



YMCA OF THE GOLDEN CRESCENT
AFTERSCHOOL PROGRAMS
2022 - 2023

THIS ENROLLMENT FORM MUST BE COMPLETELY FILLED OUT
BEFORE WE CAN ACCEPT ANY CHILD FOR CARE.
BLUE OR BLACK INK ONLY.
No N/A'S, BLANKS, OR STRIKETHROUGHS ALLOWED.

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE CHECK THE FOLLOWING SITE YOUR CHILD WILL ATTEND

Aloe Crain DeLeon Dudley O'Connor Pinnacle Pointe
Rowland Shields Smith Barbara Bauer Briggs Family YMCA Edna

CHILD'S INFORMATION

Child's Name Date of Birth Age
Grade Entering Home Phone #
Child's Address City Zip
Date of Enrollment Date of Admission
Ethnicity (check one): Caucasian African American Hispanic Asian Other
Gender (check one): Male Female

NAME OF PARENT OR LEGAL GUARDIAN

Name DOB Name DOB
Relation to child Relation to child
Address Address
City, St, Zip City, St, Zip
Cell Phone # Cell Phone #
Home Phone # Home Phone #
Email Address Email Address
Employer Employer
Address Address
City/Zip City/Zip
Office Phone # Office Phone #

Authorized to pick up: Yes NO Authorized to pick up: Yes NO

When a parent is NOT authorized to pick up we must have a copy of court documentation

*In the case of divorce or legal separation are you: managing conservator possessor conservator legal guardian
Please provide copies of court documentation

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name Address Name Address Name Address
City State Zip City State Zip City State Zip
Relation Relation Relation
Office # Office # Office #
Cell # Cell # Cell #
Home # Home # Home #

My child has a regular physician. Below is the information for my physician and clinic/hospital preference.

THIS INFORMATION IS REQUIRED

Name of Child's Doctor Address Phone #
Clinic/Hospital Address Phone #

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.





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SPECIAL PROBLEMS/NEEDS

The YMCA believes that each child in or care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalization in past 12 months, long-term, continuous use of medication, etc. Write NONE if none apply to your child.

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help your child in these situations? Does your child have any limitations or require any special provisions? Write NONE if none apply.

Other comments

Please read each statement below, answer accordingly then sign and date at the bottom of page.

- My signature below acknowledges my understanding that as a participant in a state licensed Summer Camp program, my child's records may be reviewed and/or photo copied by representative of Texas Department of Protective and Regulatory Services.
My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes YMCA Operational and Parent Policies.
My signature below gives my consent for my child to be transported and supervised by the facility staff in case of emergency. YES NO
My Signature below gives my consent for my child to be transported by YMCA bus on any scheduled fieldtrip. YES NO
My signature below gives consent for my child to be photographed and/or video taped participating in the program. YES NO
My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility. YES NO
My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Protective and Regulatory Services.

Name of School Grade

Address School Phone #

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of Parent/Legal Guardian

Date



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**YMCA CHILDCARE PROGRAM
CODE OF CONDUCT**

The YMCA program will foster a climate of mutual respect for the right of others. Children are expected to respect the rights and privileges of other children, counselors and YMCA staff. This code of conduct is established to achieve and maintain order in the Day Camp program. Children who violate the rights of others or who violate the organization involved with the Summer Camp program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

The YMCA program Code of Conduct is to assist children, parents, counselors and Summer Camp administration in identifying appropriate and in appropriate behaviors and understanding the rights and responsibilities of each individual.

The Day Camp program participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Day Camp counselor or Program leaders when having problems with the program
- Demonstrate an attitude of respect toward individuals and property
- Use appropriate language when speaking with others
- Be familiar with and obey Day Camp rules and regulations
- Follow the Day Camp counselor's directions and instructions
- Cooperate with the YMCA staff in all matters
- Follow the rules outlined in the YMCA Parent Handbook

Signature (Child)

Print Name (Child)

Date

Signature (Parent/Guardian)

Print Name (Parent/Guardian)

Date

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**YMCA CHILDCARE PROGRAM PARENT'S HANDBOOK
PARENT'S ACKNOWLEDGEMENT**

I, hereby, state that I have read the YMCA CHILDCARE PROGRAM PARENT HANDBOOK and have been given the opportunity to discuss the policies with the staff and understand the policies therein.

Signature of Parent/Legal Guardian

Date



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DISCIPLINE AND GUIDANCE POLICY FOR: BARBARA BAUER BRIGGS FAMILY YMCA

Name of Operation

A. Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent _____ Employee/caregiver _____ Household member of child-care home _____



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**YMCA OF THE GOLDEN CRESCENT
Child Care Payment Agreement 2022 - 2023**

Child _____ DOB _____ Parent _____
School Attending _____ Afterschool Site Location _____

The following payment options are available: **Choose Option 1 or Option 2**

OPTION 1: AUTOMATIC DRAFT (BANK ACCOUNT OR CREDIT/DEBIT CARD)

1. Tuition fees are due and will be deducted from my Bank Account or Credit/Debit Card EVERY FRIDAY, for the following week of care. (CCS ACCOUNT WILL BE DEBITED EVERY 1ST OF THE MONTH) **Initials** _____
2. The child care automatic draft deduction is a continuous payment plan. I understand that this plan will remain in effect until I wish to terminate child care or until the end of the school year. **Initials** _____
3. It is my understanding that if I wish to terminate or change my child care in any way, I must give the Billing Coordinator a 1 week notice via email at meorsak@ymcavictoria.org. **Initials** _____
4. Should my bank or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee AND a \$25 late fee, which will be applied by the YMCA. **Initials** _____
5. Payments and past due balances must be paid in full before any child or family member can enter or return to any YMCA Program, Activity, or Membership. **Initials** _____

Automatic Payment Authorization: (Choose Checking/Savings OR Credit/Debit Card)

Checking _____ Savings _____
Name of Bank _____ Name on Account _____
Routing Number _____ Account Number _____
Billing Address _____
P.O. Box or Street Address _____ City/State/Zip _____

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____
Name on Card _____ Card Number _____
Expiration Date _____ Security Code _____
Billing Address _____
P.O. Box or Street Address _____ City/State/Zip _____

OPTION 2: IN HOUSE PAYMENTS (CHECK/CREDIT/DEBIT CARDS/CASH)

1. Tuition fees are due every Friday for the following week of care. (CCS accounts are due every 1st of the month) **Initials** _____
2. Payments received after, will be assessed a \$25 late fee. **Initials** _____
3. It is my complete understanding that if I wish to terminate or change my child care in anyway, I must give the Billing Coordinator a 1 week notice, via email at meorsak@ymcavictoria.org. **Initials** _____
4. Should my bank or credit card company, for any reason, not honor my debit, I understand that I am responsible for the payment, plus a \$30 return fee and a \$25 late fee, which will be applied by the YMCA. **Initials** _____
5. Payments and past due balances must be paid in full before any child or family member can enter or return to any YMCA Program, Activity, or Membership. **Initials** _____

Signature of Person Responsible for Payments

Date