



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUT OF SCHOOL CARE & ELEARNING ASSISTANCE

Crossroads YMCA for grades K-6th

PROGRAM INFORMATION

Our program is available Monday through Friday

- **Before Out of School Care:** Free time, activity, craft, games
 - **Before.....6-8:00am**
 - Includes before care & bus transportation from Hammond and Whiting YMCA to Griffith YMCA-Ready site. Southlake YMCA has before care and will stay onsite for Core-Out of School program.
- **Core-Out of School Care:** 8:00am-4:00pm at one of two sites (Griffith YMCA-Ready site, 5 days; Southlake YMCA, 3 day hybrid schedule)
 - Time during the day for:
 - ELearning/school work assistance
 - Physical Activities, Crafts, Outdoors
 - Lunch/Snacks
- **After Out of School Care:** Free time, activity, craft, games, homework
 - **After.....4- 6:30pm**
 - At location student completed Core-Out of School Care (Griffith or Southlake)

PROGRAM FEES

Parents/guardians will need to pay at the Welcome Center, in advance, for Childcare Services. Registration must be completed by Wednesday, the week before you need care. Please note that your child **will not** be added to the roster if you have not paid in advance.

- **Pricing is as follows per child:**
 - Before-Out of School Care \$25/week (at Griffith, Hammond, Whiting YMCAs) or Before-Out of School Care \$15/week (Southlake YMCA)
 - Griffith YMCA only: Core-Out of School Care Program (5 day option): \$125 members; \$165 guests per week
 - Southlake YMCA only: Core-Out of School Care Program (3 day option): \$90 members; \$130 guests per week
 - After-Out of School Care where student completed Core-Out of School program \$25/week (Griffith YMCA)
After-Out of School Care where student completed Core-Out of School program \$15/week (Southlake YMCA)

***Late pick up will incur a charge of \$1 per minute after 6:30pm**

PAYMENTS

Payments must be made by the Wednesday, the week before you need care. If you pay for a week and your child does not come, there will be **NO credits/refunds given**. If you do not register your child in advance you will be subject to a **late processing fee of \$10**. Payments can be made in person or by calling:

Payments can be made at:
Griffith YMCA (219 750 1082)
Hammond YMCA (219 845 1507)
Southlake YMCA (219 663 5810)
Whiting YMCA (219 370 5091)

PROGRAM POLICIES

ACCIDENT/INJURY

Any injury a child receives while in the care of Y staff will be documented in writing and followed by a contact to the parent/guardian in regards to incident.

BEHAVIORAL MANAGEMENT

Our staff will set limits for your child that will encourage responsibility, respect, honesty and caring. We believe that all children are capable of listening, following directions and respecting others. The rules we set and disciplinary measures that we take are for the maintenance of safe order in groups. The following list is a brief statement of our discipline policy:

- 1) No child shall be insulted, belittled, demeaned or embarrassed. When possible, children will be called from the group and spoken to quietly and directly.
- 2) No child shall be physically disciplined by staff. However, a child may be restrained (if needed) for safety purposes.
- 3) Exclusion from participation (Time Out), when used as discipline, shall not exceed ten minutes at any time. Punishments will fit the inappropriate behavior.

BEHAVIORAL WRITE-UPS:

The following offenses will result in an immediate behavioral write-up from the YMCA include but are not limited to:

1. General unwillingness to obey staff or staff requests.
2. Any violent behavior with the intent to harm another staff member or child.
3. Intentional spreading of bodily fluid.
4. Biting
5. Offensive/Inappropriate Language

Upon receiving a behavior write-up, parents will be notified and may be required to pick up their child immediately. After receiving three behavioral write-ups in a program year, the child will be suspended from the program for 3 days. Any behavioral write-up received upon returning from a suspension may result in removal from the program.

CHILD ABUSE

The YMCA takes the importance of the protection and safety of the children involved in its programs very seriously. Child abuse is a special concern of the Y, because of the organizations role in promoting the personal growth and development of children and families. The YMCA will document any incident of abuse in writing and report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved. The YMCA will not release a child to a parent or any authorized person who appears to be under the influence of drugs or alcohol.

ELECTRONICS POLICY

Parents who wish that their child use a personally owned digital device within Crossroads YMCA Branches and remote sites must read and sign this agreement and submit it to the YMCA with registration paperwork. The student takes full responsibility for his or her device and to keep their device safe at all times. The YMCA is not responsible for the security of the device. The student is responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device at the YMCA. Violations of any YMCA policies or procedures involving a student's personally owned digital device may result in the loss of privilege to use the device in the YMCA and may result in disciplinary action. Full policy and agreement is attached to this registration paperwork.

HOURS

Childcare services are available Before-Out of School Care from 6-8:00am (as signed up for), Core-Out of School program 8:00am-4:00pm and After-Out of School Care 4-6:30pm (as signed up for). **There is an additional fee of \$1 for every minute a child is present past 6:30pm.**

ILLNESS POLICY

Children are not authorized to attend Y programming if they have an illness or other contagious symptoms. Once given authorization from a supervisor, staff will have the right to request a doctor's note before a child may return to the Y. Please notify staff immediately if your child displays any symptoms of any communicable diseases or contagious conditions. In order for your child to be allowed to return to the program after being ill, your child must be fever/symptom free for at least 72 hours without medication.

MEDICATION POLICY

The only medications we are authorized to distribute are inhalers and epi-pens with proper documents.

OUTSTANDING BALANCES

All outstanding balances **must** be paid before any childcare services will be provided.

PERSONAL BELONGINGS

Please leave all toys and any other valuables at home. We will follow a schedule of structured activities each day and will not allow children to play with items from home during this time. Anything brought to the Y from home must remain inside your child's back pack. The Y and its staff will not hold or take responsibility for a child's money. The Y and its staff will not be held responsible for any items brought from home that are lost, stolen or broken.

RATIOS

The ratio of staff to children for YMCA childcare programming is 1 staff member to every 15 children. To ensure the safety and proper supervision of all children in our care, children who frequently display behaviors that require staff to deviate from these ratios may be required to be accompanied by a caregiver to remain in the program. While we strive to provide what every child needs to succeed in-group care, we do not have the resources to implement or sustain a plan for managing all behaviors. It is a disservice to maintain a child in our program if we cannot meet the child's individual needs, while maintaining a safe and productive environment for children and staff.

SIGN IN / SIGN OUT

We require that an adult over the age of 18 to accompany each child to the drop off/pick up. Upon pick up parents and any other specified adults on each child's pick up list will be required to show a photo I.D. Anyone who is not listed on your child's pick up list or fails to produce proper identification will not be allowed to leave the building with your child.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUT OF SCHOOL CARE & ELEARNING ASSISTANCE

Crossroads YMCA for grades K-6th

INFORMATION RECORD

Please complete and return on or before the day attending

Child's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Email: _____

Parent / Guardian Name: _____ Occupation: _____

Where Employed: _____ Business Phone# _____

Parent / Guardian Name: _____ Occupation: _____

Where Employed: _____ Business Phone# _____

Does your child have any allergies, physical conditions, or special behaviors we should know about?

Please list: _____

Are there any special circumstances that we need to know about to better serve your child? Please list:

Child lives with: both mother father other _____

DROP-OFF AND PICK-UP LIST RELEASE & EMERGENCY CONTACTS

- Sign child in and out upon drop off and pick up.
- Please supply in writing names of persons who may pick up your child.

Authorized to pick up my child/Emergency Contact	Relationship to Child	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DENIAL OF PICK-UP

I hereby acknowledge that the Crossroads YMCA will assume that either parent of the child may pick up the child at any time during the program, unless there is **pertinent court documentation on file at the Y** that indicates otherwise.

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

PHOTO RELEASE

We understand in any event that the youth is photographed for purposes of promoting and publicizing the Crossroads YMCA program, we hereby waive all rights to the photographs in which the child appears. We understand that sole ownership and copyright belong to the Crossroads YMCA. The photographs, may be used whole, in part, or in composite as a program sees fit in publication of education material, and the advertising thereof, and any other lawful purpose.

Signature _____ Date _____

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. Please keep and refer to your copy of the Crossroads YMCA childcare policies. Your signature below indicates that you have received them.

- I understand that the Y staff and volunteers are not allowed to babysit or transport children at any time outside of the Y program. Immediate disciplinary action will be taken by the YMCA toward staff if a violation is discovered.
- I understand that I am not to leave my child in any Y program unless a Y staff is there to supervise my child.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick-up my child must either be listed with the Y or other arrangements must be made by calling the Y office to inform them of a change.
- I understand that should a parent or any unauthorized person arrive to pick up my child who appears to be under the influence of drugs or alcohol my child will not be released into their care.
- I understand that the Y is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that any belongings brought to the Y by my child are the responsibility of my child only. The Y and its staff will not replace or take responsibility for any lost or broken items.
- I release The Crossroads YMCA from any liability, whatsoever, that may result from injuries and subsequent medical attention and will look to The Crossroads YMCA only in the unlikely event of gross negligence and/or willful and want on misconduct. I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges.
- **I understand that I must pay all tuition fees/outstanding balances before any services will be provided.**
- Rates and policies are subject to change. All childcare payments are non-refundable.

We do our best to serve every family; however, if a child causes our staff to frequently deviate from our ratio, you may have to send your child with a caregiver. We are unable to accommodate any child that may require one-on-one supervision.

I have read and understand this copy of the Crossroads YMCA childcare policies/procedures and Parent Statement of Understanding.

Signature: _____ Date: _____

ANY INFORMATION YOU CHOOSE TO DISCLOSE IS CONFIDENTIAL.

While in program, are there any health conditions that you would like us to be aware of?

No Yes, _____

While in program, are there allergies that we should be aware of?

No Yes, _____

Allergic reaction (describe): _____

Are there activities that your child should be exempt from due to health reasons?

No Yes, _____

Please describe your child's interactions with children of the same age:

How would you describe your child's personality?

Does your child have any fears that we should be aware of?

Is there any other information that you would like to share so that we may better understand and work with your child?

No Yes, _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ELECTRONIC USE POLICY FOR CROSSROADS YMCA

Parents who wish that their child use a personally owned digital device within Crossroads YMCA branches and remote sites must read and sign this agreement and submit it to the YMCA with registration paperwork.

The student takes full responsibility for his or her device and to keep their device safe at all times. The YMCA is not responsible for the security of the device. The student is responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device at the YMCA. Violations of any YMCA policies or procedures involving a student’s personally owned digital device may result in the loss of privilege to use the device in the YMCA and may result in disciplinary action. The student must comply with a staff member’s request to stop using, shut down, or close the screen of the personal device when asked. Students are not permitted to use any electronic device to record audio or video media or capture still images of any student or staff member without their permission. The distribution of any such unauthorized media may result in discipline including but not limited to suspension, criminal charges, and expulsion. Nor can any images or audio/video recorded at the YMCA be transmitted or posted at any time without the express permission of a staff member. The student should only use their device to access information for educational purposes. The student will use the YMCA’s wireless network while on the school campus. Student personally owned digital devices and content including messages and digital photos, may be searched by the staff of the YMCA under limited circumstances. Specifically, staff may search student personally owned devices including accessing and reading of their messages and digital images, if the staff (1) have reasonable suspicion, based on objective and articulable facts, that the search will provide evidence that the particular student was violating either the law or a YMCA rule; and (2) the scope of the search is reasonably related to the objectives of the search and not excessively intrusive in light of the nature of the infraction.

DETACH AND RETURN TO THE YMCA. RETAIN THE INFORMATION ABOVE.

Child’s Name: _____

Parent or Guardian’s Name: _____

- I give my consent for my child to use a personally owned digital device.
- I DO NOT GIVE my consent for my child to use a personally owned digital device.

As a parent I understand that my child will be responsible for abiding by the above policy and guidelines. I have read and discussed them with her/him and they understand the responsibility they have in the use of their personal digital device.

Parent’s Signature: _____ Date: _____

I understand and will abide by the above policy and guidelines. I further understand that any violation of the above may result in the loss of network and/or device privileges as well as other disciplinary action.

Student’s Signature: _____ Date: _____