# BARBARA BAUER BRIGGS FAMILY YMCA
# 2026-2027 AFTERSCHOOL CARE PROGRAM
## Child Care Director: Michelle Falcon

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INCOMPLETE FORMS WILL NOT BE ACCEPTED
Use Blue or Black Ink Only. Do Not Use N/A or "Same As"

## CHILD'S INFORMATION

**It is required for all children to be fully potty trained. Is your child potty trained and out of pull-ups? Y or N**

Full Name:_____ Date of Birth:_____ Age:_____ Grade Entering:_____

Ethnicity: Caucasian_____ African American_____ Hispanic_____ Asian_____ Other_____

Gender: Male_____ Female_____

Child Lives With: Both Parents_____ Mom_____ Dad_____ Guardian_____

Child's Address:_____ City:_____ State:_____ Zip:_____

**CIRCLE THE AFTERSCHOOL SITE YOUR CHILD WILL ATTEND**

Aloe Chandler Crain DeLeon Dudley Edna F.W. Gross Mission Valley
O'Connor Rowland Schorlemmer Smith Torres Vickers

**OR**

**CIRCLE THE SCHOOL YOUR CHILD WILL BE TRANSPORTED FROM TO THE YMCA**

Chandler (CCS) Mission Valley (CCS) Schorlemmer (CCS) Vickers (CCS) Hopkins Nursery

**FOR STAFF USE ONLY**

Enrollment Date: _____ Admission Date: _____ Withdrawal Date: _____

## 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_____

***COURT DOCUMENTATION IS REQUIRED WHEN A PARENT IS NOT AUTHORIZED TO PICK UP***

In the case of divorce/legal separation are you:

Managing Conservator____ Possessor Conservator_____ Legal Guardian____

United Way

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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 different contacts.**

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

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

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

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

## AQUATIC ACTIVITIES

1. Is your child a competent swimmer? Yes ____ No ____
   **If no, your child is required to wear a life jacket while in or near a swimming pool.**
2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Yes ____ No ____
   **If yes, your child is required to wear a life jacket while in or near a swimming pool.**

**Note:** A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim for 25 yards with no assistance.

## 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: environmental 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 your child to help your child in these situations? Does your child have any limitations, restrictions, or require any reasonable accommodations, modifications, or adaptive equipment? _____

_____

Does your child have any diagnosed food allergies? **YES**_____ **NO**_____ Food Allergy Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit 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).

## ACKNOWLEDGMENTS

- My signature below acknowledges my understanding that as a participant in a State Licensed Preschool 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 YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand all precautions will be taken to ensure the safety and health of child
- 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 Afterschool Care hours are: **Monday -Friday, 3pm –6pm for onsite locations and 3pm-6:30pm for offsite locations.**
- 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:_____

_____ _____
Signature of Parent/Legal Guardian Date

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## YMCA CHILD CARE 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) (Required) | Print Name (Child) (Required) | Date |
| _____ | _____ | _____ |
| Signature (Parent/Guardian) | Print Name (Parent/Guardian) | Date |

.....

## YMCA CHILD CARE PROGRAM
## PARENT HANDBOOK 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 attached to this application and at the YMCA Front Desk.

| _____ | _____ |
|---|---|
| Signature of Parent/Legal Guardian | Date |

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**DISCIPLINE AND GUIDANCE POLICY FOR:** Barbara Bauer Briggs Family YMCA Childcare & Camp Programs
(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.

**Parent/Guardian Signature:** _____ **Date:** _____

## Behavior, Supervision, and Potty Training Acknowledgment

I understand and acknowledge that the YMCA Child Care Program strives to provide a safe and positive environment for all children. I further understand that continued enrollment is contingent upon my child being able to participate safely and successfully within the program setting.

I acknowledge that child care services may be terminated if:

- My child demonstrates ongoing behavioral concerns that cannot be successfully addressed through intervention strategies, parent conferences, and reasonable efforts by program staff;
- My child requires one-on-one supervision or support beyond what can be safely provided within required staff-to-child ratios and licensing standards; or
- My child is not fully potty trained.

By signing below, I acknowledge that I have read, understand, and agree to these conditions of enrollment.

**Parent/Guardian Signature:** _____ **Date:** _____

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## Automatic Childcare Payment Agreement

USE THIS FORM TO OPT-IN TO AUTOPAY

Child's Name:_____ DOB:_____ Grade Entering:_____ School:_____

Parent/Guardian Name:_____ Phone Number:_____

Do You Receive Tuition Assistance From The CCS Program?: YES or NO Caseworker Name:_____

- I understand tuition fees are due weekly and will be deducted from my Credit Card, every Friday at 2am, for the following week of care.
  **Initials** _____
- I understand enrollment and tuition fees are a flat rate and fees will not be refunded, credited, or transferred under any circumstance.
  **Initials** _____
- I understand after 3 instances of failing to maintain a current account, my account will be under review and services may be terminated.
  **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 returned 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 my child will not be accepted at the afterschool program if the weekly tuition has not been paid.
  **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 if I need to withdraw my child from care, I must email the Childcare Billing Director at meorsak@ymcagoldencrescent.org.
  **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** _____

### CCS ACCOUNTS (Additional)

- I understand I need to request a transfer from my caseworker 30 days prior if I need care for Fall, Winter, Spring, and Summer break.
  **Initials** _____
- I understand my CCS services will be terminated if my child has accumulated 40 absences.
  **Initials** _____
- I understand my childcare services will be terminated if I fail to make my child's weekly tuition payments.
  **Initials** _____

## AUTOMATIC PAYMENT INFORMATION

Effective January 1, 2025, we impose a flex fee of 3% on all credit card transactions.
This fee does not include debit cards with the Visa/MasterCard logo linked to a bank

### Credit/Debit Card Information

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV:_____

Billing Address: _____

City & State: _____ Zip Code: _____

**Signature of Person Responsible for Payments** **Date**

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## In-House Childcare Payment Agreement USE THIS FORM TO OPT-OUT OF AUTOPAY

Child's Name:_____ DOB:_____ Grade Entering:_____ School:_____

Parent/Guardian Name:_____ Phone Number:_____

Do You Receive Tuition Assistance From The CCS Program?: YES or NO Caseworker Name:_____

- I understand tuition fees are due by 8p.m., every Friday for the following week of Afterschool Care.
  **Initials** _____
- I understand enrollment and tuition fees are a flat rate and fees will not be refunded, credited, or transferred under any circumstance.
  **Initials** _____
- I understand after 3 instances of failing to maintain a current account, my account will be under review and services may be terminated
  **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 returned by my financial institution. These fees will not be waived.
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  **Initials** _____
- I understand if I need to withdraw my child from care, I must email the Childcare Billing Director at meorsak@ymcagoldencrescent.org.
  **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** _____

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  **Initials** _____
- I understand my CCS services will be terminated if my child has accumulated 40 absences.
  **Initials** _____
- I understand my childcare services will be terminated if I fail to make my child's weekly tuition payments.
  **Initials** _____

## IN-HOUSE PAYMENT INFORMATION

Effective January 1, 2025, we impose a flex fee of 3% on all credit card transactions.
This fee does not include debit cards with the Visa/MasterCard logo linked to a bank

### Credit/Debit Card Information

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV:_____

Billing Address: _____

City & State: _____ Zip Code: _____

**Signature of Person Responsible for Payments** **Date**

TEXAS Health and Human Services

**Form 2987**
October 2023

# Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

**A parent or guardian of a child at a child care facility has the right to:**

1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
2) review the child care facility's publicly accessible records;
3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
4) obtain a copy of the child care facility's policies and procedures;
5) review, at the request of the parent or guardian, the facility's:
   a) staff training records; and
   b) any in-house staff training curriculum used by the facility;
6) review the child care facility's written records concerning the parent's or guardian's child;
7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
   a) video recordings of the alleged incident are available;
   b) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
   c) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
9) be provided the contact information for the child care facility's local Child Care Regulation office;
10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

**Signature of Parent or Guardian** **Date**

## Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org

Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation