

FRANKLIN COUNTY FAMILY YMCA
School Age Child Care

MISSION STATEMENT

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

OUR COMMITMENT

We believe that YMCA programs should be available to everyone who wants to participate. Through the generosity of YMCA friends, we offer scholarship for those in need.

OUR PURPOSE

We build strong kids, families, strong communities

FINANCIAL AID OPPORTUNITIES

The YMCA Scholarship Assistance Program is designed to ensure that YMCA services are accessible to all members of the community and no one is excluded because of an inability to pay. It is the policy of the Franklin County YMCA to provide services for any youth, adult or senior who desires to participate.

While participants are expected to pay their share of operating costs, those who need assistance may be awarded full or partial scholarships based on their ability to pay and the YMCA's ability to fund the subsidy or program capacity.

For scholarship assistance information, contact the child care business office. These funds are provided through the kind generosity of YMCA friends.

YMCA CHILD CARE PHILOSOPHY

The YMCA is proud of its history of dedication to youth. Our primary purpose is to provide dependable, safe care in an environment that helps each child develop to his/her fullest potential. The YMCA provides services to all families without regard to sex, race, color, disability, religion or national origin.

OBJECTIVES

The YMCA School Age Child Care Program seeks to help each child:

1. Develop an appreciation for himself/herself, family, school, community, country, and the world.
2. Develop knowledge, interests and skills in his/her school related activities. Provide daily opportunities to obtain tutoring, complete homework or read from a variety of books and magazines.
3. Develop and improve personal skills such as neatness, originality, patience, and dependability.
4. Develop and improve social skills: acceptance of others, cooperation, responsibility, and avoiding put downs.
5. Develop health and safety practices.
6. Have **FUN!**

STAFF

One Center Director together with child care counselors have as their primary concern the safety and well being of each child in the program. Staff have been selected based on their educational background, experience and commitment to working with children.

GENERAL INFORMATION

1. Hours of operation: Range from 6:00 am – 6:00 pm. Hours vary from center to center. For specific information reference *Center Information* sheet.
2. Grades Pre-Kindergarten – 5th serve, boys and girls ages 4 3/4 to 12. Enrollment is taken throughout the year in accordance with space availability.
3. Holidays observed: Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day & Memorial Day. The program will not meet on these days. Full tuition will be charged for these weeks.
4. This seasonal program runs August 19, 2009 through June 9, 2010.

GENERAL POLICIES

1. The Commonwealth of Virginia, Department of Social Services requires all children enrolling in a licensed child care center to have a physical examination under the direction of a physician, **prior to admission**. The current form required by the Virginia Department of Health is the "School Entrance Physical Examination and Immunization Certification" (form MCH 213).
2. Regulations by the State Board of Health for the immunization of school children requires documentation of all age appropriate immunizations prescribed in the regulations **prior to admission** to a licensed child care center. Form MCH 213 is also used for this purpose.
3. It is the responsibility of the parents to keep proper registration information and current phone numbers in the child's permanent records. Services may be withheld if this information is not provided.
4. A child will be released **only** to the persons who are listed on the authorized pick-up section of the enrollment form. The persons authorized to pick up a child must be 18 years old. If any parent or authorized individual, arriving to pickup a child, is observed as being under the influence of drugs or alcohol, the parent or individual's child will be kept on the YMCA property pending notification of properly authorized personnel. In an emergency situation, changes in authorization may be taken by phone.
5. Parents should inform the YMCA by 12:30 pm if their child is to be absent in the afternoon.
6. Children may not make or receive personal phone calls at the YMCA except in emergency situations.
7. An "authorization to give medication" form must be completed by the parent if a child requires over the counter or prescription medication or any topical agent while at the program. Medicines and products must be in original containers.
8. Limitations on attendance or required pick-up will be as follows due to illness:
 - a) Child's temperature of 101 or over.
 - b) Contagious illness.
9. The YMCA is responsible for reporting all abuse and neglect to the Department of Social Services.
10. Advance registration is required for each week care is needed throughout the school year. Parent is responsible for weekly fees regardless of child's attendance.
14. Whenever possible, parent(s) should call the center when s/he will be late for pick-up. Alternate pick-up arrangements should be considered. Continued late pick-up may result in suspension or termination of services.

DISCIPLINARY AND BEHAVIOR MANAGEMENT POLICY

A child's participation in the child care programs depends upon his or her behavior. We certainly want each child to enjoy the activities planned and benefit from their experience with the "Y."

Basic rules of safety and conduct are reviewed below. Please make certain that your child is aware of these rules. Parents will be informed by phone, in writing and through parent conferences if their child continues to display poor behavior. General discipline techniques involve positive reinforcement for good behavior and careful explanation of behavior that is unacceptable. An activity will be denied for repeated poor behavior and the child will be directed to an alternative activity. Physical discipline will not be used nor will food be denied as punishment.

Failure to comply with the following simple rules may lead to disciplinary action, possible suspension and/or termination from the program for:

- A. Repeatedly engaging in fighting as a way to solve an issue.
- B. Stealing or defacing the school/site or other children's property.
- C. Refusing to follow basic safety rules.
- D. Repeated disrespect for staff or rude and discourteous behavior toward other children.
- E. Repeatedly displaying an inability to follow established guidelines.

The parents will be given written notification of termination with a grace period of one week for obtaining new services. Immediate termination could occur if the YMCA staff feels it cannot maintain the safety and welfare of the child and/or other children.

ARRIVAL / DEPARTURE PLAN

Arrival Procedures

1. Before school care: Parent(s), guardian(s) or authorized person must accompany child into the center to sign him or her into the program. Child(ren) will be transported or released to the school.
2. After school care: Child(ren) will be transported or released into their centers. Children will be checked in by a YMCA staff person.

Departure Procedures

1. Children are to be picked up and signed out by a parent, guardian or authorized person. All who pick up must be approved before leaving the center.
2. If your child(ren) is not picked up by 6:00 pm (or that centers closing time) a late fee will be charged at the rate of \$1.00 per minute per child.
3. If a child has not been picked up by 30 minutes after closing, emergency contacts will be called.
4. If a child has not been picked up by 45 minutes after closing, Child Protective Services will be called.
5. If a child has not been picked up by 1 hour after closing the authorities will be called.

SNACK/MEAL POLICY

1. Menus will be posted weekly for parental notification.
2. All meals and snacks will meet the nutritional needs of children as established by the U.S. Department of Agriculture.
3. Food portions are appropriate for the age of the child and additional servings are permitted.
4. Parents may provide food for their children in some cases:
 - A. Since the Franklin County Family YMCA does not supply food for special diets, religious or medical reasons, parents are required to provide such food for their child. Note: A written letter must be completed by the parent identifying the reason for the special diet and the parents are responsible for complying with the USDA nutritional guidelines. Food must be delivered in air-tight containers or the original container. The center will not keep leftovers.
 - B. Parents may bring food/beverages for celebrations and/or field trips as requested by the child care staff.
 - C. School Age children are responsible for bringing their own lunch during full day programs.
5. Please do not allow your child to bring candy, gum, or other "junk food."
6. Children will not be permitted to use the vending machines during the program hours.
7. Children will be encouraged, but not forced to try new foods.
8. No child will be denied food at a meal time for disciplinary reasons.

FULL DAY CHILD CARE Out of School Fun Club

Optional full day programming is offered for an additional fee from 6:30 am - 6:00 pm at the Franklin County Family YMCA.

1. Children are responsible for bringing their own lunch and drink in a self-contained, insulated (if necessary) container. Container must be labeled with child's name and the date of care. Refrigeration, microwaves & vending machines are not available. A morning and afternoon snack will be provided by the YMCA.
2. School-based centers will not be in operation when schools are closed or in the event of an early release day.
3. Advanced registration is required and must include advance payment. Services may not be available if there is a failure pre-registration.
4. Accounts must be up to date in order to use Fun Club.

SNOW DAY CHILD CARE

In the event of snow, etc., please listen to **your local news broadcast**. YMCA officials will decide by 5:15 am whether or not to close our child care programs.

1. If schools are closed and the YMCA is **OPEN**, you may drop off beginning at 6:30 am - 6:00 pm unless otherwise specified.
2. Children will need to bring his/her lunch and drink as well as a swim suit and towel. If school should close early due to snow, etc., you will need to pick up your child at the center. The YMCA site will be open until normal hours, weather permitting.
3. There will be an additional fee per child to utilized full day child care services.

RELEASE AND WAIVER OF RESPONSIBILITY

Children in the program will be involved in many activities which may include (but are not limited to) playtime, fitness, sports activities, and field trips. In signing the *Parent Statement of Understanding* and intending to be legally bound, the parent and or legal guardian hereby waives and releases, hold harmless, is covenant not-to-sue, and forever discharges any and all rights, actions, and claims of negligence that they or their heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages a child may sustain and/or suffer in connection with their participation in this program. The parent and or legal guardian also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from the above named child's participation in this program.

In signing the *Parent Statement of Understanding*, the parent and or legal guardian understand the risks and arranges for adequate insurance to protect their child in the event of an injury. The parent and or legal guardian also understands and willingly allows their child to participate in YMCA programs and waives all claims that I, the child, other family members or my insurance carrier would have against the Franklin County Family YMCA, its board, employees, program leaders, or volunteers

LICENSING INFORMATION FOR PARENTS ABOUT CHILD DAY PROGRAMS

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well being of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licenser, licensed programs include child day centers, family day homes, child day center systems, and family day systems. The state may also voluntarily register family day homes not required to be licensed.

Standards for licensed child day centers address certain health precautions, adequate play space, a ratio of children per staff member, equipment, program and record keeping. Criminal records checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health, and building codes.

Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program which will be investigated if it violates a standard.

Three types of licenses may be issued to programs. Conditional licenses may be issued to a new program to allow up to six months for the program to demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licenser. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operating without a license when required constitutes a misdemeanor which, upon conviction, can be punishable by a fine of up to \$100 or imprisonment of up to 12 months or both for each day's violation.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Regional Office of Social Services closest to you.

Piedmont Regional Office
Commonwealth of Virginia Bldg.
S.W. 210 Church Street Suite 100
Roanoke, VA 24011-1779

FRANKLIN COUNTY FAMILY YMCA

School Age Child Care

PARENT/GUARDIAN INFORMATION

Child's Full Name _____ Nickname _____ Birthdate _____

Father/Custodial Father _____ Home Phone _____ Cell Phone _____

Home address _____ City/State _____ Zip code _____

Place Employed _____ Address/City/State _____ Work Phone _____

Mother/Custodial Mother _____ Home Phone _____ Cell Phone _____

Home address _____ City/ State _____ Zip code _____

Place Employed _____ Address/City/State _____ Work Phone _____

Person (s) or Agency having legal custody of child _____

Home Address _____ City/Sate _____ Zip code _____

Home phone _____ Place employed _____ Work Phone _____

Allergies or intolerance to food, medication, etc., _____

Action to be taken in case of allergies _____

Child's Physician _____ Address/City/State _____ Phone _____

Names, addresses and phone numbers of two people to contact **if parents cannot be reached** (this is required information)

1. Name _____ home/work phone _____
address _____ city/state/zip _____

2. Name _____ home/work phone _____
address _____ city/state/zip _____

Person (s) authorized to pick up child _____

Person (s) **NOT** authorized to **VISIT** or **PICK UP YOUR CHILD*** _____

*** Appropriate paper work, such as the divorce decree, must be attached if a parent is not allowed to pick up the child.**

FRANKLIN COUNTY FAMILY YMCA CHILD CARE PROGRAM EMERGENCY MEDICAL AUTHORIZATION

Name of Child _____ Birth Date _____

Name of Parent(s) Guardian(s) _____

Home Address/City/State _____ Home Phone _____

The parent(s) guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s) guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.

2. Medical treatment costs are covered by:

Insurance company _____

Policy number _____

Child's Physician or Clinic Attended _____

Signature of Parent/Guardian

Date

Administration of Center

Date

FRANKLIN COUNTY FAMILY YMCA
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COUNSELOR INFORMATION SHEET

Child's Full Name _____ Nickname _____ Birthdate _____ Age _____

Mother's Name _____ Work Phone _____ Home or Cell Phone _____

Father's Name _____ Work Phone _____ Home or Cell Phone _____

Does child take medication or vitamins by doctors orders? _____ Specify _____

** If center is to administer medications, an **authorization form to give medication must be filled out**

Does child mix well with other children? _____ Does child have any fears? _____

Is your child sensitive about his size, weight or any other characteristic? _____

List any allergies your child may have to foods or medicine _____

What would you and your like child to get most from his/her child care experience ? _____

List hobbies, special interests and skills your child is especially good in _____

Does your child have any brothers/sister? _____ List name and age _____

Previous child day care programs & schools attended _____

Personality is..... _____ shy _____ quiet _____ aggressive _____ bullying _____ a leader

Health..... _____ robust _____ normal _____ below average

Appetite..... _____ above normal _____ normal _____ below average

Regarding child care, my child is _____ excited _____ apprehensive _____ nervous _____ upset

Health History(please check if your child has/had any of the following): Asthma _____ Chickenpox _____

Convulsions _____ Diabetes _____ Frequent Ear Trouble _____ Fainting Spells _____ Frequent Colds _____

Heart Trouble _____ Frequent Sore Throats _____ Frequent Headaches _____ Measles _____ Polio _____

Meningitis _____ Mumps _____ Sinusitis _____ Tuberculosis _____ German Measles _____ Kidney Trouble _____

Has s/he had tetanus shot when the last 5 years? _____ yes _____ no

Please answer the following questions:

Is your child allergic to poison ivy, poison oak or sumac? _____ yes _____ no

Does your child have frequent stomach upset? _____ yes _____ no

Has your child had any operations or serious injuries we need to know about? _____ yes _____ no

If necessary, explain fully any of the above _____

Is there any item of food which, when eaten, makes her/him ill? _____

Is s/he now, or in the past six months, been under medical care? _____ yes _____ no

If so, for what? _____

Please indicate anything that might help us to better understand your child and ensure him/her a happy Child Care experience

FRANKLIN COUNTY FAMILY YMCA
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PARENT STATEMENT OF UNDERSTANDING

Please keep and refer to your copy of Parent Handbook. 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.

- **It is agreed that YMCA will notify the parent/guardian of any illness of your child and that child will be picked up as soon as possible thereafter. I understand I must notify the YMCA if my child contracts any contagious illness or other health related conditions.**
- **I understand that the YMCA prohibits staff and volunteers to baby-sit or transport children at any time outside of the YMCA program.**
- **I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.**
- **I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangement must be made by calling the YMCA to inform them of a change. Authorized persons must be over 18 years of age.**
- **I understand that 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 have to make this judgment call.**
- **I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**
- **I have read and understand the Discipline and Behavior Management Policy outlined in the Parent Handbook.**
- **I have read, understand and agree to the terms the listed above and in the Parent Handbook.**

Child's Name (Print)

Date

Parent's Signature

Date

FRANKLIN COUNTY FAMILY YMCA
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ACCOUNTING POLICIES

PAYMENT CONTRACT

Child's Name _____

1. The Annual Registration fee for each child is due upon enrollment, and is NON-REFUNDABLE.
2. PROGRAM FEE: A fixed weekly fee is required from the date of registration, regardless of attendance, unless a Change/Cancellation Form is submitted two-weeks in advance omitting a specified week(s) of care. There are NO VACATION or FREE WEEKS.
3. FEE SCHEDULE: Weekly fees are due Wednesday prior to the week of care. Cash payments can only be accepted at the Franklin County Family YMCA.
4. FAILURE TO MAKE SCHEDULED PAYMENT: A \$10. late fee will be charged for all payments received after the Wednesday due date. Services will be suspended immediately if no payments are made for two (2) weeks. All payments, plus late charges and a re-enrollment fee of \$35 per child must be made before services can resume.
5. LATE PICK-UP FEE: A late pick-up fee after 6:00 p.m. (or centers closing time) of \$1 per minute per child will be charged until pick-up time. This fee to be collected by staff person waiting with the child on the day the child is picked up late.
6. HOLIDAYS: A limited number of holidays have been accounted for in establishing the fees. THERE WILL NOT BE A REDUCTION IN PROGRAM FEES DURING THE WEEKS THESE DAYS OCCUR. All child care centers will be closed Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day and Memorial Day.
7. CHECK POLICY: Make all checks payable to the YMCA. There will be a \$25 charge for all returned checks. If two (2) checks are returned, cash or money order will be required for future payments.
8. Withdrawal: If you wish to withdraw your child from the program, a two-week written notice is required. You are responsible for fees during the notice period.

I/We understand and agree to pay in accordance with the above fee schedule and accounting policies of the Franklin County Family YMCA School Age Child Care program.

Signature of Parent/Guardian _____ Date: _____

FRANKLIN COUNTY FAMILY YMCA
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Dear Principal/Teacher:

My child, _____ has permission to be picked up by and attend the YMCA Child Care Program beginning _____.

Thank you for your cooperation.

Parent/Guardian: _____

Date: _____

Parents, please keep this form and forward to your child's school.