

DeKalb School District 428 AFTERSCHOOL 2009 REGISTRATION FORM

Child's Name: _____ Today's Date: _____ Birth Date: _____ Sex: _____

Address: _____ City _____ Zip _____

Age: _____ Grade: _____ School: _____

Child Lives With: Both Parents Mother Father Other _____

Mother /Guardian: _____

Father /Guardian: _____

Home Address: _____

Home Address: _____

Hm Phone: _____

Hm Phone: _____

Cell or Pager: _____

Cell or Pager: _____

Work and Hours: _____

Work and Hours: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Child's Doctor & Ph. #: _____ Insurance Company: _____

Emergency Contacts Other than Parent/Guardian

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Persons Authorized to pick up my Child (We assume that all the parents, guardians, and contacts on this sheet are authorized to pick up your child. If they are not, we need a letter explaining any different circumstances)

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Afterschool Program Participants:

Exact start date: _____

Please check the boxes of the days you would like your child enrolled in our afterschool program each week. *

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

*Children must register for a minimum of 2 days per week

Does your child have any developmental disability? (please describe):

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

How would you describe your child's personality? _____

Please check your child's swimming ability:

- NON-SWIMMER (my child cannot swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

What do you want your child to gain from his or her experience in YMCA Afterschool or School's Day Out?

Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Write their names |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Fitness | <input type="checkbox"/> Learn to get along better with other children |
| <input type="checkbox"/> Good adult role models | <input type="checkbox"/> Become less shy | |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Structured Homework Help | | |
-

In order to ensure your child is spending his or her time in the program the way you would prefer, please rank the following 1-3 in order of priority to you, with 1 being the highest.

____ Homework ____ YMCA activities (Sports, fitness, swim, etc...)

____ Social Time

Do you have any suggestions or other information regarding your child that you think would be helpful for staff to know?

Agreement and Release of Liability Statements

I/We certify to the best of my/our knowledge that everything on this health form is correct and the child herein is in good health and not carrying any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the Kishwaukee Family YMCA activities. I/We realize failure to disclose could result in termination of services. In the event of an emergency, I/We give permission to the Kishwaukee Family YMCA to obtain medical treatment for my child if I/We cannot be reached. I assume all risks and hazards incidental to the conduct of the Kishwaukee Family YMCA Preschool Program. I understand and agree to abide by the policies stated herein. I also give permission for the use of photographs of my child in YMCA brochures and photo collections. My child has permission to leave the property for scheduled field trips and activities.

Mother/Father/Guardian's Signature: _____ Date: _____

Mother/Father/Guardian's Signature: _____ Date: _____

MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Kishwaukee Family YMCA staff. I understand that the Kishwaukee Family YMCA staff receives training in the basics of first aid and CPR. I authorize the Kishwaukee Family YMCA to secure emergency medical treatment for my child. I give consent for those listed as pick -up/emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the Kishwaukee Family YMCA, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician's written instructions. The Kishwaukee Family YMCA has my permission to apply sunscreen, and insect repellent (if applicable) to my child as specified by me in writing.

Mother/Father/Guardian's Signature: _____ Date: _____

Mother/Father/Guardian's Signature: _____ Date: _____

ADDITIONAL CONSENTS:

I authorize the Kishwaukee Family YMCA to take pictures, movie, videos of my child for use in presentation and other advertising promotions, educational activities and curriculum purposes without compensation.

I authorize the Kishwaukee Family YMCA, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a bus contracted by Kishwaukee Family YMCA, or as a passenger in any vehicle owned or leased by the Kishwaukee Family YMCA.

I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

I have read the Parent Handbook and agree to abide by the policies and regulations therein. I have received a summary of DCFS licensing standards.

Mother/Father/Guardian's Signature: _____ Date: _____

Mother/Father/Guardian's Signature: _____ Date: _____

Afterschool fees:

\$10.00 per day

Afterschool Program requires a \$25.00 enrollment fee, due at the time of registration, per child. Enrollment fees are non-transferable and non-refundable.

Payment

- ❖ A child must be enrolled for at least two (2) days per week.
- ❖ Two YMCA program classes are free to participants.
- ❖ Fees per day for Afterschool are \$10 per day

Behavior Management Procedures

It is the goal of the program to provide a healthy, safe and secure environment for the child care participants. The YMCA teaches the core values of caring, respect, responsibility, faith and honesty. Children who attend the program are expected to follow the behavior guidelines and interact appropriately in a group setting.

Behavior Guidelines:

- ◆ People are **responsible** for their actions.
- ◆ We **respect** each other and the environment.
- ◆ **Honesty** will be the basis for all relationships and interactions.
- ◆ We will **care** for ourselves and those around us.

When a child does not follow the behavior guidelines, we will take the following steps:

1. The YMCA staff member will redirect the child to a more appropriate behavior.
2. The child will be reminded of the behavior guidelines and the Y rules and a discussion will take place.
3. If the behavior persists after the discussion with the counselor, the Lead YMCA staff member will discuss the situation with the child. The parent will receive a phone call or a written note about the situation.
4. The staff will document the situation. This written document will include what the behavior problem is, what provoked the problem and the corrective action taken.
5. If the problem occurs a third time, staff will schedule a conference that will include the parent, child, staff member, and Director.
6. If a problem is on going and the child continues to disrupt the program, the Kishwaukee Family YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.
7. If a child's behavior at any time threatens the immediate safety of that child, other children or staff the parent may be notified and expected to pick up the child immediately.

The following behaviors are not acceptable and may result in the immediate suspension of the child for the remainder of the current day and the next day.

- ◆ Endangering the health and safety of the children and/or staff, members, and volunteers.
- ◆ Stealing or damaging YMCA or personal property
- ◆ Leaving the program without permission
- ◆ Continuing to disrupt the program
- ◆ Refusing to follow the behavior guidelines or Y rules
- ◆ Using profanity, vulgarity or obscenity
- ◆ Acting in a lewd manner

If any of these behaviors persist, staff may suspend the child a second time before expulsion.

Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedure. I understand and agree to all the terms presented in this document.

Parent's Signature

Date