

# YCHILD CARE™

We build strong kids, strong families, strong communities.

## ***YMCA of DeKalb County Childcare Registration Packet 2010***



***North Street Branch***  
*533 North Street*  
*Auburn, Indiana 46706*  
*(260) 927-9622*

**YMCA of DeKalb County Mission: *“To put Christian principles into practice building healthy spirit, mind and body for all.”***



**Child's Records Worksheet**

Please use this form to make sure that your child's enrollment paperwork is complete. Any paperwork turned in that is not complete will be returned and your child will not be registered for the program until it is complete. Thank you in advance for your cooperation.

	<b>Parent Initials</b>	<b>YMCA Staff</b>	<b>Childcare Director</b>
<b>Date Enrolled</b>			
<b>Child's Name</b>			
<b>Birth Date / Copy of Birth Certificate</b>			
<b>Parent Information</b>			
<b>Place of Employment</b>			
<b>Work phone #</b>			
<b>Cell phone #</b>			
<b>E-mail Address</b>			
<b>Emergency Notification</b>			
<b>Pick-up Authorization</b>			
<b>Name of Family Physician</b>			
<b>Phone #</b>			
<b>Name of Dentist</b>			
<b>Phone #</b>			
<b>Permission to Treat</b>			
<b>Parent or Guardian Permission</b>			
<b>Participant Waiver</b>			
<b>Supplemental Insurance Form</b>			
<b>Getting Acquainted Form</b>			
<b>Physical Form Completed by Doctor</b>			
<b>Copy of Current Immunization Records</b>			
<b>Permission to Medicate</b>			
<b>Intake Agreement</b>			
<b>2 Family Photos</b>			
<b>Parent Handbook Signature Page</b>			
<b>YMCA Membership</b>			
<b>Free or Reduced Meal Application</b>			
<b>Method of Payment</b>			
<b>Registration Fee</b>			
<b>First Weeks Tuition</b>			

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**CHILD'S INFORMATION**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age on first day of program \_\_\_\_\_ Start Date \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1. Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent's Marital Status:  Married       Separated       Divorced       Mother remarried       Father remarried

Please state custody arrangements and provide necessary documentation:

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

**Primary Person to Notify in Case of Emergency:**

Name \_\_\_\_\_ Phone (during program hours) \_\_\_\_\_

**YOUTH PICK-UP INFORMATION:** I authorize only the people named below to pick up my child and to be additional contacts in case of an emergency and for medical authorization. (All information needs to be filled out completely, or the person will not be allowed to pick up your child. Persons listed must be at least 18 years of age.

Name	Address	Work Phone	Other Phone	Relationship
1.				
2.				
3.				
4.				

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**Child's Name** \_\_\_\_\_ **Birth date** \_\_\_ / \_\_\_ / \_\_\_ **Race** \_\_\_\_\_ **Sex** \_\_\_\_\_

**DISEASES**

**ALLERGIES**

German Measles	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Food	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Poison Ivy, etc.	<input type="checkbox"/>	Other	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	Insect Stings	<input type="checkbox"/>		_____

Other afflictions or details of above: \_\_\_\_\_

Current medications (prescription or OTC): \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Disability due to chronic or recurring illness: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

Special needs (health, physical, psychological, or educational) for Childcare Staff awareness: \_\_\_\_\_

Swimming ability (circle one)      Non-swimmer              Beginner              Intermediate              Advanced

YMCA swim lessons at what level? (If applicable) \_\_\_\_\_

**PERMISSION TO TREAT:** I hereby give permission to the medical personnel selected by the YMCA of DeKalb County Director for routine health care, to order X-rays, routine tests and treatment for me or my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of DeKalb County Director to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for me or my child as named above.

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

**PARENT OR GUARDIAN PERMISSION**

My signature below indicates that I have the legal authority to sign-up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate.

I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s) as contained in the parent handbook and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of his or her space in the program.

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

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**Participant Waiver**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County. THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE INDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name \_\_\_\_\_

Date \_\_\_\_\_

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**Supplemental Insurance Form**

**(Covered in annual registration fee and required for participation in program)**

**Parent / Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Children Enrolled:**

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Birthday</b>

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**Getting Acquainted With Your Child**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name child is called at home: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Favorite play materials: \_\_\_\_\_

Special interests: \_\_\_\_\_

Pets and names: \_\_\_\_\_

Play opportunities with other children his / her age: \_\_\_\_\_

**EATING:**

Does your child like to eat? \_\_\_\_\_ Does your child feed his / her self? \_\_\_\_\_

Are there any food dislikes? \_\_\_\_\_

Are there any food allergies? \_\_\_\_\_

Favorite foods are \_\_\_\_\_

Is your child on all table food? \_\_\_\_\_

Type of milk your child is on? \_\_\_\_\_

Does your child use a bottle? \_\_\_\_\_ Time of Day \_\_\_\_\_

**SLEEPING:**

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have a special item during nap? \_\_\_\_\_

What is your child's routine in preparation for rest? (story, rock, song, laid down etc.) \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ Frequency? \_\_\_\_\_

**BOWEL / BLADDER:**

Does your child wear diapers? \_\_\_\_\_ Frequency of change? \_\_\_\_\_

Being potty trained? \_\_\_\_\_ Potty trained? \_\_\_\_\_

**FEARS:**

Does your child have any fears? \_\_\_\_\_

What brings your child comfort? \_\_\_\_\_

**HEALTH:**

Does your child take medication regularly? \_\_\_\_\_

Health problems or special needs? \_\_\_\_\_

Other information that we should know? \_\_\_\_\_

**FAMILY BACKGROUND:**

What cultural / religious family traditions / holidays would you like us to be aware of? \_\_\_\_\_

How can we support your child's cultural background? \_\_\_\_\_

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### Intake Agreement for Childcare

I wish to enroll \_\_\_\_\_ as part of the YMCA of DeKalb Childcare program and will attend the program at the \_\_\_\_\_ branch.

1. I understand that a physical examination and necessary immunizations are required for enrollment. **These must be completed using the forms attached and signed by a physician prior to my child attending the program.** I will be required to have these forms updated on an annual basis as long as my child is attending any of the YMCA of DeKalb County Childcare programs.
2. I agree to the following policies:
  - a. A non-refundable registration fee of \$30.00 per child will be paid at time of enrollment and annually each August at time of re-enrollment for the school year. (fee amount subject to change at the discretion of the YMCA of DeKalb County)
  - b. The tuition for my child(ren)'s care will be \_\_\_\_\_ per week.
  - c. Parent's whose tuition is subsidized by a third party must provide the required verification at the time of enrollment or pay full tuition.
  - d. At the time of enrollment, the first week's tuition will be paid in full.
  - e. Tuition payments are due the Thursday prior to the week of service at the close of business. Payments not received on time will be charged an additional \$10.00 late fee per child.
  - f. If tuition is more than a week delinquent, my child will not be allowed to attend the YMCA until tuition is current. At the end of two weeks, if my tuition is not current, my child's place will be given to someone else.
  - g. Automatic billing to credit cards is available using my Visa, Master Card or Discover Card accounts. In order to do this, I must have a childcare credit card authorization form on file with my signature giving the YMCA authorization to automatically charge my account. Credit Cards will be run every Thursday prior to the week of service. There will be a \$25.00 processing fee charged if the account is attached to a checking or savings account and is returned for any reason. I must complete a credit card authorization form on file available at any of the YMCA Member Service Desks.
  - h. I understand that if I have a returned bank draft or check due to non-sufficient funds that I will be charged a \$25 fee for each occurrence that the check is returned from the bank.
  - i. There will be no reduction in tuition for holidays. If the YMCA is closed due to inclement weather or any other emergency, the tuition will be pro-rated for that week.
  - j. The YMCA may close on other days of low enrollment with plenty of notice. If the facility should close due to low enrollment and no care is offered then tuition will be prorated for the week.

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- k. Parents are responsible for any tuition fees that are not covered by a third party. Families receiving third party subsidy are required to maintain a minimum number of attendance hours each week. Families who fail to meet these requirements will be subject to paying the full amount of their tuition including late fees.
  - l. A late fee of \$1.00 per minute / per child will be charged to parents arriving after 6:05pm on the YMCA clock. Late fee must be paid that day to the YMCA Member Service Desk. I understand that a call will be made to Child Protective Services if after one hour my child is not picked up and there is no communication from me and no one can be contacted on my child's emergency form to pick up my child.
  - m. If collection of tuition becomes necessary, parents are liable for the delinquent tuition, any late fees assessed, interest of 10%, collection costs, court costs, and reasonable attorney fees.
3. I will make arrangements with a responsible person listed as part of my pick-up authorization list and inform the YMCA when I am unable to pick-up my child.
  4. My child or children will arrive at the YMCA at approximately \_\_\_\_\_ am until \_\_\_\_\_pm Monday – Friday. I will sign my child in and out each day and inform the classroom teacher when my child arrives and leaves.
  5. **I will give at least two weeks' written notice when my child is to be withdrawn from the program or I will be responsible for 2 weeks tuition.**
  6. I will inform the YMCA in writing of any change of address or place of employment so that I may be contacted when necessary.
  7. I will notify the YMCA if my child is to be absent for any reason.
  8. I will notify the YMCA if my child has been ill or exposed to a contagious disease. I understand that my child cannot attend if he/she has a fever, rash, or any other conditions that prevents him/her from participating in daily activities.
  9. I understand that I will be notified if my child becomes ill or has an accident while at the YMCA. I will make arrangements for my child to be picked up within an hour when my child becomes ill. If my child has an accident, immediate first aid will be given but further treatment will be the responsibility of the parent.
  10. I will be notified of any significant occurrences or problems, which affect my child, including exposure to a communicable disease, head lice, etc. from children or YMCA staff.
  11. Supplemental insurance is required as part of my child(ren)'s annual registration fee. (fee subject to change at the discretion of the YMCA of DeKalb County)
  12. I understand that giving medication or making changes in the infant menu or feeding plans outside the state guidelines will be done only on written order from my child's doctor.
  13. The YMCA's discipline policy has been explained to me. Any discipline action taken will be reported to me and noted in my child's record.
  14. I understand that there will be at least two scheduled conferences annually with my child's teacher, and that I may request a conference at any time.
  15. I understand that parent involvement and visitation is encouraged.
  16. I understand that if my child cannot adjust to the program because of social, physical or emotional problems, after a reasonable trial period I will find other care for my child.

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17. **I understand that I or any adult that I authorize to drop off or pick up my child(ren) is expected to behave appropriately. I understand that verbal or physical abuse toward any adult or child while on YMCA property is not permitted and could cause my child(ren) to be excluded from this program.**
18. I understand that if a staff person is concerned about the safety of my child at pick-up time because an authorized adult or I seem disoriented or displays impaired judgment, that staff person has the right to call an emergency contact. If attempts to keep the child safe from the disoriented authorized adult are unsuccessful, the Police Department will be contacted.
19. Permission is granted for my child to be photographed / videotaped in connection with promoting the YMCA and/ or quality childcare issues through the news media and various marketing and communication materials for public use.
20. Permission is granted for my child to be involved in recreational swimming 1-2 times per week. I understand that children under one year of age will not swim. Children over 1 year of age up to age 5 will be allowed to swim only with an approved U.S. Coast Guard Life Jacket including a leg strap that I provide and is appropriate for their weight and size.
21. I have received a copy of the Parent Intake Agreement, and Parent Handbook.

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Parent Signature

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Date

---

YMCA Staff

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Date

\

*Continued on next page*

## Parent Handbook

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

Starting Date: \_\_\_\_\_

### YMCA Procedures

YMCA of DeKalb Childcares are open Monday through Friday, 6:00am-6:00pm. We are closed on all the major holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Day After Thanksgiving, Christmas Eve, Christmas Day. The YMCA may be closed on other days of low enrollment (i.e. Kid's Day at the DeKalb County Fair) If the YMCA should close due to low enrollment on specific days other than the days listed above and no care is offered only then will tuition will be prorated for the week.

### Scheduling

We must have an emergency telephone number for parents while their children are in our care. Whenever parents are not at work, they need to notify us of an emergency number where they can be reached, and at least one alternate emergency number. If a staff member is concerned about the safety of a child because a parent or an authorized adult seems disoriented or displays impaired judgment at the time of pick-up, the staff person has the right to call an emergency contact.

### Arrival and Departure

Parents must sign their child in and out on the daily sign in/out sheet in the child's classroom.

Children will only be released to their own parents, or someone 18 years or older, authorized in writing by the parent. No over the phone authorizations will be accepted at any time. Only parents and other authorized persons listed on the enrollment form will be allowed to pick-up a child. Be prepared to show identification at all times. Teachers are required to check identification until they know a parent or guardian by first and last name and the child that they are there to pick-up.

### Personal Belongings

Parents will need to provide unopened diapers and wipes labeled with your child's name as needed if not potty trained.

Parents are asked to bring **three(3)** complete changes of clothing for children not toilet trained and **two(2)** complete changes of appropriated play clothing for all other students. Children go outside everyday when the temperature is above 25 degrees, including the wind chill factor. Be sure to include hats, boots, mittens, etc. on colder days. All clothing should be visibly marked with the child's name. Soiled clothing will be put in a plastic bag and placed in the child's cubby. Parents are asked to pick up these bags at the end of each day.

Children are asked to bring a small blanket/cover, and small pillow to use at naptime and a child may bring a special comfort item, (i.e. stuffed animal). These must all fit into the child's cubby. **Parents are responsible for taking all bedding home on Fridays to be laundered.** The YMCA will not be providing this service to parents. We ask that all other toys or personal items be left at home to eliminate lost or broken toys.

Children who will be participating in recreational swimming need to have an approved U.S. Coast Guard life jacket or vest appropriate for their size and age that includes a leg strap. **Students will not be allowed to participate in recreational swimming without an appropriate life jacket or vest.** We ask that you provide a zippered laundry bag with your child's name on it big enough to hold your child's swimsuit and towel. We will be happy to launder these items on a weekly basis.

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Because we have a limited amount of space, all strollers, diaper bags, car seats etc., need to be taken with you and **not** left in the YMCA.

The childcare will provide most learning materials however, children in the preschool classrooms are asked to bring in each August, 1 school box, 1 box of crayons, 8 pack of markers, 2 water color sets, 3 glue sticks, 1 back pack, 2 pocket folders, 1 box family size Kleenex, 1 pair of blunt tip scissors, and a zippered laundry bag big enough to hold a towel and swimsuit, and backpack big enough to hold everything.

Please provide a family picture for your child's file and for your child's teacher. This can be as simple as a family picture taken at home. It does not need to be a professional photo.

### **Food / Nutrition**

The YMCA Childcare will provide breakfast until 7:30am for all participants. The YMCA will provide a morning snack, lunch and an afternoon snack for all participants.

Children requiring special diets (i.e. allergies, food sensitivities, supplements, or other changes outside state guidelines) need a note from their physician. Special considerations are made for religious reasons. This too requires documentation, from a religious leader. Parents are requested to provide special foods.

Any treats brought in for special holidays or occasions must be commercially packaged, **not** home-made.

### **Illness and Medication**

In order to keep all of our children as healthy as possible, we ask that you **do not send your child to school** if he/she has any of the following symptoms. Please have back up care available until your child is free from any of the following conditions for at least 24 hours or has been seen by a physician and is not contagious or has been treated with an antibiotic for at least 24 hours. Children may not attend the YMCA when they have a communicable disease or when unable to participate in the activities at school. If the child becomes ill while attending the YMCA, he/she will be isolated from the other children, supervised, and the parent will be called. Parents are asked to pick up their child within one hour. Parents need to have alternative childcare arrangements for ill children.

- Fever of 100 degrees F. or more
- Vomiting or diarrhea
- An uncontrolled cough
- An undiagnosed rash
- Pinkeye
- Lice and / or nits
- If the child is obviously ill – whether a fever is present or not.

Should your child's teacher become ill for an extended period the director will replace that staff until the teacher returns or until other arrangements can be made. Parents will be notified of any staff or child with a contagious condition by posting a sign on each classroom sign / out sheet and by posting it in the YMCA.

All medications will be kept in a locked box in the YMCA director's office or a marked container in the refrigerator. Parents must have a completed record of medication order on file with the YMCA director signed by the child's physician. **ONLY** the medication and dosage indicated on this form will be administered. All over the counter medication must be new and unopened and will be labeled with the child's name. Any child needing medication will need for their parent to sign the medication log located at the Member Service Desk and medication given to the staff so that it may be locked up. Please place an "I need medicine sticker" on the child's back before dropping off to their classroom.

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### **Behavior Management**

The YMCA childcare uses a positive disciplinary approach with children. Caregivers communicate to children using positive statements, encourage children, with adult support, to use their own words and solutions to resolve conflicts, and communicate with children at eye level and talking to them in a calm manner about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record. Our system of disciplinary action is 1) verbal & nonverbal warnings, 2) redirection, 3) be by myself time, 4) talk w/ director, 5) parent conference.

Any person, while on YMCA childcare premises, shall not engage in or direct any of the following actions toward children: 1) inflict corporal punishment in any manner upon a child's body, 2) hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort, 3) cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment, 4) placement in a locked or dark room and/or, 5) public or private humiliation, yelling, or abusive or profane language.

Our caregivers shall not: 1) associate disciplinary action or rewards with rest, food, or use food as a reward, 2) associate disciplinary action or humiliate a child in regard to toileting, 3) use time out for any child less than three years of age, 4) use time out for any purpose other than to enable the child to regain control, 5) physically restrain children except when it is necessary to ensure their own safety and/or 6) use punishment to correct unacceptable behavior

### **Health and Safety**

All parents, children and staff upon entering the childcare facility are asked to please wash hands with soap and water or use hand sanitizer. This will help to cut down on the spread of germs to keep our kids and staff healthy.

Should any type of an emergency occur at your child's childcare facility that would require the children to be evacuated from there for their safety; every effort will be made to contact you or another emergency contact on your enrollment forms and your child will be safely transported to or moved to another YMCA location.

Threatening weather emergency drills will be conducted. The children's teacher will escort them to the women's locker room for these or any other inclement weather condition that would require the children to seek safety.

Your child's file must be complete with all required forms and updated regularly to assure the health and safety of your child.

### **Notice Concerning Fire Safety Protection**

Fire Drills will be conducted once a month by pushing the fire drill button on the fire panel or by another means of notification by the Childcare Director or another staff person trained to conduct the drill. Teachers will take their children, their sign in/out sheet and emergency contact information with them during each fire drill. Teachers will walk out with children to the designated safe place for their facility until they hear the recall signal, which is a blown whistle. Should an emergency occur at your child's childcare facility that would prohibit the children from remaining due to their safety; every effort will be made to contact you or another emergency contact on your enrollment forms and your child will be safely transported to or moved to another location.

Under Indiana law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The reason you have been given this notice is to inform you that the Garrett Community YMCA, Childcare does not have any fire warning system, such as smoke detectors or fire alarms. The building is however equipped with a sprinkler system throughout the building.

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### **Special Needs Policy**

The YMCA of DeKalb County will work with families to make adaptations to the activities and childcare program for children with special needs. Our childcare program will also assist in working and communicating with outside people who may be involved in planning for the child's education. We will also assist with finding and providing resources for those who are not aware of them in our area.

### **Recreational Swimming**

I understand and give my permission for my child to participate in the swimming time provided by the YMCA. I understand that the YMCA will have a certified lifeguard on duty for these swimming experiences.

### **Field Trip and Transportation**

Currently our childcare participants do not go on any field trips and are not transported off site.

### **Special Events, Guests and Programs**

On occasion the YMCA will provide special entertainment to the students in the facility or special events for families. A nominal fee will be charged for these activities and parents will be informed well in advance of the event. Only the students who are in attendance the day of the event will be charged this fee.

### **Photo Release**

I/We understand that in the event that our child is photographed, audio or videotaped for the purposes of promoting and publicizing the YMCA of DeKalb County, we hereby waive all rights to the photographs, audio and videotapes in which the youth appears. We understand that sole ownership and copyrights belong to the YMCA of DeKalb County. The photograph, audio or video tape may be used whole, in part, or in composite as the program sees fit in publication of education material, and the advertising thereof, and for any other lawful purpose.

### **Parents Notice**

I understand that this childcare ministry is not licensed under the laws of Indiana. However, I understand this childcare ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the childcare ministry. This notice does not absolve the childcare ministry from liability for injury to a child while the child is at the ministry if the cause of the injury is negligence of intentional wrongdoing on the part of the ministry or an employee of the ministry.

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**Parent Signature**

I have read and understand the guidelines set up by the YMCA of DeKalb County in this Parent Handbook and agree to abide by their guidelines.

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Parent / Legal Guardian Signature

Date

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Parent / Legal Guardian Signature

Date

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YMCA Staff Representative

Date

\*\*Parents or Legal Guardian are required to inform the YMCA of DeKalb County of any and all changes regarding their child.

\*\*All information pertaining to admission, health, family, or discharge of a child is kept confidential between the parents or legal guardian, and the staff at the YMCA of DeKalb County.

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