Clermont YMCA
SCHOOL AGE CHILD CARE
ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): ________________________________ Date of Birth: __________

Parent/Guardian Name: ________________________________________________

Please initial on the line next to each policy/procedure:

SECTION 1: TUITION AND FEES

_____ REGISTRATION FEE: I understand the $25 registration fee ($50 max for families) is required at registration to enroll my child. I understand that I may not guarantee my child’s enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable.

_____ TUITION: I have reviewed the tuition due for each program I have selected for my child.

_____ PAYMENT OF TUITION: I understand that the full amount of tuition is due Friday the week before, for the following week. I understand tuition is due regardless of attendance, unless I cancel my child’s enrollment 1 week in advance of my child’s end date. I understand that my voucher co-pay is due weekly.

_____ UNPAID TUITION: I understand if my tuition is not paid in full by Friday each week my child will not be permitted to attend until my account is reconciled.

_____ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from failure to promptly communicate changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that if I fail to pick my child up by 6:00 pm, I will be charged a late fee of $10 for anytime up to 6:10 pm and a $1 per minute per child after 6:10 pm. If myself or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

_____ DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). Discounts are not applicable on any fees or services, agency co-pays, or special program promotions.

_____ RETURNED CHECKS: I understand that I will be charged a $30 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me.

SECTION 2: DAILY PROCEDURE

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom and staff member each day.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.
HEALTH CARE: I understand that the program will provide routine health/medical care and seek emergency medical treatment for my child if necessary.

MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings. If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the Site Administrator.

SUNSCREEN: I understand that if I want my child to apply sunscreen and/or bug spray during the program, I need to complete an Administration of Medication Form.

BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all program rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two week (10 business days) written notice of withdrawal from the program to Site Administrator. If this notification is not provided, I agree to pay all tuition and fees for the week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to re-enrollment. I understand all fees are non-refundable.

SECTION 3: PARTICIPATION

ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the school age program.

ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

MODEL RELEASE: The YMCA □ may □ may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on YMCA property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of other children or staff at the YMCA.

SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Clermont YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. A staff-to-child ratio of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at Clermont YMCA during the school age program (August 14, 2019-May 21, 2020). I have reviewed my child’s daily schedule and I am aware of his/her swim time.
My child is a □ non-swimmer □ swimmer.

SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

HOLIDAYS/CLOSURES: I understand that the program is closed on all dates that my child’s school is closed. I understand that YMCA may offer a full-day program at 2075 James Sauls Sr. Dr.

SCHOOL DAYS OUT & SNOW DAY PROGRAMS: The YMCA will try to offer a full-day program whenever possible during school closures. I understand that there is an additional fee associated with these programs. I understand that my child is not guaranteed a spot in these programs unless I register and pay in advance. Registration for School Days Out programs will end 5 days prior to the start date; after this date, openings will be based on staffing and ratios.
ABSENCES/VACATIONS: I agree to call my child’s site if he/she will be absent for any reason. I understand that no allowances, credits, refunds or make up days shall be made for absences, including suspensions. I understand that no allowances, credits, refunds or make up days shall be made for vacations.

INCLEMENT WEATHER: I understand that when my child’s school is closed the program is closed. Full-day programming may be available at the YMCA.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA’s intention to be open and provide programs every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time.

SECTION 5: STATE LICENSING AND OUR POLICIES

ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

PARENT HANDBOOK: I have received a copy of the Parent Handbook or reviewed it online. I have read and understand its contents and agree to abide by the policies within.

NO MODIFICATIONS: No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

YMCA POLICY:

• I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
• I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
• I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child’s physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
• I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from YMCA programming activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.
• The YMCA is not responsible for lost, stolen or damaged items brought to the program.

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ____________

PARENT/GUARDIAN NAME (PRINTED): ___________________________
Family Information for School-age

<table>
<thead>
<tr>
<th>Child’s Last Name</th>
<th>First Name</th>
<th>Nickname</th>
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By providing complete information about your child, you will be assisting staffing creating a positive experience for him/her while in care. List any information about your child’s habits abilities, or personality that you feel will be helpful to the staff while caring for your child.

Who is in the child’s immediate family?

Who lives at home with your child?

Language(s) spoken at home:

Are there any special family arrangements, such as shared parenting and custody specifications?

Are there any changes or transitions you child is experiencing such as a new home, birth of sibling, school issues, death of a family member, friend, pet?

Do you have any pets in the home?

What are your child’s favorite foods?

What food does your child dislike?

Are there any food your child should not be allowed to eat? Child Care Licensing requires documentation be completed for children with food allergies and/or dietary restrictions.

What time does your child usually get up and/or go to bed on a school night?
  Wake up _______________  Go to bed _______________

What are your child’s favorite and/or most challenging subjects in school?
  Favorite subject:
  Challenging subject:

What causes your child to feel frustrated or angry?

What actions or items do you use to help calm or comfort your child when they are upset?
What methods do you use to respond to negative behavior?

How do you reward your child for positive behavior or accomplishments?

What are some of your child’s interests?

Is your child taking any lessons or participating in any organized clubs/teams (swimming, dance, piano, scouts, soccer, youth group)?

Please circle all the words that describe your child’s personality and general behavior:
- Active
- Calm
- Affectionate
- Anxious
- Bossy
- Content
- Cautious
- Cheerful
- Structured
- Curious
- Quiet
- Adventurous
- Excitable
- Friendly
- Outgoing
- Insecure
- Routines
- Creative
- Loud
- Loving
- Happy
- Emotional
- Prefers adult attention
- Sensitive
- Serious
- Stubborn
- Talkative
- Energetic

What makes your child laugh?

Is there anything that is making your child excited about starting at this program?

Is there anything that is making your child anxious about starting at this program?

Please rank from 1-10 (10 being the most important) the importance of these activities:
- Snack
- Rest
- Homework
- Art & Drama
- Physical activity
- Free play
- Structured play
- Safe environment
- Friends
- Learning activities

Has your child had a previous care experience? If so, what type? What did you like or dislike about it?

What are your expectations of this program for your child?

Is there another information that would be helpful when caring for your child?

Does your child have an IEP or an IFSP? If yes, are you willing to share a copy with this program?
Clermont YMCA
CHILD SURVEY & PICK-UP AUTHORIZATION

Name of Child ___________________________ Date of Birth _____________

Parent/Guardian Name ________________________________________________

Help us get to know your child:
Child lives with:  □ Both Parents  □ Mother  □ Father  □ Other _________________

Siblings:
Name ___________________________ Age ___________ Enrolled in Camp □

Name ___________________________ Age ___________ Enrolled in Camp □

Name ___________________________ Age ___________ Enrolled in Camp □

Are there any special circumstances that may be a factor in your child’s present behavior?

________________________________________________________________________

________________________________________________________________________

Other information we should know about your child:

________________________________________________________________________

________________________________________________________________________

Pick-up Authorization:
I understand that only those people designated by me on this form may pick up my child from camp and that my child must be signed out of camp each afternoon. I also understand that the adult(s) listed on my child’s Enrollment and Health Information Form as the Parent(s)/Guardian(s) and Emergency Contacts are authorized to pick-up my child. All authorized pick-ups should come prepared to present their driver’s license or state identification card.

Authorized Pick-ups (must be at least 16 years of age)

Name: ___________________________ Relationship to Child: ______________ Phone: ___________________________

Name: ___________________________ Relationship to Child: ______________ Phone: ___________________________

Name: ___________________________ Relationship to Child: ______________ Phone: ___________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ___________________________