



2023/2024 CHILDCARE REGISTRATION FORM

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Parent's name \_\_\_\_\_ Birth date \_\_\_\_\_ (required for registration)  
Address \_\_\_\_\_ City \_\_\_\_\_ AZ Zip code \_\_\_\_\_  
Primary Phone (C) or (H) \_\_\_\_\_ Work \_\_\_\_\_  
Parent's E-mail address \_\_\_\_\_ (required for registration)

Note: Parents must **contact the Y by 9:00 AM**, when the child will be absent from the Childcare Program, or a \$5 fee will be due that week.

<b>MY CHILD'S FIRST DAY:</b> _____	<b>Draft on the 1<sup>ST</sup> of every month</b> (circle rate)
<b>AFTER SCHOOL ONLY PLAN at Riverside Elementary School</b>	
After school program from school dismissal until 6:00 PM Includes early release days.	<b>\$200</b>

Site Director: Ricky Sanchez (602)696-0954

Preguntas en Espanol llamen ahora (602)696-0954

**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 FORMS ATTACHED:**

- Signed Registration  Emergency Card  Immunization Record  About Me Form  Behavior Guidelines
- DES Certificate of Authorization (if applicable)

**FEES DUE AT TIME OF REGISTRATION**

\$ 0	Child Care Registration Fee waived with program partnership	<b>FOR OFFICE USE ONLY:</b>
\$ (40.00)	Riverside District Employees receive a 20% reduced rate on session fee.	
\$	First month childcare payment	Date Received: / /
\$	<b>TOTAL DUE TODAY</b>	Staff Initials:
Draft Begins on: / 01 /		

**PAYMENTS AND BILLING:**

- All plans use the ATS Bank Draft (credit/debit card) system and are withdrawn on the 1<sup>st</sup> of each month.
- Session billing is based on the full school year price and then divided into equal payments. Each month you pay 1/10<sup>th</sup> 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.
- If you are late in picking up your child(ren) \$1.00 per minute late fee will be applied to your account.
- 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

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies.  
**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 complete an online application and provide proof of income.

We accept DES. Please list your caseworker's name \_\_\_\_\_



CDC/SGH# or name: 19123

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

Form with fields: Parent or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Parent or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

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.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number

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

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Form with text: In case of injury or sudden illness, I request that this individual be called first:

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

Form with field: Name(s):

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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:
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**ABOUT ME QUESTIONNAIRE**

*This confidential questionnaire 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. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.*

**Instructions:** A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. 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? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child previously attended child care?**  Yes  No

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

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

\_\_\_\_\_

**What did you like the least?**

\_\_\_\_\_

**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? \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_

**Does your child fall asleep easily?**  Yes  No

**What is your child's mood like upon awakening?**

\_\_\_\_\_

**What does your child like?**

\_\_\_\_\_

**What does your child dislike?**

\_\_\_\_\_

**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 they don't like:  
\_\_\_\_\_

They are scared:  
\_\_\_\_\_

Other:  
\_\_\_\_\_

**Does your child have any health issues?**  Yes  No

If yes, please explain:

**Has anything happened recently in your child's life that might affect them?**  Yes  No

*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 the special attention, understanding, and care your child needs.*

If yes, please explain:

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

**Is your child in Foster Care?**  Yes  No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.

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Parent or caregiver's signature

Date

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Child's signature

# Arizona Department of Health Services

## *Bureau of Child Care Licensing*

### Travel Permission Form

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

#### **PERMISSION to transport a child from the Facility or Group Home**

*My child has permission to be dropped off at or picked up from his/her school,  
bus stop or another location.*

Child's name:	
Name of location where the child will be dropped off and/or picked up:	
*Beginning date:	*End date:
<small>*The time period is not to exceed 12 months, during which permission is given for other trips away from the facility or group home.</small>	
Time(s) to be dropped off and/or picked up:	
Special Instructions:	
Parent/Guardian Signature:	Date:

R9-3-408.B.1. - Maintain a copy of the written permission for 12 months after the date of the last trip. R9-5-517.A.2 - Maintain a copy of the written permission on facility premises for 12 months after the date on the written permission.