

SCOTTSDALE/PARADISE VALLEY FAMILY YMCA

2023/2024 TEEN AFTER SCHOOL TRANSPORTATION

The Adventures and Teen programs are NOT licensed by the state of Arizona and operated under AZ revised statute 36-884.6

Child's name _____ Birth date _____ Grade _____ Age _____
 Parent's name _____ Birth date _____ (Required for registration)
 Address _____ City _____ AZ Zip code _____
 Home # _____ Work# _____ Cell# _____
 Parent's E-mail address _____ (Required for registration)

Note: Parents must **call 480-951-9622** by 1:00 PM, when the child will be absent from the Program, or a \$5 fee will be assessed towards your next month draft for each occurrence.

MY CHILD'S FIRST DATE OF CARE: _____	Draft on the 1st of every month (circle rate)
AFTER SCHOOL PLAN	MEMBER**
After school teen supervision including transportation to YMCA site from school dismissal until 6:30 PM Includes early release days.	\$ 150
**Must have a teen or family membership to participate in the teen transportation program.	

Transporting from: Please (✓)

- Cocopah Middle School
 Desert Shadows Middle School
 Gateway Early College High School

- PROGRAM CLOSED**
- Labor Day
 - Veteran's Day
 - Thanksgiving Day and day after
 - Christmas Eve/Day
 - New Year's Eve/Day
 - Martin Luther King Day
 - Presidents Day
 - Good Friday
 - Memorial Day
- Any other days will be posted if needed - Minimum attendance required to provide full day care.*

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:

- Signed Registration Form
 Completed Emergency Information
 Completed Transportation Authorization
 Completed Behavior Guidelines

DUE AT TIME OF REGISTRATION:

\$ 35 or 0	Registration Fee/per child (waived with Family Membership)	FOR OFFICE USE ONLY:
\$	First month childcare payment	Date Received: / /
\$	TOTAL DUE TODAY	Staff Initials:
Draft Begins on: / /		

PAYMENTS AND BILLING:

- All plans use the ATS Bank Draft (credit/debit card) system and are withdrawn on the 1st of each month.
- Session billing is based on the full school year price and then divided into equal payments. Each month you pay 1/10th of your total bill, regardless of the number of school days actually occurring in that month. This includes months that contain intersessions & school breaks.
- The Y does not give credits for illnesses, absent days, holidays or family vacations taken during school days.
- Payments returned NSF for any reason will be re-posted electronically and you will be charged a \$25 processing fee.
- You may disenroll with a 30-day prior written notice. This notice must be turned into the YMCA.

DUE DATES/BANK DRAFT DATES: 8/1 9/1 10/1 11/1 12/1 1/1 2/1 3/1 4/1 5/1

I have read, understand, and agree to adhere to the YMCA child care 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 and attach a Financial Assistance form and provide proof of income.

EMERGENCY INFORMATION

Child's Name:	Date Enrolled:	
Home Address/PO: Zip:	City: State: 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):



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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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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Travel Permission Form

R9-3-408.A.1.a-e R9-5-517.A.1

PERMISSION to transport a child from the Facility

My child has permission to be picked up from his/her school.

Child's name:	
Name of location where the child will be picked up:	
*Beginning date:	*End date:
Time(s) to be dropped off and/or picked up:	
Special Instructions:	
Parent/Guardian Signature:	Date:



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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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