



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YUMA 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 _____

VIRTUAL LEARNING CLASS DAYS # _____ HOURS# _____

Weekly Fees (circle fee): **\$125 Members / \$175 Non-Members**

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				DUE DATE
<input checked="" type="checkbox"/> for full week		M \$125	NM \$175	
<input type="checkbox"/>	Aug 03-Aug 07	M \$125	NM \$175	Due at time of registration
<input type="checkbox"/>	Aug 10-Aug 14	M \$125	NM \$175	Due at time of registration
<input type="checkbox"/>	Aug 17-Aug 21	M \$125	NM \$175	Aug 10
<input type="checkbox"/>	Aug 24-Aug 28	M \$125	NM \$175	Aug 17
<input type="checkbox"/>	Aug 31-Sep 04	M \$125	NM \$175	Aug 24
<input type="checkbox"/>	*Sep 08-Sep 10	M \$125	NM \$175	Aug 31
<input type="checkbox"/>	Sep 14-Sep 18	M \$125	NM \$175	Sep 08
<input type="checkbox"/>	Sep 21-Sep 25	M \$125	NM \$175	Sep 21
<input type="checkbox"/>	Sep 28-Oct 03	M \$125	NM \$175	Sep 28

Closed Sep 07

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 Payments will be withdrawn on the noted due dates.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	FOR OFFICE USE ONLY:
\$ 0 or \$35	Registration Fee 0 for members / \$35 for non-members	
\$	TOTAL DUE TODAY	ID #: _____ Date Received: ____ / ____ /2020

I have read, understand, and agree to adhere to the YMCA childcare program 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.

THIS PROGRAM IS NOT LICENSED BY THE STATE OF AZ



FOR YOUTH DEVELOPMENT®
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EMERGENCY INFORMATION

Child's Name:		Date Enrolled:
Home Address/PO: State: Zip:		City: Email:
Home Phone:	Date of Birth:	Sex: Male Female

Mother/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

Father/Guardian Name:	Home Address:
Cell Phone:	Business Phone:

I authorize the following individuals to collect my child from the facility in case of an emergency or if I cannot be contacted:

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

In case of injury or sudden illness, I request that this individual be called first if parent/guardian is unable to be contacted	Name:	Telephone:
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file in the facility: Yes No N/A

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name food or substance to be avoided, and the procedure to follow if reaction occurs.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections? If yes, list precautions that should be taken:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions? If yes, specify procedure if one occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of? If yes, list precautions that should be taken:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does child take medication on a daily/weekly basis? If yes, please list medication and reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Comments:	
Other special instruction or information we should be aware of concerning your child:	

The Emergency Information provided is accurate and complete, front and back, and was provided by:
(I, Parent/Guardian, will continuously update this Emergency Information form as needed)

Parent/Guardian PRINTED Name:	SIGNED Name:	Date:
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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

Date