

Richmond Family YMCA Discipline & Guidance Policy

It is very important that a child's development is nurtured through caring, patience, and understanding. However, while caring for your child(ren), we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal actions and other behaviors which could hurt another child are not permitted.

In responses to these behaviors, we will not use:

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

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcement of rules
- Use positive language
- Speak calmly, and meet your child's eye level
- Give clear choices
- Redirect your child appropriately
- Move your child to a "time out" seat/area for no longer than 1 minute, per year old

If your child's behavior is very disruptive or harmful to themselves or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issues, you may be asked to make other child care arrangements.

As a parent, you may have concerns or want to offer suggestions. Use the lines below to do so, and if we deem it necessary, we may modify the above plan with agreed upon suggestions.

Communicable Disease Policy

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

As instructed by the Family and Social Services Administration, the following policies will be in effect.

At pickup and drop off, a YMCA staff member will bring your child(ren) to the door to meet you, having you sign your child(ren) out on the attendance sheet.

If a child presents a temperature over 100.4 Fahrenheit, you will be asked to take your child home, or to come pick your child up within 20 minutes.

Children will be asked to remain home until they are fever/diarrhea/vomit free for 24 hours without the use of medications.

In the event of a positive COVID case, parents will be notified by phone/email from the YMCA office or by Staff on site.

The Health Department will be notified of any communicable diseases as outlined on the communicable disease chart.

As always, we will promote proper handwashing, and follow up with proper cleaning and sanitizing for our sites.

Please contact your Site Director, or After School Director with any questions you may have.

Parent Signature: _____ Date: ___/___/___

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: _____



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:
