



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Richmond Family YMCA

School Age Child Care Northeastern/Richmond

Welcome to the Richmond Family YMCA! Thank you for your interest in the After School Child Care Program, also known as Y-Care. For your child to be enrolled in the program the following items will need to be met:

1. A parent or guardian must complete and sign all the necessary application forms for each child enrolling in the program.
2. The immunization form must be **completed and signed by the participant's doctor.** (This can be faxed to the office at 765-962-7506)
3. A non-refundable registration of \$20 per child/\$30 per family is due at signup. **(This fee can be paid via cash or check at the main office, or EFT on file.)**

You may return this packet to the YMCA main office, or emailed to ryang@richmondfamilyymca.org

-----FOR STAFF USE ONLY-----

Application Form Completed and Signed

Communicable Disease Policy Signed

Discipline Agreement Completed and Signed

Medical Forms Completed and Signed

Copy of Immunization Records from Doctor

Parent Handbook Distributed

Registration Fees Paid

EFT Form Completed and Signed

Staff Initials _____

Date _____

Please return this to The Richmond Family YMCA main office 1215 S J St, Richmond, IN 47374

The Richmond Family YMCA

2022-2023 Y-Care RCS Registration Form

Y Member

Non Member

E-mail: _____

Child's Name _____ Sex ____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Birth Date ___/___/___ Age ____ Grade (entering) ____ School _____

Father's Name _____ Phone _____

Employer _____ Phone _____

Mother's Name _____ Phone _____

Employer _____ Phone _____

Siblings: Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

The following individuals MAY pick up my child or be contacted in case of an emergency (Please fill in completely) Children will be released ONLY to those names listed. YOU MUST LIST PEOPLE WHO WILL BE AVAILABLE VIA PHONE. They should be prepared to show ID when picking up the child. Additions MUST BE MADE IN WRITING to the Director.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature

____/____/____
Date

Please use an "X" beside the program you will be using.

Sibling Discount is \$5 after the first child.

____ **FULL TIME** - 4+ Days a week

\$55 - Non Member \$45 - Y Members

____ **PART TIME** - 1-3 Days a week

\$45 - Non Member \$35 - Y Members

*An Electronic Funds Transfer Form (EFT) **MUST** be filled out in order to attend the program. You will be invoiced on Friday's based on the weeks attendance for you to review, and then charged on Monday, unless a holiday, then it will be done the next business day.

Allergies & Restrictions

Medication Allergies

Food Allergies

Restrictions (Details & Process)

PARENTS STATEMENT OF UNDERSTANDING - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I agree to pay a nonrefundable registration fee.
- I understand that I must pay by automatic withdrawal each week and will fill out the form necessary to make that happen. However, if I become two weeks behind in payments, I will be charged a \$10 late fee and my child will not be able to attend until my balance is paid in full.
- Should a childcare payment not be honored by the bank for any reason, parents will be responsible for payment, plus a service charge of no more than \$10 applied by the YMCA. It will be the responsibility of the parent to notify the YMCA should a change in the bank or credit/debit card expires.
- I understand that the After-School fees are based on 3 and 5 day services and care will not be prorated.
- I agree that I will pick up my child by 6:00p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not picked up by 6:00p.m., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05 pm), then \$1.00 for every minute thereafter. After 6:10p.m. my emergency contact will be called.
- I understand that the YMCA will allow for time to work on homework each day if the child has it.
- I understand that my child is to be signed out each and every day and that I am not to leave with my child until a YMCA staff or volunteer receives my signature.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pickup my child must be listed with the YMCA on this form and present picture ID.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that the YMCA is mandated; by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- I understand that in the event of continued late payments, late pickup of my child, or for any other good cause, the Richmond Family YMCA reserves the right to remove my child from the program.
- I understand if I am not the parent of the registered child, I am to provide the YMCA with court documentation stating that I am the legal guardian and I am authorized to make medical decisions on behalf of the child
- I understand that my child must follow and abide by the discipline system adopted by the YMCA. Failure to do so may result in the child being removed for the program by the YMCA

Signature: _____ Date: ___/___/___

CHILD PERMISSION FORM - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating in scheduled daily activities and planned field trips.
- I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.
- I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.
- I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

I have read the release and waiver, I understand it, and I agree to it voluntarily.

Parent/Guardian Signature

Date

Optional Information

The Richmond Family YMCA receives financial support from the United Way. To better report the diversity of our programs, we ask that you supply us with the following information. Please note, this section is completely optional.

	Below \$10,000			African- American
	\$10,000 - \$14,999			Asian
	\$15,000 - \$19,999			Native American
	\$20,000 - \$29,999			White
	\$30,000 - \$59,999			Bi-Racial
	\$60,000 - \$124,000			Other
	\$125.00 and over			

Richmond Family YMCA
After School Child Care Program (Y-Care)
2021-2022 School Year
Medical Information/Emergency Medical Authorization

The information on this form is not a part of our program acceptance process but is gathered information to assist us in identifying appropriate care for your child. Any changes in the information on this form should be provided to the Richmond Family immediately. Please complete ALL information so that we can be aware of your child's needs.

Has / does the participant:

Yes No

1. Had any recent injury, illness, or infectious disease?
2. Have a chronic or recurring illness/ condition?
3. Ever been hospitalized?
4. Ever had surgery?
5. Have frequent headaches?
6. Ever had a head injury?
7. Ever been knocked unconscious?
8. Wear glasses, contacts, or protective eye wear?
9. Ever had frequent ear infections?
10. Ever passed out during or after exercise?
11. Ever been dizzy during or after exercise?
12. Ever had seizures?
13. Ever had chest pain during or after exercise?
14. Ever had high blood pressure?
15. Ever been diagnosed with a heart murmur?
16. Ever had back problems?
17. Ever had problems with joints (e.g., knees, ankles)?
18. Has an orthodontic appliance been brought to camp?
19. Have any skin problems (e.g., itching, rash, acne)?
20. Have diabetes?
21. Have asthma?
22. Had mononucleosis in the past 12 months?
23. Had problems with diarrhea/ constipation?
24. Have problems with sleepwalking?
25. Have a history of bed-wetting?
26. Ever had an eating disorder?
27. Ever had emotional difficulties for which professional help was sought?

In the event of an illness or injury to my child, I hereby authorize the Richmond Family YMCA to provide or cause to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all cost incurred for such medical care or treatment.

My permission is granted to call the following doctors (in order by name) after attempts made to contact me by telephone have been unsuccessful. I hereby release the Richmond Family YMCA from any claim arising out of the doctor's actions.

Doctor's Name: _____ Telephone: _____

Address: _____

Insurance Information:

Is the participant covered by family medical / hospital insured? Yes No

Signature of Parent or Guardian: _____

Printed Name: _____

YMCA Communicable Disease Policy

Parents and Families:

The health and safety of our children and staff is a top priority. To mitigate the spread of this virus in our childcare community, we would like to communicate some important changes with you.

The Indiana State Department of Health is working closely with our county health department and the Family and Social Services Administration (FSSA) to monitor the situation closely and is preparing guidance documents for health care professionals and childcare providers to be able to effectively respond to any cases that may be identified in the State.

As instructed by the Family and Social Services Administration, the following policy will be effective immediately:

Each day as you arrive, a YMCA staff will meet you at the door, and then will bring your child to the door at the end of the day for pickup.

If a child presents a temperature over 100.4 degrees Fahrenheit, you will be asked to return home with your child.

Children will be asked to remain home until they are fever free for 24 hours without fever reducing medications, as well as free of other symptoms such as diarrhea and vomiting for at least 24 hours from the last episode.

In the event of a positive case of COVID within our childcare, parents will be notified of a contagious illness by phone/email by Y-Care Staff Members.

The health department will be notified of any communicable diseases as outlined on the communicable disease chart as well.

We will be continuing to promote proper handwashing, continuing to have kids wash their hands multiple times throughout the day, and will follow rigorous cleaning procedures as outlined by the Family and Social Services Administration current guidelines.

You can assist us by remaining vigilant but sensible in your approach to dealing with this health concern. Please contact our site director if you have any questions or concerns regarding this new policy.

Sincerely,

Ryan George

Director of After School Care

765-962-7504 (office) 760-631-6117 (cell)

Please initial below stating you understand this policy:

Richmond Family YMCA

Discipline/Guidance Policy

Provider Name: Richmond Family YMCA

It is very important a child is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's behavior. Hitting, kicking, spitting, hostile verbal behavior, and other behaviors which will hurt another child will NOT be permitted.

In response to these behaviors, we will NOT use:

- Threats or Bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to these behaviors, we WILL:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Explain calmly while meeting your child at eye level
- Give clear choices
- Redirect your child to a new focus/activity
- Move your child to a time out chair for no more than one minute per year, if necessary

If your child's behavior is very harmful or disruptive to either themselves or others, we will discuss the issue with you privately. If the situation can be resolved, your child is welcome to remain enrolled. If the situation cannot be resolved, you may be asked to make other childcare arrangements.

As a parent, you may have concerns, or wish to offer suggestions. You may meet with the Director/CEO, and amendments could POSSIBLY be made to this agreement. Please list any other techniques to be used with your child on the lines below.

Parent/Guardian Signature _____

Date ____/____/____

Child Immunization Form

Child's Name _____ Date of Birth ___/___/___

Parent's Name _____ Phone _____

Address _____

Street

City

State

Zip

	1	2	3	4	5
Hep B					
DtaP/DTP/Td					
Hib					
MMR					
IPV					
Varicella					
PCV/Prevnar					

Child has documented history of Varicella Disease. Yes ___ No ___ Dates _____

Please check appropriate response.

Child has received complete age appropriate immunizations.

Child is in the process of receiving age appropriate immunizations.

Comments: (List immunizations excluded for medical reasons:

Parent Comments: (Please list any religious objections, if any):

Health Care Provider's Signature

Signature _____ Date: _____

Printed Name and Title: _____

MUST BE COMPLETED ANNUALLY



RICHMOND FAMILY YMCA YCARE APPLICATION FOR ELECTRONIC FUNDS TRANSFER

What is the YMCA - YCARE electronic transfer plan?

The program provides a way to budget your annual YMCA - YCARE fees on a weekly basis. With your authorization, the YCARE fees are deducted weekly from an account of your choosing.

What are the benefits of such a program?

Convenience: You save time and costs. With our automatic electronic transfer, there are no checks to write, or cash to remember every week.

Continuous Care Use: Your childcare will not be interrupted unless you decide to discontinue your participation.

No additional fees: There is no extra charge for using the YMCA's electronic fund transfer payment plan and you will never be charged a late fee.

Authorization Agreement (Please Print)

I hereby authorize the Richmond Family YMCA to initiate electronic fund entries to my:

- Checking**
- Savings**
- Credit Card (Visa, Mastercard)**
- Debit Card (Visa, Mastercard)**
- Other:** _____

as indicated, and I authorize the financial institution named below to debit my account.

Checking/Savings Information

Financial Institution: _____
City/State: _____
Routing Number: _____
Account Number: _____
Name on Account: _____

Credit/Debit Card Information

Type of Card: _____
Card Number: _____
Expiration: _____
Name on Card: _____

This authorization remains in effect until the Richmond Family YMCA has received a minimum of 14 days notification of my desire to discontinue my care or make other payment arrangements.

Signature: _____

Date: _____

Terms & Conditions

1. I understand that debits will be initiated for posting on Monday of each week, or on the subsequent business day if a holiday occurs.

Initial: ____

2. I understand that if I wish to terminate my YCARE or change my care payment, I must give a YMCA a minimum 14-day notice.

Initial: ____

3. Should any YCARE fee deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$15 applied by the YMCA. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

Initial: ____

For Office Use Only

YCARE Student Name:

Beginning Draft Date:
