



GONZALES YMCA PROGRAM CENTER AFTERSCHOOL CARE 2024-2025

Program Director: Lauren Harris

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

This enrollment form must be COMPLETELY filled out. Incomplete forms will cause delays in enrollment.
Blue or Black ink only. Do not use N/A or "Same As"

CHILD'S INFORMATION

Full Name: _____ Date of Birth: _____ Age: _____ Grade Entering: _____
Ethnicity (check one): Caucasian _____ African American _____ Hispanic _____ Asian _____ Other _____
Gender (check one): Male _____ Female _____
Child Lives With: Both Parents _____ Mom _____ Dad _____ Guardian _____
Child's Address: _____ City: _____ Zip: _____
Date of Enrollment: _____ Date of Admission: _____ Date of Withdrawal: _____

PLEASE CHECK THE FOLLOWING SITE YOUR CHILD WILL ATTEND

Gonzales Elementary _____

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION (Second Parent/Guardian May Be Left Blank If Not Active)

(1) Full Name: _____ DOB: _____ Relation to Child: _____
Home Address: _____ City, ST, Zip: _____
Primary Phone #: _____ Secondary Phone #: _____
Email Address: _____
Employer: _____ Employer Phone #: _____
Authorized to pick up: Yes _____ No _____

(2) Full Name: _____ DOB: _____ Relation to Child: _____
Home Address: _____ City, ST, Zip: _____
Primary Phone #: _____ Secondary Phone #: _____
Email Address: _____
Employer: _____ Employer Phone #: _____
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 AN EMERGENCY

I authorize Barbara Bauer Briggs Family YMCA to release my child to leave the child care operation with the following persons. Must provide the complete information for at least three contacts.

(1) Name: _____	(2) Name: _____
Date of Birth: _____ Relation to Child: _____	Date of Birth: _____ Relation to Child: _____
Address: _____	Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Phone Number: _____	Phone Number: _____
 (3) Name: _____	 (4) Name: _____
Date of Birth: _____ Relation to Child: _____	Date of Birth: _____ Relation to Child: _____
Address: _____	Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Phone Number: _____	Phone Number: _____

AQUATIC ACTIVITIES

- (1) Is your child able to swim without assistance? Yes ____ No ____
- (2) Do you want your child to wear a life jacket while in or near a swimming pool? Yes ____ No ____
- (3) Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Yes ____ No ____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Name of Physician: _____

Address: _____ Phone #: _____

Name of Emergency Care Facility: _____

Address: _____ Phone #: _____

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

Signature of Parent/Legal Guardian

Date



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SPECIAL REQUESTS/NEEDS

The YMCA believes that each child in our 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.

Please give information about special requests and needs including: allergies, food intolerances, existing illness, previous serious illness, injuries, hospitalization in past 12 months, long-term continuous use of prescriptions, symptoms or indications of complications. _____

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? _____

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

ACKNOWLEDEMENTS

- 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 a representative of Texas Department of Protective and Regulatory Services.
- My signature below acknowledges my understanding that the following meals will be served to my child while in care:
Afternoon Snack.
- My signature below acknowledges my understanding that the Summer Camp hours are: **Monday — Friday, 3pm — 6pm.**
- 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 participate in and be transported by YMCA bus for scheduled fieldtrips.
YES_____ **NO**_____
- My signature below gives consent for my child to be photographed and/or video taped while participating in YMCA programs.
YES_____ **NO**_____
- My signature below gives my consent for my child to participate in water activities such as splashing/wading pools, aquatic playgrounds, water table play, sprinklers, 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 Afterschool Care Counselors 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 Afterschool Care rules and regulations.
- Follow the Afterschool Care 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

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: Gonzales YMCA Program Center
(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/Guardian_____ Employee/Caregiver_____ Household Member of Child Care Home_____



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Auto Pay Childcare Payment Agreement

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

Child's Name: _____ Parent/Guardian Name: _____

Child's DOB: _____ Camp Location: _____

Enrollment Fee

\$50

Weekly Rate

\$60

- I understand 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 _____
- I understand weekly rates are a flat rate and I will not be refunded or credited for time missed.
Initials _____
- I understand enrollment fees are non-refundable.
Initials _____
- I understand a \$25 late fee applies to payments made after the due date. These fees will not be waived.
Initials _____
- I understand a \$30 return fee applies to payments declined by my financial institution. These fees will not be waived.
Initials _____
- I understand I will be charged a late pick-up fee of \$1 per minute that my child is left past the designated pick-up time.
Initials _____
- I understand past due balances, late fees, and return fees must be paid in full before my child or family members can return to any YMCA Program, including, but not limited to Child Care, Sports, and Membership.
Initials _____
- I understand 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 _____
- I understand Auto-Pay remains in effect until I request to cancel my child care account or until the end of the school year.
Initials _____
- I understand if I need to cancel or change my child care, I must email the Program Director at lharris@ymcavictoria.org.
Initials _____
- I understand field trips are additional fees that are due before the due date deadline.
Initials _____
- I understand the YMCA or it's employees will not replace/reimburse for any items lost, stolen, or damaged while in our care.
Initials _____

AUTOMATIC PAYMENT INFORMATION (Choose One)

Credit/Debit Card Information

Card Type: Visa ____ MC ____ AMEX ____ Discover ____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City & State: _____ Zip Code: _____

Bank Account Information

Account Type: Checking ____ Savings ____

Name of Bank: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Signature of Person Responsible for Payments

Date



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Auto Pay Childcare Payment Agreement

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

Child's Name: _____ Parent/Guardian Name: _____

Child's DOB: _____ Camp Location: _____

Enrollment Fee

\$50

Weekly Rate

\$60

- I understand tuition fees are due by 8pm every Friday, for the following week of child care. **(CCS ACCOUNTS WILL BE DEDUCT-ED EVERY 1ST DAY OF THE MONTH)**
Initials _____
- I understand weekly rates are a flat rate and I will not be refunded or credited for time missed.
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Initials _____
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Initials _____

IN-HOUSE PAYMENT INFORMATION (Optional)

Credit/Debit Card Information

Card Type: Visa ____ MC ____ AMEX ____ Discover ____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City & State: _____ Zip Code: _____

Bank Account Information

Account Type: Checking ____ Savings ____

Name of Bank: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Signature of Person Responsible for Payments

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Date