



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEMPE FAMILY YMCA 2020/2021 Y ACADEMY

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE (2020/21) \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ (Required for registration)  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_  
 PARENT'S EMAIL ADDRESS \_\_\_\_\_  
 WHAT SCHOOL DOES YOUR CHILD ATTEND \_\_\_\_\_  
 VIRTUAL LEARNING CLASS DAYS # \_\_\_\_\_ HOURS# \_\_\_\_\_

Weekly Fees (circle fee): 3-5 days **\$200 Members / \$250 Non-Members** 1-2 days **\$100 Members / \$130 Non-Members**  
 Days (check)  M  T  W  Th  F

**Program includes YMCA instructor support for virtual learning and homework. The YMCA will ensure students attend virtual learning however cannot be responsible for ensuring students complete homework during designated learning hours.**

| 2020 DATES               |                | 3-5 days M \$200 NM \$250 |          | 1-2 days M \$100 NM \$130 |          | DUE DATE                    |
|--------------------------|----------------|---------------------------|----------|---------------------------|----------|-----------------------------|
| √ for full week          |                |                           |          |                           |          |                             |
| <input type="checkbox"/> | Aug 03-Aug 07  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Due at time of registration |
| <input type="checkbox"/> | Aug 10-Aug 14  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Due at time of registration |
| <input type="checkbox"/> | Aug 17-Aug 21  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Aug 10                      |
| <input type="checkbox"/> | Aug 24-Aug 28  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Aug 17                      |
| <input type="checkbox"/> | Aug 31-Sep 04  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Aug 24                      |
| <input type="checkbox"/> | *Sep 08-Sep 11 | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Aug 31                      |
| <input type="checkbox"/> | Sep 14-Sep 18  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Sep 08                      |
| <input type="checkbox"/> | Sep 21-Sep 25  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Sep 21                      |
| <input type="checkbox"/> | Sep 28-Oct 02  | M \$200                   | NM \$250 | M \$ 100                  | NM \$130 | Sep 28                      |

\*Closed Sep 07

**REGISTRATIONS MUST HAVE THE FOLLOWING ATTACHED:**

- Signed registration  Completed emergency card  Immunization record  Best of Care  Swim authorization  DES Certificate of Authorization (if applicable)

**This program will include the following components:**

- Staff and participants will be evaluated for symptoms of illness upon entry. No one displaying symptoms will be allowed to attend.
- Children will be in small groups led by staff across the building. No large gatherings inside or outside.
- Handwashing is prioritized; youth and staff are washing hands after every activity, before and after mealtime.
- Snacks and meals provided by the YMCA are pre-packaged, which eliminates food handling by staff and increases sanitation.
- The program will run daily 6:30am – 6:30pm, any changes due to the evolving nature of the pandemic will be communicated quickly.

**Payments and Billing:**

- Payment due dates (7 days in advance) are for all weeks/days reserved. Payments will be withdrawn on the noted due dates.
- There is no credit given for absent days.
- Reserved space will be forfeited if the payment does not clear your account. In order to camp all fees need to be paid in advance.
- Payments returned NSF for any reason will be re-posted electronically and you will be charged a \$25 processing fee.
- A new blue emergency card, immunization records and Best of Care form must be submitted with this form
- Any registrations received after the draft date (7 days prior to start of each week) will need to be **PAID IN FULL**

**FEES DUE AT TIME OF REGISTRATION**

|          |   |  |
|----------|---|--|
| \$       | Total of Prepaid Weeks/Days                           | <b>FOR OFFICE USE ONLY:</b>                  |
| \$0 \$35 | Registration Fee 0 for Members / \$35 for non-members | ID #: _____ Date Received: ____ / ____ /2020 |
| \$       | <b>TOTAL DUE TODAY</b>                                |  |

I have read, understand, and agree to adhere to the YMCA childcare program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials. **MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Financial Assistance is available upon request. You must fill out, attach a Financial Assistance form, and provide proof of income.  
 We accept DES. Please list your caseworker's name \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health  
Services Bureau of Child Care  
Licensing

**Emergency, Information and Immunization Record Card**

|   |                       |  |
|---|-----------------------|--|
| <b>Child's Name:</b>                                    | <b>Date Enrolled:</b> | Updated:   |
| <b>Home Address (#, Street, City, State, Zip Code):</b> |                       | <b>Date Disenrolled:</b>   |
| <b>Home Phone:</b>                                      | <b>Date of Birth:</b> | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |

*If Medical care is necessary, call:*

|                              |              |                                  |
|------------------------------|--------------|----------------------------------|
| <b>Health Care Provider*</b> | <b>Name:</b> | <b>Contact Telephone Number:</b> |
|------------------------------|--------------|----------------------------------|

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

The following individual(s) may NOT remove my child from the facility:

|                 |
|-----------------|
| <b>Name(s):</b> |
|-----------------|

Custody papers have been provided and are on file at the facility.     yes     no

*Telephone Authorization Code (optional):* \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

*For information regarding current immunization requirements go to:*

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached        |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached     |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached                       |

|  |             |             |             |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached:                           | mo /day/ yr | mo /day/ yr | mo /day /yr |

**Medical Information**

|   |    |     |
|---|----|-----|
| Is child allergic to food or other substances?<br>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:                          | No | Yes |
| Is child usually susceptible to infections and if so, what precautions need to be taken?<br>If yes, list precautions:   | No | Yes |
| Is child subject to convulsions and what should be our procedure if one occurs?<br>If yes, specify procedure:   | No | Yes |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?<br>If yes, list precautions: | No | Yes |
| Additional comments:  |    |     |
| Other special instructions:   |    |     |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

|                               |              |       |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Child Care Administration

## BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

|              |               |
|--------------|---------------|
| CHILD'S NAME | DATE OF BIRTH |
|--------------|---------------|

|                                      |   |
|--------------------------------------|---|
| PARENT/GUARDIAN COMPLETING THIS FORM | WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION? |
|--------------------------------------|---|

PROVIDER/CENTER NAME

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Has your child attended child care in the past?  Yes     No

*If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)*

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What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

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What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children?  Alone     Other children

Does your child have a favorite toy or comfort object?  Yes     No

*If yes, what?*

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What is your child's current sleep schedule?

Does your child fall asleep easily?  Yes     No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

---

CHILD'S NAME

---

Special things you say or do to comfort your child are?

---

How do you know when your child is:

*Happy?*

*Sad?*

*Mad?*

*Tired?*

*Other?*

---

How does your child react when:

*Something unexpected happens?*

*Something happens he/she doesn't like?*

*He/She is scared?*

*Other?*

---

Does your child have any health issues?    Yes    No

*If yes, please explain:*

---

Does your child have any other special needs?     Yes     No

*If yes, please explain:*

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Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

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Has anything happened recently in your child's life that might have an effect on him/her?     Yes     No

*If yes, please explain:*

---

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

---

Parent/Guardian declined to complete

---

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.



## BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all program participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **CARE** for ourselves and for those around us.
- **HONESTY** will be the basis for all relationships and interactions.
- People are **RESPONSIBLE** for their actions.
- We **RESPECT** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

### Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver's signature

Date

Child's signature