for all programs is due in advance each Friday for the next week of service. Afterschool Adventures programs are billed according to the school schedule. However, there will be no deductions for snow days. We do not offer part time care in any of our programs. Parents are required to pay an annual registration fee of \$25.00. Families will be charged a late pick up fee of \$5.00 per every fifteen minutes after 6:00 p.m.. There will be an additional fee in the event of a returned check. In case of withdrawal of my child from the program, I agree to give the center a two week notice.

### Photography Consent

I DO or DO NOT give consent to let my child be photographed for use by the YMCA in newspapers or other media for the purpose of advertisement or publicity.

### First Aid Consent

I give my permission for staff to give first aid or apply antiseptic ointment if it is deemed necessary.

### Permission to Apply Sunscreen to Child

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the **Scott County Family Y** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he/she will be playing outside during the months of March through October and between the daily times of 10 a.m. and 4 p.m.. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen.

Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

I have provided the following brand/type of sunscreen for use on my child: \_\_\_\_\_

My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen: \_\_\_\_\_

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: \_\_\_\_\_

**Parent/Guardian full legal name (print):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

## School-Age Child Health Form/Parent Statement of Health

**Parent/Guardian please complete pages 1 and 2.**

Child's name	Child's birthdate	Name of school
		Grade ____ School Telephone #
Parent/Guardian name #1		Parent/Guardian name #2
Child home address #1		Telephone # 1
Child home address #2		Telephone # 2
Where parent/guardian #1 works	Work address	Telephone # Work # Cellular # Home email Work email
Where parent/guardian #2 works	Work address	Telephone # Work # Cellular # Home email Work email
<p><b>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. YES NO</b></p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p><b>Parent/Guardian Signature:</b> _____ <b>Date</b> _____</p> <p><b>Alternate emergency contact person's name:</b> _____ <b>Phone #</b> _____</p> <p><b>Relationship to child:</b> _____ <b>Cellular #</b> _____</p>		
Child's <b>Doctor's</b> name	Doctor telephone #1	<b>Hospital of choice</b>
<input type="checkbox"/> Child does not have doctor		Phone # _____
Doctor's address	After hours telephone #	Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Company _____ <b>ID#</b>
Child's <b>Dentist's</b> name	Dentist telephone #1	Does your child have dental insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Company _____ <b>ID#</b>
Dentist's address	After hours telephone #	<input type="checkbox"/> <b>HELP us find a family doctor or dentist</b> <input type="checkbox"/> <b>HELP us find health or dental insurance</b>
Other health care/mental health specialist name	Telephone #	
<b>Type of specialty</b>		

Child Name: \_\_\_\_\_

# School-Age Child Health Form/Parent Statement of Health

## Parent/Guardian complete this page

Please use an **X** in the box  to statements that apply to your child.

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

### Growth

I am concerned about child's growth.

### Appetite

I am concerned about child's eating habits.

### Rest

My child needs to rest after school.

### Illness/Surgery/Injury

My child had a serious illness, surgery, or injury.

Please describe:

### Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

### Play with friends - My child

Plays well in groups with other children.

Will play only with one or two other children.

Prefers to play alone.

Fights with other children.

I am concerned about my child's play activity with other children.

### School and Learning - My child

Is doing well at school.

Is having difficulty in some classes.

Does not want to go to school.

Frequently misses or is late for school.

I am concerned about how my child is doing in school. Please describe:

**Allergy** - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

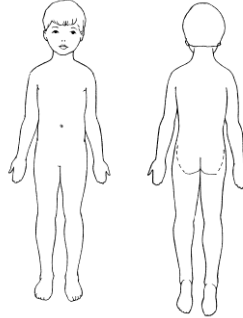
**Special Needs Care Plan** –My child has a special needs care plan (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.). Please discuss with your health care provider.

Child name: \_\_\_\_\_

## Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



Eyes/vision, glasses or contact lenses

Ears/hearing, hearing assistive aides or device, earache, tubes in ears

Nose problems, nosebleeds

Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth

Frequent sore throats or tonsillitis

Breathing problems, asthma, cough

Heart problems or heart murmur

Stomach aches or upset stomach

Trouble using toilet or wetting accidents

Hard stools, constipation, diarrhea, watery stools

Bones, muscles, movement, pain when moving

Mobility, child uses assistive equipment

Nervous system, headaches, seizures, or nervous habits (like twitches or tics)

Females – difficult monthly periods

Other special needs. Please describe:

**Medication**<sup>1</sup> - My child takes medication.

Medication Name    Time Given    Reason for giving medication

**Child has Epipen, inhaler, or other emergency medication.**

Yes    No

Parent Signature:  
(required)

Date:

I understand that by typing my name above, I am electronically signing.

<sup>1</sup> Parents: Please review the child care program's policies about the use of medication at child care.

**Scott County Family Y  
Child Care & Family Services  
School Age Child Care  
Program**

**Code of Conduct**

Child's Name: \_\_\_\_\_ School/Site: \_\_\_\_\_

1. Check in to the YMCA Afterschool Adventures immediately after school each day.
2. Keep my personal belongings in the storage area during YMCA Afterschool Adventures.
3. Remain seated and quiet during roll call and announcements. Answer only for myself.
4. Follow all YMCA Afterschool Adventures rules during self-directed play, snack and activity time.
5. Follow all instructions given by the YMCA Afterschool Adventures staff.
6. Tell the YMCA Afterschool Adventures staff if I am sick or hurt.
7. Follow the "Time-Out" instructions of the YMCA Afterschool Adventures.
  - a. For each Code of Conduct violation there may be a 5-15 minute Time-Out (up to 3 per day.) Parents may be called to pick up any child who does not behave after three Time-Outs.
8. Respect all other children and the YMCA Afterschool Adventures staff at all times.
9. Respect all YMCA Afterschool Adventures supplies, equipment and property.
10. Respect all personal belongings of the other children.
11. Help in cleaning up after myself in all activities.
12. Never leave the YMCA Afterschool Adventures site without permission from a staff member.

A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant or one-on-one attention; is inflicting physical or emotional harm on themselves or other children; is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program. We reserve the right to dismiss your child for the day if they are exhibiting behaviors that cannot be controlled and/or are putting other children at risk.

Physical violence is NOT tolerated at Afterschool Adventures. Any physical violence taking place will result in an immediate write-up, and possible dismissal for the day at the Site Director's discretion.

\_\_\_\_\_  
Child Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Staff Signature Date

I understand that by typing my name above, I am electronically signing.