

Child's Name: _____
FIRST LAST



GLOW YMCA – ESSENTIAL SCHOOL AGE CARE PACKET

Dear Parent/Guardian,

This packet serves as an extension to your current registration in the 2019/2020 Before and After School Program. Please note that you and your child will be help to the same rules and standards upheld in the YMCA Before and After School Program in addition to the information enclosed within this extension registration packet. To review the rules and regulations that you have already signed off on or if you are a first time participant and need to fill out the 2019/2020 BASP Registration Packet, please visit us at www.glowymca.org in the Child Care tab.

Thank you for your cooperation as we adopt these extended policies and procedures to ensure the safety of all participants and staff. Please do not hesitate to call with any questions or concerns you may have.

Please be sure to review and complete the following before handing in the packet:

- Review the BASP Handbook
- Sign and date the Handbook Signature Page
- Sign and date the Behavior Agreement
- Sign and date the Parent/Guardian Participant Liability Waiver
- If a current BASP Participant - update the Program Participant Information Form
- If a new Participant – fully complete the Program Participant Information Form
- Complete the Care Calendar through June 26 (Camp begins June 29, separate registration)

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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Handbook Signature

My signature below indicates that I have read and understand and reviewed **all** of the information in the Before & After School Program Handbook. I also verify that I have reviewed the Code of Conduct information with my child and understand that I may be called to pick-up my child in the event that these policies are not followed.

Parent/Guardian Signature: _____ Date: ____/____/____.

GLOW YMCA

Before & After School Program

Parent Agreement

1. Upon entering the YMCA, I will adhere to all CDC guidelines as they are updated pertaining to COVID-19. This includes face coverings and social distancing when applicable.
2. I will inform YMCA Staff and the Child Care Director immediately if anyone in my household has come into contact or had become infected with COVID-19. I understand that this may impact my child's ability to attend program.
3. I will inform YMCA Staff and the Child Care Director if I have given my child fever-reducing medication within 4 hours of attending program. I understand that this may impact my child's ability to attend program.
4. I will not knowingly incur risk or exposure to YMCA Staff or participants by ignoring CDC recommended guidelines, or purposefully withholding information that may incur risk to my child, YMCA staff or other participants.
5. I acknowledge that my household must have at least one guardian returning to work during while my child is enrolled in care.
6. Myself and all authorized parties to my child will not be permitted to go past the designated drop-off/pick-up space and will have touch-less sign in and out made available to me. All authorized parties must have identification on them daily at sign-out.

Parent/Guardian Signature: _____ Date: ____/____/____.

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**FOR YOUTH DEVELOPMENT
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PARENT/GUARDIAN AGREEMENT & PARTICIPANT LIABILITY WAIVER

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ The information in the registration packet is complete and accurate. I have provided all necessary information to properly care for my child. I must notify the YMCA staff immediately of any changes on these forms. In addition, I understand that it is my responsibility to contact the YMCA if my child will be absent from program.
- ✓ It is my responsibility to arrange for my child to be picked up from program before closing. I understand the procedure which is set forth, and the consequences which will arise, in the event of my child not being picked up before 6:00PM; as stated in the Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport my child at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ Should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child if needed. This repellent will need to be aerosol to be disinfected and handled by staff, lotion will need to be self-applied by the child.
- ✓ The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed or reimbursed for such photographs.
- ✓ I have read the Handbook and shared the Code of Conduct with my child and agree to these policies and procedures.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents because of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ This agreement shall be governed by the laws of New York State.
- ✓ I, the undersigned, hereby hold harmless, waive and the GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 while the above child/children is/are in their care at the BASP site. I understand that my child is incurring a greater risk by participating in child care with other participants and staff but that all measures will be taken by staff and administration to minimize the risk.
- ✓ I acknowledge that my child will be given a daily health check upon arrival. I will not be permitted to leave until they have passed the daily health check which may include but is not limited to a temperature check, and ruling out of the following: abdominal pain, diarrhea or vomiting, rashes or changes in skin color, difficulty breathing, confusion or lethargy. I understand that if my child presents any of these symptoms, I may be refused admittance to the program until symptoms are no longer present without the help of medication for 72 hours.
- ✓ I acknowledge that the program may have to shut down for a period lasting no less than 48 hours for proper sanitation and cleaning measures. If in this instance, I will be fully refunded the days that program was closed.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF, AND AGREEMENT TO THE ABOVE:

Parent/Guardian Signature:	Date:
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Child's Name: _____
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Emergency Care

FOR YOUTH DEVELOPMENT
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Program Participant Information Form

CHILD AND FAMILY INFORMATION – PLEASE ONLY FILL OUT FIELDS THAT NEED TO BE UPDATED

Child's Name:	Date of Birth:	Age:	Grade in Fall:	Gender: Male Female
				Preferred Pronouns:
Street Address:	City, State, Zip:		School:	
Child's Nickname:	Child lives with:		Teacher's Name:	

Guardian Name / Relationship to Child:		Street Address: (If different than above)	City, State:	Zip:
Primary Number: () -	Secondary Number (if applicable): () -	Place of Work: Work Phone: () -	Birth Date: / /	
Email Address:				
Guardian Name / Relationship to Child:		Street Address: (If different than above)	City, State:	Zip:
Primary Number: () -	Secondary Number (if applicable): () -	Place of Work: Work Phone: () -	Birth Date: / /	
Email Address:				
Name of Individual Responsible for payment:		My child is a YMCA Member: Yes No Planning on joining soon!		

ALTERNATIVE CONTACT INFORMATION (INDIVIDUAL MUST BE 16 YEARS OR OLDER WITH PHOTO I.D.)

Name:	Home Phone: () -	Alternate Phone: () -	Relationship to child:	Emergency Contact?	Pick-up Authorization?
Name:	Home Phone: () -	Alternate Phone: () -	Relationship to child:	Emergency Contact?	Pick-up Authorization?
Name:	Home Phone: () -	Alternate Phone: () -	Relationship to child:	Emergency Contact?	Pick-up Authorization?
Name:	Home Phone: () -	Alternate Phone: () -	Relationship to child:	Emergency Contact?	Pick-up Authorization?

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GETTING TO KNOW YOUR CHILD

Special Talents:		
Hobbies/Interests:		
After School Activities/Clubs:		
Fears/Apprehensions:		
Ways to help your child handle transition:		
How does your child express anger/frustration?		
What techniques do you use if your child gets upset?		
Other friends in program:		
My child's swimming ability is:	My child is authorized to watch movies:	My child receives specialty services through the school: NO YES (please list here)
Beginner Intermediate Advanced	G PG	

HEALTH INFORMATION PLEASE BE SURE TO INCLUDE ALL OF YOUR CHILD'S VITAL MEDICAL INFORMATION IN THIS SECTION TO ENSURE PROPER AND QUALITY CARE OF YOUR CHILD

Asthma	Convulsions	Emotional/Psychological	Diabetes	Special Diet	Hearing
Epi Pen	Vision	Illness	Learning Disabilities	Injury	ADD/ADHD
Inhaler					Surgeries
Allergies: _____					
Special Diet Requirements: _____					
Currently taking prescribed medication? If yes, medication name & dosage: _____					
My child is currently covered by a hospitalization/medical care policy: YES NO					
Policy Holder's Name:		Name of Insurance Company:		Policy Holder's I.D. #:	
Physician's Name:	Phone: () -	City, State, Zip of Insurance Company:		Phone: () -	
Specialist's Name:	Phone: () -	Dentist's Name:	Phone: () -	Extra Notes:	

If your child has special health care needs notated above, you **must** complete the Office of Children and Family Services 7006 Form – available upon request

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Pricing Guide Member \$30/day Non-Member \$40/day	7:30am- 5:30pm	Ages: 5-12
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GLOW YMCA Care Calendar
 (Please write the anticipated times your child will be in care each day, write an X in days your child will not need care)

Monday	Tuesday	Wednesday	Thursday	Friday
June 8	June 9	June 10	June 11	June 12
June 15	June 16	June 17	June 18	June 19
June 22	June 23	June 24	June 25	June 26