



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016-2017 SCPA SCHOOL AGE CHILD CARE PROGRAM REGISTRATION/DATA FORM

Please complete the following information for each child enrolled in the program
(Please Print)

Child's Name: _____

Child's Home Phone: (and/or parent cell) _____

Child's Home/Mailing Address: _____
No. & Street or P.O. Box City State Zip code

Sex: (circle one) M F Date of Birth: _____ Grade: _____

Parents' Name(s): _____

Parents' Email Address / additional contact information: _____

Please list the names of individuals that can be contacted in case of an emergency:

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pick Up Authorization

My child will be picked up by: (please list all authorized adults)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I understand that I must sign my child out each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he /she arrives each day.

I understand that only those people designated by me on this form may pick up my child, and that I, or the person picking up my child, must sign my child out each afternoon.

I understand that the adult(s) listed on my *Child Enrollment and Health Information Form* as the *Parent(s)/Guardian(s)* and *Emergency Contacts* are authorized to pick my child up.

In case of an emergency (bad weather, early closing, no electricity, etc.), my child should WALK ____ or will be PICKED UP ____ (please select one).

Community Services YMCA
Payment Policies
For Licensed Child Care Programs



- All fees/co-payments are due on Monday for the upcoming week. (Fees are always due in advance of services.)
- Payments may be made by cash, major credit card, check or money order (to YMCA of Greater Cincinnati).
- If a check bounces, a \$25 returned-check fee is owed in addition to the weekly program fees. In addition, the family may pay only by cash or money order for all future payments.
- Any family owing more than \$100/ or two payments(based on pay schedule) in late program fees will be put on a payment plan.
- At the discretion of the Site Administrator and YMCA Administration, after communication with the family, any family who is continually behind in payments or who refuses to pay will no longer have access to program services and will be reported to the Department of Job and Family Services.

Parent's Signature _____ Date _____



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YMCA of Greater Cincinnati Voucher Agreement

Please read the following policies for families using vouchers and the Ohio ECC swipe card system for Child Care.

Your responsibilities in this process are as follows:

- **You are responsible for paying your parent fee as designated by Hamilton County Department of Job and Family Services.** The fee is not prorated for absences, holidays, or anything else.
- You are responsible for your card and your pin numbers.
- **You are responsible for swiping your child in and out each day.** Continuous failure to swipe will result in removal from the program.
- If you miss a swipe, you are responsible for doing a previous swipe and correctly recording the time your child arrived/departed within 3 days.
- You are responsible for telling your child care caseworker if you change your address or phone number.
- **It is your responsibility to call your caseworker and add the site as an authorized provider before your child attends the program.** For off-site programs, add as the YMCA at the site/school name.
- If your authorization ends or needs to be renewed during the school year, **it is your responsibility to obtain reauthorization through HCJFS before your authorization end date.** You will be charged the full program fee for weeks in which you are not authorized.
- If you are waiting to find out if you will receive vouchers, you may send your child to the program only if you accept responsibility for the full program fee in the event that authorization is not granted.
- **If you receive an error or denied message when swiping your card, it is your responsibility to notify a child care staff member immediately.**
- For part time programs (before and after school), if the child does not attend at least 7 hours and does not have absences left to reach the 7 hour minimum, the family must pay the difference between the hourly rate and the part time rate for that week.

I, _____ (print name), have read and understand my responsibilities in regards to the Ohio ECC Swipe Card System.

Signed _____ Date _____



Education Center
Cincinnati Public Schools
P.O. Box 5381
Cincinnati, Ohio 45201-5381

Phone: (513) 363-0075
Fax: (513) 363-0055

www.cps-k12.org

Parent/Guardian Consent Form Student Computerized Records

The Cincinnati Public Schools partners with a number of organizations to assist with addressing student needs. At SCPA these organizations include:

<ul style="list-style-type: none">● YMCA of Greater Cincinnati● SCPA/CPS● The University of Cincinnati	<ul style="list-style-type: none">● United Way● UMC Food Service● Girl Scouts
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The partners offer an array of services related to the following areas: tutoring, mentoring, health, and after school services. Services are organized and expedited through coordinators who are assigned to individual schools.

The coordinators from organizations may request access to the student computerized records system, including IEP data, to view personally identifiable student data. This would enable the coordinators to appropriately identify and assign services to students. If granted access, the coordinator must maintain the confidentiality of student identifiable information, educational records, and the individual names of students. The coordinator is only permitted to access student records in their own program and to the extent necessary to perform his/her assigned duties. In addition, the coordinator may share information about his/her program with school district staff and other partners listed above, in order to better serve students.

A "privacy" flag on a student's record will not be in effect with the signing of this letter. Confidential information may only be shared to the extent that the information is relevant to the student's educational progress, safety, or well being. Student information may be disclosed in a grave medical emergency which necessitates facilitation of medical care.

A parent/guardian authorization is required to allow the coordinator access to your child's data. Please indicate your consent below.

I have read the above and consent to all partners listed above serving SCPA to release, obtain, and exchange my child's information from school district staff and partners listed above.

Parent/Guardian Name (print)

Student Name (print)

Parent/Guardian Signature

Date

Phone Number

Parent/Guardian Email Address

For Office Use Only

Student ID #: _____

**YMCA of Greater Cincinnati
Program Permission and Authorization**



I hereby grant permission for:

- My child to use all of the equipment and participate in all of the activities offered at the YMCA.
- My child's image, voice, or written comments to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program. The YMCA of Greater Cincinnati may use these indefinitely, without limitation or obligation, for the purpose of promoting or interpreting YMCA programs.
- My child's school to release academic records, including IEPs, grades, and test scores.
- The staff to take whatever steps may be necessary to obtain emergency medical care, as warranted as provided for in the Ohio Department of Job and Family Services required enrollment form.

I understand that:

- Expenses incurred in obtaining medical treatment are my responsibility.
- The YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.
- The YMCA will not assume responsibility for any child who has not been signed in as s/he arrives or has been signed out at departure.
- The YMCA prohibits staff from spending time outside of the program with children that they have met at the program. This includes child care outside of the program, transportation that is not owned by the YMCA, and any outside contact. Immediate disciplinary action will be taken by the YMCA toward staff when a violation is discovered.
- Staff shall not release children to anyone other than the custodial parent or guardian, or other person authorized by the custodial parent or guardian. Any person unknown to staff, who is authorized to pick up a child, will be required to present photo identification.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol and is unable to safely supervise the child, or is planning to drive a motor vehicle; staff will contact the emergency contacts and/or law enforcement personnel as needed in the staff member's judgment.
- The YMCA staff members are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have been given a copy of the YMCA Afterschool Policy Handbook, I agree to read it, as I will be accountable for the information contained therein. Staff have reviewed with me the licensing information, program information including outdoor play, child guidance, management, and supervision procedures, nutrition, emergencies and accidents, illness procedures, water play and/or swimming practices, parent participation, fees and extra charges for lateness, registration and termination information, and the enrollment and health information that is required.

Parent/Guardian Signature

Date

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Center
Home Address			City
State	Zip Code	Home Telephone Number	
Parent/Guardian Name		Relationship to Child	
Home Address		Home Telephone Number	
City		State	Zip
Email Address (if applicable)		Cell Phone	
Parent's Work/School Telephone Number		Parent's Work/School Name	
Parent's Work/School Address		City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email			
Where can you be reached while your child is in this program?			
Parent/Guardian Name		Relationship to Child	
Home Address		Home Telephone Number	
City		State	Zip
Email Address (if applicable)		Cell Phone	
Parent's Work/School Telephone Number		Parent's Work/School Name	
Parent's Work/School Address		City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email			
Where can you be reached while your child is in this program?			
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.			
Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)	
Name of Physician or Clinic/Hospital			
Street Address			
City		State	Telephone Number

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No (If no, fill out the following)

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
Center or Type A Home Name		Center or Type A Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook. Yes No
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is in the program.

Discipline Procedure

- 1. First warning:** The child is not following directions, talking out of turn, etc. This first warning is making the child aware of their behavior.

-Follow this basic pattern:
*"This is what you **should** be doing, this is what you **are** doing. This is your first warning."*

-Example:
"I asked everyone to work quietly and you are talking. This is your first warning."
- 2. Second warning:** The child has already had a first warning acknowledging the bad behavior. Said child has not corrected behavior and is continuing to act out.

-Follow this basic pattern:
"I have already warned you once. This is your second warning. If I have to tell you again, you will have to sit out from the activity."

-Example:
"You were asked to work quietly. You have been warned already for this. This is your second warning. If I have to ask you to work quietly again, you will have to sit out from the activity."
- 3. Time out:** After warning the child twice, if they still have not corrected their behavior, the child will be asked to sit out from the activity. Based on the child's age, that is how long they must sit out (5 year old- 5 minutes, 7 year old- 7 minutes, etc.).

-Follow this basic pattern:
"I have warned you twice about _____. You have lost your privilege to participate. You need to sit out for _____ minutes."

-Example:
"I have warned you about talking twice now. Because you aren't following directions, you aren't allowed to participate in the activity. You need to sit out for five minutes and think about how you should behave."
- 4. Free Friday:** If after returning from a time out the child is still misbehaving, they will lose their free Friday.
- 5. Write-up/parent phone call:** If the child is still misbehaving, a write-up/parent phone call is next. Write-ups should only be used when a child has been warned twice, had a time out, and lost their free Friday.

Welcome to the YMCA Before and After School Program!

We look forward to working with you and your family. This handbook serves as part of the admission agreement - it is designed to help inform you of our policies and procedures and to help you learn more about our program. Please take time to read through this handbook, and keep it in a convenient place at home for future reference. The rules are designed to provide a high quality, academically enriching experience for the children and families enrolled.

YMCA Mission and Focus Areas

Our mission is "To put Christian principles into practice through programs that focus on Youth Development, Healthy Living, and Social Responsibility."

Program Philosophy and Goals

The purpose of the YMCA Literacy Lab program is to increase academic achievement in reading and math, build youth development skills, and encourage parent/family engagement.

The program will provide:

- A safe environment
- Emotional support and warmth
- Responsive adults who are especially good listeners, that serve as strong adult role models
- Opportunities to work with real tools for play and/or for purposeful real world work as well as learning confidence in dealing with the physical world through games, hobbies and exercise
- Time and space to study
- Encouragement to be creative and imaginative
- Opportunities to develop personal discipline including taking responsibility for one's own actions, setting and accepting limits, respecting rights and property of others, forming friendships, and using community resources responsibly
- Learning to accept one's own personal abilities
- Opportunities to learn about nutrition and other components of a healthy, safe life

License

The YMCA Before and After School program is owned and operated by the YMCA of Greater Cincinnati and is licensed to operate by the Ohio Department of Job and Family Services and the City of Cincinnati.

Admission and Enrollment

A child is considered to be enrolled in the program only after the Site Coordinator confirms the availability of space and all required paperwork is received, reviewed, and approved by the Site Coordinator. Every program participant also must have a parent/guardian with a working contact number. When the program is full, a waiting list is maintained. If a child is placed on the waiting list, the parent/guardian will be notified by the Site Coordinator when program openings become available.

When parents are ready to enroll their child, the parent may contact the Site Coordinator to:

- Meet the coordinator, learn the program policies, and ask questions.
- Receive the necessary paperwork.
- Schedule a child's program start date, pending the availability of space in the program.

Hours of Operation

The YMCA program will operate Monday-Friday from 6:30 am-8:45 am and 3:30 pm-6:00 pm. Please call the program if you are running late to pick up your child. A late fee of \$1 per minute will be charged if a child is not picked up by closing time. This fee must be paid before the student returns to the YMCA program. When the school is closed for a holiday or due to weather, the YMCA program will also be closed. Full tuition is due for the weeks in which these days fall.

All employees will follow the guidance and discipline rules. Guidance and discipline are positive and appropriate to the situation and to the child's developmental level. Discipline will never be imposed for failure to eat or for toileting accidents. No child will be humiliated, shamed, frightened, or subjected to verbal abuse. Discipline will not be delegated to children – they are not permitted to hit each other on program property nor are parents permitted to spank or slap children in the program. In case of physical aggression, staff members may restrain children for the safety of those involved but no form of physical punishment or restraint is ever used. "NO" will always be followed by an explanation. The staff members may consult with the parents about problems that are occurring and encourage the parents to discuss any problems they are having at home. It is very important for us to work together for the benefit of the children.

If a situation arises where a child is endangering him/herself, peers, or staff, it may become necessary to discontinue services to the child. Prior to the termination of service, however, the staff will make persistent and collaborative plans with the parents or guardians to change the dangerous behavior. Every attempt will be made to work with the parents and the child to correct the behavior.

Behavior Management

The YMCA program will mirror the behavior management plan of the school. We will make every effort to redirect any disruptive behavior using the positive reinforcement and positive redirection methods described in the Guidance Policy above. However, consistent disruptive behavior which hinders the safety or learning of your child or others in the program may require additional disciplinary action. Program rules and expectations are created to ensure a safe and positive learning environment. If a child consistently fails to follow program rules, a verbal warning will be issued to the child, and the parent will be informed of the issue. If the disruptive behavior continues, the parent will receive written documentation of the issue and the staff's actions attempting to resolve the situation. If the disruptive behavior still continues, the program staff reserve the right to suspend a child from the program and a behavior plan may need to be developed with the child and parents. In the rare situation where a child is causing continued situations which prevent the safety of him/herself or others in the program, a child may need to be dismissed from the program permanently. Our staff will make every effort to work with your child and your family to provide services to your family, however a situation in which a child's behavior poses a safety risk will not be negotiated.

Conduct Policy

The program has a clear responsibility to protect and promote the YMCA's goals, which include teaching children to resolve conflicts in nonviolent and non-aggressive ways. This policy identifies unacceptable behaviors by children, parents, staff, and visitors while at the YMCA. We expect that children, staff, parents, and visitors will treat each other kindly and with respect, keeping in mind that we are role models for the children. The unacceptable behaviors include, but are not limited to the following:

- Profanity
- Threats, intimidation, or harassment
- Mental or bodily harm
- Disruption and obstruction
- Destruction of property
- Disturbing the peace
- Dishonesty or misrepresentation
- Violation of Criminal Law
- Smoking

Anyone found in violation of this policy is subject to immediate termination of YMCA services.

Snacks and Ohio Child Care Food Program

Nutritious afternoon meals will be served. Foods are chosen with health in mind, and limit fat, sugar, and other calories with limited nutritional value. Please let us know ahead of time if your child is not permitted to have any types of food due to allergies or religious beliefs.

- Severe coughing (causing child to become red or blue in the face or make a whooping sound)
- Difficult or rapid breathing
- Yellowish eyes or skin
- Redness of the eye, thick and purulent (pus) discharge, matted eyelashes, burning, or itching eyes
- Untreated infected skin patches, unusual spots or rashes
- Unusually dark urine and/or gray or white stool
- Stiff neck with an elevated temperature
- Sore throat or difficulty swallowing
- Vomiting more than once, or if other symptoms are present
- Evidence of infection-red/swollen or draining sores, green or yellow nasal discharge, or ear discharge
- Excessive fatigue (child sleeps during activities, but had a normal night's sleep previously)

Children may return under the following conditions:

1. With a physician's statement that the child is free from communicable disease and that returning to the program presents no risk to the child or others; or
2. Visibly free from communicable illness AND
 - a. Fever-free without fever reducing medicines for 24 hours
 - b. Free of vomiting or diarrhea for 24 hours while eating a normal diet.

A mildly ill child (minor cold symptoms, or not feeling well enough to participate fully in the program) will be cared for at the program and watched closely. If any of the above symptoms develop, the parent will be called to come and take the child home. We prefer to err by being too cautious rather than allow healthy children and staff to be exposed to communicable illnesses.

The program retains the right to continue to exclude a child despite a physician's statement if that statement contradicts the policies. The YMCA program has the final say in caring for children who may be contagious.

A staff member who has a communicable disease will not work with children, and will be replaced by a qualified substitute.

Medication, special diets, and food supplements

Due to the short duration of the YMCA Before and After school program, our staff will not administer medication. If possible, please make arrangements for medication to be administered by the school nurse before school dismissal or by the parent after the program. If your child needs emergency medication to be maintained on site, or has a condition which the staff should be aware of, please work with the Site Coordinator directly and we will address individual circumstances as necessary. The YMCA will follow school policies for allowing school-age students to possess medication such as inhalers. If your child has any allergies or dietary restrictions, please make the Site Coordinator aware of any such conditions.

Outdoor Play

Please provide your child with appropriate clothing for outdoor play. If it is raining or the temperature is below 20 degrees or above 95 degrees, we will not have the children play outside. We will provide an active space in the cafeteria or get permission to use the gym.

Cellular Phone Usage

If necessary, please use cellular phones in common areas and not in classrooms. To protect the privacy of children and staff, the use of cellular phones is prohibited in YMCA After School programs.

Parent Participation/Volunteers

Family involvement and input is essential to our program. Parents and family members can volunteer at the center by reading a story, helping with snacks, preparing materials for special projects, or helping plan upcoming events. YMCA policy requires all volunteers to pass a background check before working with participants. Once a person has been cleared to volunteer with students, he/she must sign in upon

Acknowledgement of Handbook Review

I _____ (print first and last name), have reviewed and received the Literacy Lab handbook and agree to abide by the policies and procedures written within the handbook.

Signature: _____ Date: _____