



\_\_\_HJM \_\_\_JR \_\_\_Main Building

ADMISSION DATE: \_\_\_\_\_

## Calhoun County YMCA Afterschool Registration

### General Information

**Operation's Name:** Calhoun County YMCA Afterschool Program

**Director's Name:** Michele Morales

Child's  
Full Name:

\_\_\_\_\_  
*Last First M.I.*

Date of  
Birth:

\_\_\_\_\_

Child's Home  
Address:

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Child lives with:

☐ Both Parents ☐ Mom ☐ Dad ☐ Guardian

Name of Parent or  
Guardian Completing  
Form:

\_\_\_\_\_  
*Last First M.I.*

Address:

(if different  
from child's)

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

List Telephone Numbers where parents/guardian may be reached while child is in care:

Parent 1

Telephone No. \_\_\_\_\_

Parent 2

Telephone No. \_\_\_\_\_

Guardian's

Telephone No. \_\_\_\_\_

Custody Documents on File:

☐ Yes

☐ No

Give the name, address, and phone number of the responsible individual **to call** in case of an emergency if parents/guardian cannot be reached:

Phone: \_\_\_\_\_

\_\_\_\_\_  
*Last First M.I.*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following person(s). List name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after the verification of I.D.

Name &  
Phone No.

Name &  
Phone No.

Name &  
Phone No.

## Consent Information

### CHECK ALL THAT APPLY:

#### 1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

#### 2. FIELD TRIPS

I give consent for my child to participate in the following water activities:

☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ☐ Yes ☐ No If no, what type of assistance is needed: \_\_\_\_\_

#### 3. PHOTO

I give consent for my child to be photographed during YMCA Programs: ☐ Yes ☐ No

#### 4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Procedures for release of children                            | <input type="checkbox"/> Meals and food services practices   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures to visit the center without securing prior approval                                      |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Procedures for parents to discuss concerns with Director  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website |

#### 5. MEALS

I understand that the following meals will be served to my child while in care ☐ Yes ☐ No

Afternoon snack Summer Free Lunch Program

#### 6. DAYS AND TIMES IN CARE

My child is normally in care on the following days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
During the hours of: \_\_\_\_\_ am \_\_\_\_\_ pm thru \_\_\_\_\_ am \_\_\_\_\_ pm

#### 7. CHILD'S SPECIAL CARE NEEDS (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Environmental allergies                        | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                              | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                               | <input type="checkbox"/> Adaptive equipment (include instructions below)     |
| <input type="checkbox"/> Previous illness                               | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations (past 12 months) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____                                   |  |

Explain any needs selected above: \_\_\_\_\_

Does your child have diagnosed food allergies? ☐ Yes ☐ No

Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800)514-0301 (voice) or (800)514-0383 (TTY).

**Signature – Parent or Legal Guardian :** \_\_\_\_\_

## Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Emergency Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**Signature – Parent or Legal Guardian :** \_\_\_\_\_

## Requirements for Exclusion from Compliance

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent member of.

## Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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Does your child have diagnosed food allergies: ☐ Yes ☐ No Plan submitted on: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

**Signature – Parent or Legal Guardian :** \_\_\_\_\_

## School Age Children

My child attends the following school:

Name of School: \_\_\_\_\_ School Phone No, \_\_\_\_\_

My child has permission to (Check all that apply):

☐ ride a bus ☐ walk to or from school ☐ be released to the care of his/her sibling under 18 years old

☐ Other: \_\_\_\_\_

Authorized pick up/drop off locations other than the child's address: \_\_\_\_\_

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

## Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immuniz/public.shtm](http://www.dshs.state.tx.us/immuniz/public.shtm).

## Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

## Privacy Statement

DFPS values your privacy. For more information, read the Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

## Signatures

**Child's Parent or Legal Guardian:**

X \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Center Designee:

X \_\_\_\_\_

Date Signed: \_\_\_\_\_

## PAYMENT OPTIONS

**\*\*Tuition fees are due each Friday for the following week of care\*\***

### Payment Options:

- ☐ **Cash/Check Payments**  
☐ **Automatic Withdrawal from Bank Account or Major Credit Card**  
☐ Checking ☐ Savings ☐ Credit Card

Name on account: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Credit Card Type:



Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

***We will be charging a \$30.00 weekly fee to hold your spot if your child does not attend weekly!***

**Signature of person responsible for payments:**

**Date Signed:**

X \_\_\_\_\_

## DISCIPLINE AND GUIDANCE POLICY

### 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.

**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.

**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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

**ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES**  
**(Only applies to BAP/SAP programs that operate under Chapter 744)**

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- 1) Ensure that the measures are considered commonly accepted teaching or training techniques;
- 2) Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - a) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - b) What behaviors would warrant the use of these measures; and
  - c) The maximum amount of time the measures would be imposed;
- 3) Inform parents that they have the right to ask for additional information; and
- 4) Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code 261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

**SIGNATURE**

This policy is effective the following date and signed by:

**Child's Parent or Legal Guardian:**

**Date Signed:**

**X**

**Minimum Standards Related to Discipline**

Title 40, Chapter 746 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)

Title 40, Chapter 747 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)

Title 40, Chapter 744 Subchapter G:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)