



## BARBARA BAUER BRIGGS FAMILY YMCA EXCEL AFTER THE BELL 2023-2024

FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

This enrollment form must be COMPLETELY filled out before we can accept any child for care. Blue or Black ink ONLY. No blanks, N/A or strikethroughs allowed.

### 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 \_\_\_\_\_

### PLEASE CHECK THE FOLLOWING MIDDLE SCHOOL THAT YOUR CHILD ATTENDS:

Cade \_\_\_\_\_ Patti Welder \_\_\_\_\_ Howell \_\_\_\_\_

### NAME OF PARENT(S) OR LEGAL GUARDIAN(S)

(1) Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Relation to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Office Phone # \_\_\_\_\_  
Employer Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
Authorized to pick up: Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Relation to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Office Phone # \_\_\_\_\_  
Employer Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
Authorized to pick up: Yes \_\_\_\_\_ No \_\_\_\_\_

### \*WHEN A PARENT IS NOT AUTHORIZED TO PICK UP, WE MUST HAVE COPY OF COURT DOCUMENTATION\*

In the case of divorce/legal separation are you:

Managing Conservator \_\_\_\_\_ Possessor Conservator \_\_\_\_\_ Legal Guardian \_\_\_\_\_

*Please provide copies of court documentation*





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

(1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Relation to Child \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Office Phone # \_\_\_\_\_

(2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Relation to Child \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Office Phone # \_\_\_\_\_

(3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Relation to Child \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Office Phone # \_\_\_\_\_

### **MEDICAL PROVIDER INFORMATION**

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 # \_\_\_\_\_

### **AQUATIC ACTIVITIES**

My child (child's name): \_\_\_\_\_ Can Swim \_\_\_\_\_ Cannot Swim \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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### SPECIAL REQUESTS/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 requests and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalization in past 12 months, long-term, continuous use of medication, etc.

Please 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? Please write **NONE** if none apply to your child. \_\_\_\_\_

Is your child potty trained and out of pull-ups? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

### ACKNOWLEDEMENTS

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 Afterschool Program, my child's records may be reviewed and/or photo copied by a 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 (Handbook available at front desk or website)**.
- 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 for any scheduled fieldtrip and/or picked up from designated school and transported to the Barbara Bauer Briggs Family YMCA.  
**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 \_\_\_\_\_ School Phone # \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

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 Afterschool Care Program. Children who violate the rights of others or who violate the organization involved with the Afterschool Care 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 Afterschool Care Administration in identifying appropriate and inappropriate behaviors and understanding the rights and responsibilities of each individual.

The Afterschool Care Program participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Program Staff or 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 Afterschool Care Program rules and regulations.
- Follow the Afterschool Care Staff'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

.....

## 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.

The handbook can be found at the YMCA Front Desk and at [ymcagoldencrescent.org](http://ymcagoldencrescent.org)

\_\_\_\_\_  
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 of Parent/Legal Guardian

\_\_\_\_\_  
Date

**I am (check one):**

Parent \_\_\_\_\_ Employee/Caregiver \_\_\_\_\_ Household Member of Child Care Home \_\_\_\_\_



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## BARBARA BAUER BRIGGS FAMILY YMCA Childcare Payment Agreement 2023-2024

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Child's DOB \_\_\_\_\_ Afterschool Location \_\_\_\_\_

### OPTION 1 - AUTO-PAY:

**\*USE THIS FORM IF YOU WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY\***

- Tuition fees are due weekly and will be deducted from my Bank Account or Credit/Debit Card **EVERY FRIDAY at 2:00am**, for the following week of child care. **(CCS ACCOUNTS WILL BE DEDUCTED EVERY 1ST DAY OF THE MONTH)**  
Initials \_\_\_\_\_
- A \$25 late fee applies to all payments made after the due date. These fees **WILL NOT** be waived.  
Initials \_\_\_\_\_
- A \$30 return fee applies to any payments declined by my Financial Institution. These fees **WILL NOT** be waived.  
Initials \_\_\_\_\_
- If I pick up my child later than the designated pick up time, I will be charged a late pick-up fee of \$1 per minute.  
Initials \_\_\_\_\_
- Payments, late fees and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care or Membership.  
Initials \_\_\_\_\_
- Enrollment fees are **NON-REFUNDABLE**.  
Initials \_\_\_\_\_
- It is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)  
Initials \_\_\_\_\_
- The auto-draft is a continuous payment plan that will remain in effect until I request to terminate my child care account or until the end of the school year.  
Initials \_\_\_\_\_
- If I wish to terminate or change my child care account in any way, I must give the Billing Coordinator a **TWO WEEK NOTICE** via email at [meorsak@ymcavictoria.org](mailto:meorsak@ymcavictoria.org).  
Initials \_\_\_\_\_
- Field trips are additional cost that is due by the signup deadline.  
Initials \_\_\_\_\_

### AUTOMATIC PAYMENT INFORMATION

#### Credit/Debit Card Payments

**PAYMENTS DRAFTED BETWEEN 12AM - 11:59PM**

Card Type: MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

#### Bank Account Payments

**ALLOW UP TO 10 DAYS TO REFLECT ON YOUR BANK ACCOUNT**

Account Type: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Name on Bank Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature of Person Responsible for Payments \_\_\_\_\_

Date \_\_\_\_\_



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## BARBARA BAUER BRIGGS FAMILY YMCA Childcare Payment Agreement 2023-2024

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Child's DOB \_\_\_\_\_ Afterschool Location \_\_\_\_\_

### OPTION 2 - IN-HOUSE PAYMENTS:

**\*USE THIS FORM IF YOU DO NOT WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY\***

- Tuition fees are due by 8pm **EVERY FRIDAY**, for the following week of child care. **(CCS ACCOUNTS ARE DUE BY CLOSING, EVERY 1ST DAY OF THE MONTH)**  
Initials \_\_\_\_\_
- A \$25 late fee applies to all payments made after the due date. These fees **WILL NOT** be waived.  
Initials \_\_\_\_\_
- A \$30 return fee applies to any payments declined by my Financial Institution. These fees **WILL NOT** be waived.  
Initials \_\_\_\_\_
- If I pick up my child later than the designated pick up time, I will be charged a late pick-up fee of \$1 per minute.  
Initials \_\_\_\_\_
- Payments, late fees and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care or Membership.  
Initials \_\_\_\_\_
- Enrollment fees are **NON-REFUNDABLE**.  
Initials \_\_\_\_\_
- It is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)  
Initials \_\_\_\_\_
- If I wish to terminate or change my child care account in any way, I must give the Billing Coordinator a **TWO WEEK NOTICE** via email at [meorsak@ymcavictoria.org](mailto:meorsak@ymcavictoria.org).  
Initials \_\_\_\_\_
- Field trips are additional cost that is due by the signup deadline.  
Initials \_\_\_\_\_

### IN-HOUSE PAYMENT INFORMATION (OPTIONAL)

#### Credit/Debit Card Payments

INSTANT DEBIT

Card Type: MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

#### Bank Account Payments

ALLOW UP TO 10 DAYS TO REFLECT ON YOUR BANK ACCOUNT

Account Type: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Name on Bank Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_