

**Dumont  
Tri-County YMCA  
Afterschool Program  
2024-2025**



### Schools Available

Dumont Tri-County YMCA is currently offering after school care at the following elementary schools. If your child attends a school not on the list and you are interested in this program, please call the YMCA at 304-757-0016 or contact your school's principal.

Confidence	Connor Street	Eastbrook
Hurricane Town	Mountain View	Rock Branch
Scott Teays	West Teays	Winfield
George Washington	Buffalo Transported to George Washington	
Poca Transported to Rock Branch		

### Hours of Operation

Dumont Tri-County YMCA's Afterschool Program will operate from the end of the school day until 6:00PM, Monday through Friday. Additional care will be offered on certain scheduled school closing days. Please check the school calendar for the following days out.

### Vacation Days

We offer our Vacation Days Program on certain schedule school closing days throughout the school year. On these days, we will operate a full day program for families in need of childcare. We will be available at 7:00AM and will expect pick up to be no later than 6:00PM. The program will be conducted at the YMCA main facility or at Camp High-Tor and is available for students from K-8<sup>th</sup> grade or Pre-K students registered in our program. Your Afterschool Site Director will have available information for these days. For purposes of scheduling transportation and staff, registration and payment must be completed 24 hours prior to the Vacation Day. **Care for these days is not included in your Afterschool Program billing. The cost is \$35.00 per day for members and \$60.00 per day for non-members. Lunch and two snacks will be provided.**

Care will be provided on the following days:

September 20	December 23	February 17
October 11	December 27	February 28
November 5	December 30	March 3
November 11	January 17	March 31- April 4
November 25-27	January 20	

### SNOW DAYS

If bad weather causes school closings before schools begins, the Afterschool Program will be available at the YMCA from 7:30AM- 6:00PM. Parents can sign in at the front desk and make a payment. This program is available to K-8<sup>th</sup> grade students or Pre-K students registered in one of our afterschool programs or our Pre-K program. **The cost is \$35.00 per day for members and \$60.00 for non-members. Lunch and two snacks will be provided.**

If schools close while school is in session, children will be sent home. Parents or family members will be responsible for the pickup of their child (or children). The YMCA Afterschool Program will not be available.

#### **Early Out Days**

On days where there is a scheduled early dismissal, the Afterschool Program **WILL NOT** operate. There will be no charge for these days. Credit will be issued for any unscheduled early dismissal.

#### **Withdrawal Policy**

Parents wishing to cancel their Enrollment Agreement may do so with a written 2-week notice. You must fill out a cancellation form at the front desk or email the Family Services Director at [angel@tri-countyymca.org](mailto:angel@tri-countyymca.org)

#### **Staffing**

Dumont Tri-County YMCA's Afterschool Program provides youth a place to go after school where they are cared for by caring, trained staff. Our Afterschool Program strives to help children develop to their full potential, focusing on self-awareness, confidence, academic achievement, and physical skills.

All staff are CPR and First Aid certified, YMCA trained in age-appropriate activities and Child Abuse Prevention, background checked, and selected for their ability to work well with children.

Children will be adequately supervised with staff/child ratios maintained at all times. The ratio for school age children is one staff for every 16 youth. There must be at least 2 staff members present at all times.

#### **Babysitting Policy**

It is the policy of the Dumont Tri-County YMCA that YMCA staff will not initiate contact with or accept supervisory responsibilities with program or membership participant children they meet through their YMCA employment outside approved YMCA activities, including babysitting. Dumont Tri-County YMCA staff may not be alone with children they meet through YMCA program participation or membership facility usage outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes.

#### **Social Media Policy**

The YMCA's Child Abuse Prevention policy prohibits Dumont Tri-County YMCA staff from fraternizing with youth under the age of 18 who they **have met as a result of working at the YMCA**. This no contact policy extends to social media as well as other forms of communication, such as texting, instant messages and direct messaging. The YMCA does allow staff to contact minors regarding YMCA programs via e-mail or text for the purpose of sharing information about the programs. However, staff are prohibited from social media interactions with minors on all personal matters, including casual conversation or for reasons unrelated to their job responsibilities including but not limited to staff's personal Facebook, YouTube, Myspace, Twitter, Linked In, Snap Chat, Instagram, TikTok, blogs and wikis, etc. Staff with profiles on social

networking sites **may not** request to be friends with youth or **approve/accept** friend requests from youth.

### **Program Fees**

The YMCA provides programs that are not only safe and educational, but also affordable. We strive to ensure programs are available for all families no matter their income. The following rates are based on YMCA member and non-member status.

Enrollment fee:	\$40.00 per child
Member fee:	\$60.00 per week per child (Full-time status) \$14.75 per day per child (Part-time status)
Non-member fee:	\$120.00 per week per child (Full-time status) \$29.50 per day per child (Part-Time status)

A 10% discount will be given to families with 2 or more children enrolled **full-time** in the program. The first child will pay full price and all additional children will be discounted 10%. **(Discount is for members only)**

### **Payment Policies**

A registration fee and first billing cycle are due at the time of registration. A schedule is enclosed in the Parent Handbook. **Payments WILL be automatically deducted from a credit card or a checking account on a bi-weekly basis.** (See payment schedule for exact dates)

### **Late Payments**

Payments will be automatically charged to a credit card or checking account on a bi-weekly basis. If the payment does not go through, you will be contacted by the billing administrator or Family Services Director for new account information. A \$10.00 late fee will be assessed if payment is not received by the following Wednesday. Money not received by this time will result in automatic suspension to the Afterschool Program.

### **Late Pick-Up**

The Afterschool program ends each day at 6:00PM. A late fee of \$10.00, for each 15 minutes late, will be assessed. Payment is due at that time.

### **Financial Assistance**

Financial assistance is available for families who qualify. Contact the YMCA at 304-757-0016. Anyone interested in assistance should fill out all necessary paperwork before the child may attend. The YMCA guarantees that no child is turned away because of the inability to pay.

**In accordance with the Federal Law and US Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you require information about his program activity or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any**

**USDA office. If you require this information in alternative format (Braille, large print, audiotape, etc.) contact the USDA's office.**

**To file a complaint alleging discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC, 20250-9410, or call toll free (866) 632-9992 (voice). TDD users contact the USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.**

### **Records and Information Disclosure**

Dumont Tri-County YMCA maintains the confidentiality of all children and staff records and provides for the secure storage, maintenance, and disposition of records. Records will only be provided with a court order and a copying charge will be incurred for all copies.

### **Injuries**

Although staff plan safe activities, it is inevitable that injuries may occur. If your child is injured while participating at Afterschool, we will follow the appropriate measures to ensure their safety. Trained staff will care for the child until necessary help arrives. A parent will be notified immediately.

Trained staff will handle scrapes, bumps, and bruises, and notification will be made to the person picking up the child. An Accident Form will be filled out and a signature will be required from the individual picking up the child. Dumont Tri-County YMCA stresses safe practices in all areas of Afterschool.

### **Behavior Management Guidelines**

The following is the process staff will use when dealing with misbehavior. The goal of these guidelines is to improve behavior rather than to punish or demean any participant.

1. Warning- The child will be given verbal warning for inappropriate behavior. The staff shall point out specific behaviors to the youth. Some more serious and dangerous behaviors (such as pushing another child) will receive no warning; instead, the youth will immediately be given a timeout. (Documentation will occur)
2. Time Out- When a youth continues the inappropriate behavior, he/she will be removed from the group and asked to think of a more positive way to act. Time Outs will be long enough for the youth to think about the incident and come up with an answer to why it occurred and what they should do the next time a similar situation arises. If the youth is unable or unwilling to answer, then he/she will stay in Time Out until they are willing to speak about the incident. At this time, they may rejoin the group.
3. Documentation- Incident reports must be signed by the individual picking up the child. Please contact individuals who have permission to pick up your child to inquire if any such reports were presented in your absence.

4. Conferences- After 3-write ups or in the case of a serious behavior problem, the youth will be suspended until the youth, a parent, Site Director, and the Family Services Director meet to discuss the issue.
5. Removal from the Program- Once a conference has taken place, subsequent write-ups will result in the suspension and/or expulsion from the program. At the discretion of the Family Services Director, the youth may be removed from the program. There will be no refund of money paid. Fighting, being disrespectful to staff, and inappropriate language can result in immediate suspension and possible termination from the program, if deemed necessary.

### **Parent Visitation**

Parents are an intricate part of the YMCA Afterschool Program. We strive for a close relationship with the entire family. Parents are welcome to visit the Afterschool Program at any time to volunteer, or teach a specific skill to the participants.

We appreciate the time you are taking in reading this handbook. We will continue to update it as needed. **If you would be interested in participating on a Parent Advisory Committee, please contact the Family Services Director at 304-757-0016. We would love for those voices of parents to continue to be heard.**

### **NONDISCRIMINATION POLICY**

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Dumont Tri- County YMCA will not discriminate against any individual on the basis of disability. Dumont Tri- County YMCA will make every reasonable modification in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Dumont Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Dumont Tri- County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

### **REPORTING CHILD ABUSE/NEGLECT**

Although the YMCA supports everyone's choice of child discipline, everyone, including parents, are prohibited from administering physical punishment of any kind at a YMCA Afterschool Site. If a staff member observes or receives a report from a child or other person that a child has been violated in any

way at afterschool or elsewhere, it must be reported immediately so steps can be taken to protect the child. The procedure is as follows:

- A written incident report must be made to the Site Director and/or Family Services Director.
- A copy of the report must be sent the Executive Directory immediately.
- After a thorough investigation, the Family Services Director or the Executive Director will take appropriate action.

Dumont Tri-County YMCA is a “mandated reporter” which means we are required by law to report suspicions of abuse or neglect to Child Protective Services. Violation of this policy by YMCA employees will be considered grounds for immediate termination.

#### **Child Health, Illness, Exclusion Policy**

To ensure the health and safety of all children enrolled, Dumont Tri-County YMCA has established guidelines for short-term care and exclusion. Please be sure that we are aware of your child’s known medical conditions such as asthma, diabetes, allergies, etc. and any special treatment or procedures. Dumont Tri-County YMCA has an obligation to deny admission to or send home any child who exhibits one or more of the conditions listed below:

- An illness that prevents the child from participating comfortably in program activities.
- An illness that results in greater need for care than the staff can provide without risk to the health and safety of other children.
- The child has any of the following conditions:
  - \*Temperature of 100 degrees or greater
  - \*Colored discharge from the nose
  - \*Symptoms and signs of severe illness
  - \*Diarrhea
  - \*Vomiting
  - \*Mouth sores with drooling
  - \*Rash with fever or behavior change
  - \*Lice or other infestations
  - \*Conjunctivitis or pink eye
  - \*Impetigo

The parent, guardian or other person authorized by the parent will be notified immediately when a child has a symptom requiring exclusion from the program.

### **Medication Policy**

All medications are to be in their original, clearly labeled containers with the child's name and dosage requirements, physician's orders and signature, child-proof caps, and must be checked in and given to a staff member for safe storage. Two copies of our medication form must be obtained from staff, filled out completely by the parent and physician, signed and returned to staff. One copy will be placed in the child's permanent file, and one posted to remind staff to administer medication and to provide acknowledgement. No medications will be dispensed unless we have a signed medication form on file.

### **Emergency/Safety Procedures**

Dumont Tri-County YMCA is committed to the safety of every child in our care. We conduct monthly inspections of our Afterschool locations and report any problems to the school personnel. We also conduct monthly fire drills in compliance with the WV Department of Health and Human Resources and the WV State Fire Marshall's office. A copy of our Dumont Tri-County YMCA Emergency Procedures Manual for the Afterschool Program is available upon request.

### **Physical Altercation Policy**

Dumont Tri-County YMCA will follow Putnam County School policy regarding physical altercations while attending the afterschool program. We encourage any child who feels threatened to immediately tell a staff member.



## **Grievance Procedure**

### **Dumont Tri-County YMCA Afterschool Grievance Procedure Purpose:**

The purpose of this procedure is to ensure participants, responsible party(s) of participants, or employees can express concerns or make formal complaints without fear of retaliation of any kind.

### **Grievance Procedure:**

Participants, responsible party(s) of participants and/or employees must report any complaint within five (5) days of the occurrence, to the Family Services Director. The complaint or concern must be submitted in writing, including date of occurrence and signature of person submitting the concern or complaint.

The Family Services Director must respond in writing within an additional five (5) days.

If any parties involved are not satisfied with the outcome or resolution, then the complaint may be addressed by the Executive Director within an additional five (5) days.

In the event that one or more of the parties involved are not satisfied with the outcome or resolution after it has been addressed by the Family Services Director and the Executive Director, a conference will be scheduled with the Executive Director, Family Services Director, and individuals involved.

Dumont Tri-County YMCA  
PO Box 737  
200 Carl's Lane  
Scott Depot, WV 25560  
Phone: (304) 757-0016  
Fax: (304) 757-0017

July 27, 2024

Dear Parents,

The signature on this letter is to certify that you have been issued the 2024-2025 Afterschool Parent Handbook and are responsible for the information therein.

Should another approved person pick up this book, please understand that the parents or legal guardians are still responsible for the information contained in the handbook.

Thank You!

Angel D. Anderson  
Family Services Director

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (Print Please)

**After School Payment Schedule 2024-2025**

Due Date	Dates	Days	Member Amount		Non-Member Amount		\$10 Late Fee Added on
			Full-Time	Part-Time	Full-Time	Part-Time	
At Registration	8/22-8/30	7	\$84.00	\$14.75/day	\$168	\$29.50/day	
August 30	9/3-9/13	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>9/4</b>
September 13	9/16-9/27	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>9/18</b>
September 27	9/30-10/11	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>10/2</b>
October 11	10/14-10/25	10	\$120.00	\$14.75/day	\$240	\$29.50/day	<b>10/16</b>
October 25	10/28-11/8	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>10/30</b>
November 8	11/11-11/22	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>11/13</b>
November 22	11/25-12/6	5	\$60.00	\$14.75/day	\$120	\$29.50/day	<b>11/27</b>
December 6	12/9-12/20	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>12/11</b>
December 20	12/23-1/3	2	\$24.00	\$14.75/day	\$48.00	\$29.50/day	<b>12/26</b>
January 3	1/6-1/17	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>1/8</b>
January 17	1/20-1/31	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>1/22</b>
January 31	2/3-2/14	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>2/5</b>
February 14	2/17-2/28	8	\$96.00	\$14.75/day	\$192	\$29.50/day	<b>2/19</b>
February 28	3/3-3/14	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>3/5</b>
March 14	3/17-3/28	10	\$120.00	\$14.75/day	\$240	\$29.50/day	<b>3/19</b>
March 28	3/31-4/11	5	\$60.00	\$14.75/day	\$120.00	\$29.50/day	<b>4/2</b>
April 11	4/14-4/25	9	\$108.00	\$14.75/day	\$216	\$29.50/day	<b>4/16</b>
April 25	4/28-5/9	10	\$120.00	\$14.75/day	\$240	\$29.50/day	<b>4/30</b>
May 9	5/12-5/23	10	\$120.00	\$14.75/day	\$240	\$29.50/day	<b>5/14</b>
May 23*	5/26-6/2	5	\$60.00	\$14.75/day	\$20	\$29.50/day	<b>5/28</b>

\*Payment may increase if extra days are added to the end of the school year.

**YOU HAVE RESERVED A SPOT IN THE AFTERSCHOOL PROGRAM. YOU ARE RESPONSIBLE FOR PAYMENT OF THE DAYS RESERVED NOT THE DAYS ATTENDED. WE DO MAKE ALLOWANCES FOR SNOW DAYS.**

# Enrollment Agreement

2024-2025

Start Date:
Password:
Member or Non Member

This form must be completed and returned to the YMCA office with a \$40 enrollment fee plus the first billing cycle for your child to be enrolled in the program.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Ethnicity: \_\_\_ White/ Caucasian \_\_\_ Black/African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Mixed \_\_\_ Other

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

School Child Attends: \_\_\_\_\_ Afterschool Location: \_\_\_\_\_

1. I understand that I am enrolling \_\_\_\_\_ (child's name) for the current school year.

He or She will attend: \_\_\_\_\_ Full Time (Monday – Friday)

\_\_\_\_\_ Part Time (Please Circle)                    M T W TH F

Part-time enrollment is expected to be based on a set schedule of the same days each week.

Situations where parents have alternating work schedules will be individually evaluated before enrollment and parents must be able to **provide attendance schedules** at least **4 weeks in advance**. I understand that the failure to do so could result in my child being dropped from the program.

2. I understand that the program is open according to the official school calendar as set forth by the Board of Education of the Putnam County School System. I understand the program is therefore not in operation during vacations, inclement weather, and other closings. I also understand **if school closes early for any reason**, children will be sent home, and I must make arrangements in advance with the school for those situations.

3. **I understand the registration fee and first billing cycle of participation will be due at registration. Payment for each two-week period thereafter will be automatically deducted from a credit card or checking account on a bi-weekly basis.**

4. I understand in the event of any absences during program hours I will be responsible for **PAYMENT OF FEES** for the **TIME RESERVED** in the program, **NOT ACTUAL TIME** spent in the program.

5. I understand my child must be picked up by 6:00pm and in the event that I am late, a fee of \$10.00 per every 15 minutes past 6:00pm will be incurred. This late fee must be paid in full at the time of the occurrence.

6. I understand that I am responsible for updating my child's file information as changes occur.

7. The program staff will assume full responsibility for my child from the time he/she arrives at the program until they leave the program according to the instructions I have written on the departure form.
8. I understand if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, I understand staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand I will be responsible for payment of any fees as a result of this type of situation.
9. Property damage to YMCA equipment or the school will be the responsibility of the signed parent or guardian of the child.

### **Vacations/Illnesses**

Just as you assume that we will have the appropriate number of staff persons working each day that your child is here, we assume that you are committed to him or her being here. And, while we understand that there may be times throughout the school year that you take your child(ren) out of school for vacations and other family events, we must always be conscious of the need we have as childcare providers to staff our Afterschool Sites appropriately. To that end, it is expected that you will pay in full, and your child will attend each day that your child is registered. However, to assist you in handling the vacations, unplanned trips, emergencies, illnesses, etc., that may arise, we provide the following:

- Children will receive ten (10) days of vacation to be used as needed. Vacation days run each school year, do not carry over from year to year, and must be used in the school year they are given.
- Vacation days may not be used in lieu of payment during the final two weeks if you withdraw a child from the program.
- No credit will be given for unused vacation time- vacation time can only be used when children are scheduled to be at an Afterschool Site but are not present for some reason such as those outlined above.

**NONDISCRIMINATION POLICY**

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Dumont Tri- County YMCA will not discriminate against any individual on the basis of disability. Dumont Tri- County YMCA will make every reasonable modification in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Dumont Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Dumont Tri- County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual’s association with a person with a disability.

**I agree to adhere to all stated policies and procedures both here and as outlined in the Parent Information Handbook and give my permission for my child to participate fully in this program.**

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

Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**REPORTING CHILD ABUSE/NEGLECT**

Dumont Tri-County YMCA is a “mandated reporter” which means we are required by law to report suspicions of abuse or neglect to Child Protective Services or the authorities. Dumont Tri-County YMCA will fully cooperate with CPS and local authorities in any ongoing investigations.

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

Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_



If there is a separation or divorce custody problem, which the program staff should be aware of, please explain:

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Custody restraints/person(s) that may NOT pick up your child:

\_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_  
Name Relationship to Child

## RELEASE FORMS

\_\_\_\_\_  
Child's Name

### Media Release

**I DO/ I DO NOT** (circle one) give permission to have my child appear in any media coverage including photographs, audio or visual recordings or verbal statements approved by the Dumont Tri-County YMCA. This includes, but is not limited to, social media, website, program guidelines, or TV advertisements

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Date

### Travel Authorization

**I DO/DO NOT** (circle one) give permission to have my child leave the Afterschool Program to participate in special events or field trips. I understand that they may be transported in the YMCA bus, county school bus, and/or charter bus.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Date

### Swimming Permission? Yes or No (circle one)

In the event that our program is held or moved to the main facility, your child will have the opportunity to swim in our family pool.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Date



# Medication Authorization

If at any time during the year your child must be given medication during program hours, it must be packaged according to directions included in the Parent Handbook and a Medication Authorization form must be completed and given to the Site Director.

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Days: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Date

## Allergies

### Medication Allergies

### Describe reaction/management of reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Food Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Health Form

This form will be presented on admission for treatment

## INSURANCE INFORMATION

Is the participant covered by family medical/ hospital insurance? \_\_\_ YES \_\_\_ NO

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

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

Name of Insured \_\_\_\_\_ Relationship to child \_\_\_\_\_

SSN of policy holder or insurance ID Number \_\_\_\_\_

### Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the Familiar Services Director to order X-Rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the program director to secure and administer treatment, including hospitalization. This complete form may be photocopied for offsite trips. I agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Signature of Parent/Guardian: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Every effort will be made to notify parent/guardian immediately in case of emergency.

***\*If for religious reasons you cannot sign this, please contact the Family Services Director.***

Name of Family Physician: \_\_\_\_\_

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

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

In order to communicate with parents about events or closing, we will use social media and our Dumont Tri-County YMCA app. Please join our **Facebook Group**, Dumont Tri-County YMCA or download the app to stay up to date on all events or closings.

## SPECIAL NEEDS

Please indicate below if your child has been diagnosed with any of the following:

ADD    DD    Cerebral Palsy    Rhett Syndrome    Severe Allergy

ADHD    PDD    Bipolar Disorder    Down's Syndrome    Autism    ODD

Asthma    Asperger's    OCD    Fragile X    Tourette's    Other

Does your child have an IEP?    YES    NO

If yes, please submit a copy.

Does your child have a behavioral plan?    YES    NO

If yes, please submit copy

Does your child have a Section 504 Student Amendment Plan?    YES    NO

If yes, please submit copy

In order to provide consistency and inclusion, if your child has been diagnosed with any of the above disabilities and an IEP/BMP/504 is in place, Dumont Tri-County YMCA must be provided with a copy and be included in any related meetings (i.e. IEP Meetings) upon request.

If your child has been diagnosed with any of the above disabilities and an IEP/BMP/504 is **NOT** in place, a Special Needs form will be required before you can register.

**Any of the above items must be discussed with the Family Services Director prior to your child's attendance in the Afterschool Program.**

Please Note: Failure to disclose any medical conditions prior to your child's attendance at Dumont Tri-County YMCA's Afterschool Program may result in them being unable to attend the Afterschool Program.

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the Dumont Tri-County YMCA will not discriminate against any individual on the basis of disability. Dumont Tri-County YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modification would fundamentally alter the nature of its services or change the environment of the Afterschool Program for all participants. This form will not be considered valid unless the signature is witnessed or notarized.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY INFORMATION

## EMERGENCY CONTACTS

These should be local people who may be notified in case of an emergency or illness when the parent/guardian/custodian is unavailable. **Due to licensing requirements, we must have complete physical addresses. NO EXCEPTIONS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

## RELEASE OF CHILD

\_\_\_\_\_  
STAFF INITIALS

Please list persons with whom the child may leave the program with:

Name:

Relationship to Child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a child must leave the program with someone not listed here, you must provide written verification **IN PERSON** to the Site Director before the child will be released to the person.

Please list persons with whom the child may **NOT** leave the program with:

Name:

Relationship to Child:

\_\_\_\_\_

\_\_\_\_\_

## **Parent Statement of Understanding**

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

**I understand the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.**

**I understand I am not to leave my young child (ages 4-13) at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.**

**I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.**

**I understand my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.**

**I understand should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they must make this judgement call.**

**I understand I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**

**I understand the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

Note: It may be appropriate for the YMCA to insert fees or other policy statements that need additional emphasis at this point.

**I have received a copy of the YMCA Afterschool Program Handbook and Parent Policies and Procedures and will keep it for future reference.**

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Parent/Guardian Signature

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Date