



Dear Parents and Guardians:

Welcome to the Bear-Glasgow Family YMCA Before and After School Enrichment Program! In preparation for the 2019-2020 school year, the Bear-Glasgow Family YMCA will begin accepting returning participant enrollments on March 15, 2019. New participants will be allowed to register starting April 1, 2019.

Registration packets must be fully completed and turned into our Branch in order to be processed.

Please complete the following information:

- Optional YMCA Membership for Discount
- Registration Packet in person or online
- A copy of the most current school physical with immunizations – Signed by your physician
- Registration fee of \$25.00 per child
- ½ month deposit per child (½ month deposit is applied to your last tuition payment)

The Bear-Glasgow Family YMCA participates in the State of Delaware Purchase of Care Childcare Fee Subsidy Program. We must receive an up-to-date authorization form from the State of Delaware at the time of registration. This form must have the correct Site ID number for the school your child attends. Please see our registration packet for the Site ID numbers.

YMCA Open Doors Financial Assistance is available. Applications can be found online at [www.ymcade.org](http://www.ymcade.org).

Your registration is not complete until you have received a confirmation email with your billing schedule for the 2019-2020 school year. If you have any questions regarding the registration process, please feel free to reach out at any time.

Sincerely,

Anita Steward  
(302) 510-1326  
[asteward@ymcade.org](mailto:asteward@ymcade.org)

Ben Kettner  
(302) 257-5834  
[bkettner@ymcade.org](mailto:bkettner@ymcade.org)

YMCA OF DELAWARE BEAR-GLASGOW FAMILY YMCA  
351 George Williams Way, Newark DE 19702

# 2019-2020 Payment Information Sheet

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

Before Care (ONLY): \_\_\_\_\_ After Care (ONLY): \_\_\_\_\_ Before & After Care: \_\_\_\_\_

MONTHLY RATES	Full Member & (Scholarship Rate)	Non Member
Before Care Only	\$235 (\$199.75)**	\$315
After Care Only	\$310 (\$263.50)**	\$410
Before & After Care	\$390 (331.50)**	\$490

\* Rates are based on your membership type

\*\* (Scholarship Rate) Scholarships Available through YMCA Open Doors Application

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## Monthly Childcare Payment Information:

Childcare payments are due to the YMCA by the 1<sup>st</sup> of each month. A \$25 Late Payment Fee may be applied for late payments or if a payment is returned.

## BANK DRAFT (EFT)

**FULL** monthly payment on the 1<sup>st</sup> \_\_\_\_\_ OR **HALF** monthly payments on the 1<sup>st</sup> & 15<sup>th</sup> \_\_\_\_\_

If nothing is selected, we automatically set-up for the FULL monthly payment on the 1<sup>st</sup>

Please use my card on file. Last 4 Digits [ ][ ][ ][ ] Expiration Date (mm/yy): [ ][ ]/[ ][ ][ ]

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of the parent/guardian to notify the YMCA if **any** of this information changes.

# YOUTH PROGRAM INFORMATION SHEET 2019-2020

(OFFICE USE ONLY: Start Date: \_\_\_\_\_ YMCA Member Number: \_\_\_\_\_)

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

School: \_\_\_\_\_ Grade 2019-2020 \_\_\_\_\_

Email Address: \_\_\_\_\_  
 (Email address is used to confirm registration and communicate important child care information)

Before Care (ONLY):  After Care (ONLY):  Before & After Care:

Child's Information			
Date of Birth	/ /	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Other			
Concerns/special needs			
Dual language families Please list the main language used at home.			
Parent/Guardian Information			
Name	Relationship to child	DOB	/ /
Address	City	State	Zip
Primary Phone	Secondary Phone		
Place of Employment	Hours of Employment		
Parent/Guardian Information			
Name	Relationship to child	DOB	/ /
Address	City	State	Zip
Primary Phone	Secondary Phone		
Place of Employment	Hours of Employment		
Is there a custody/visitation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No                   If yes, please attach the supporting documentation.			

**PLEASE LIST ANY ADULTS, OTHER THAN PARENTS, THAT MAY BE CONTACTED IN AN EMERGENCY AND AUTHORIZED TO PICK-UP.**

Name	Relationship to child	Phone 1	Emergency Pick-Up
Name	Relationship to child	Phone 1	Emergency Pick-Up
Name	Relationship to child	Phone 1	
Name	Relationship to child	Phone 1	

**PARENT/GUARDIAN SIGNED RELEASES**

<p><b>Treatment/ Emergency care</b> – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.</p> <p><b>Signature</b> _____</p>
<p><b>Field Trip and Transportation release</b> – The Y has permission to take my child on all pre-arranged field trips indicated as part of the Y program my child is registered for. This includes off site outings due to extreme weather conditions as part of summer programs.</p> <p><b>Signature</b> _____</p>
<p><b>Screen Time Usage</b> – I give permission for my child to use computers and view interactive age-appropriate and educational videos. Screen time will be less than 30 minutes.</p> <p><b>Signature</b> _____</p>
<p><b>Receipt of Parent Handbook</b> – I acknowledge that I have received, read and understand the Parent Handbook.</p> <p><b>Signature</b> _____</p>
<p><b>Informed consent</b> - I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my family’s participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of YMCA property.</p> <p><b>Signature</b> _____</p>

**PARENTS RIGHT TO KNOW NOTICE**

Under the DELAWARE CODE you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record located in New Castle County contact Ms. Ann Bercy, at (302) 892-5800 at the Office of Child Care Licensing, 4417 Lancaster Pike, Building #18, Wilmington, DE 19805. To review a child care facility record located in Kent or Sussex County contact Ms. Naomi Gosch at (302) 739-5487 at the Office of Child Care Licensing, 821 Silver Lake Blvd., Ste 103, Dover, DE 19904.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge I received this notice as part of the application packet.

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

\_\_\_\_\_  
**Date**

### Health Information

I HAVE ATTACHED A RECENT PHYSICAL WITH IMMUNIZATIONS YES / NO  
 (Physical and Immunizations are required, and paperwork cannot be accepted without them)

<b>Allergies</b>	
<b>Medication</b> Does your child take prescribed medications? (medication administration form required) If yes what kind & side effects	
Insurance Company	Policy #
Family Physician	Phone
Family Dentist	Phone

**GENERAL HEALTH QUESTIONS:** (Explain "yes" answers below)

Explain "yes" answers below	(circle one)	(circle one)
1. Had recent injury, illness or infectious disease	yes no	13. Diabetes
2. Have a chronic or recurring illness/condition	yes no	14. Down Syndrome
3. Ever been hospitalized	yes no	15. Skin problems (rash, itchy)
4. Ever had surgery	yes no	16. ADHD
5. Have frequent headaches	yes no	17. Asthma
6. Ever had a head injury	yes no	18. Autism
7. Been knocked unconscious	yes no	19. Have an orthopedic appliances
8. Wear glasses, contacts or protective eyewear	yes no	20. Heart murmur
9. Had frequent ear infections	yes no	21. Mononucleosis in past 12 months
10. Passed out during/after exercise	yes no	22. Eating disorder
11. Dizzy during/after exercise	yes no	23. Emotional difficulties for which professional help was sought
12. Had seizures	yes no	24. Last Tetanus shot Date:
Please explain any "yes" answers, noting the question number		

**Allergy vs. Food Avoidance**

In our efforts to keep your child safe, we have established a "No Nut" policy. We ask parents to read labels and not bring in anything that may contain nuts or may be processed in a facility that may contain nuts. We will read labels and return any items provided that we feel may not be in line with our snack policy. If you have noted a Food Allergy please provide us with information on what type of reactions your child may have, so that we may better care for your child as quickly as possible!

**Allergy:** We ask that you please fill out the attached ALLERGY ACTION PLAN and if your child has an EPI-PEN the additional RELEASE OF LIABILITY AND Waiver must be signed and returned immediately!

**Food Avoidance:** Should your child/family have a food avoidance list, we will also make every effort to help your child avoid those foods. However, children are curious and occasionally take a snack from another child. Please let us know if we should expect a physical reaction or symptom from your child so that we may keep them safe. If your food avoidance list is extensive, we ask that you please provide snack for your child.

All parents should note that throughout the year every site does have special occasions where food is a part of the celebration. We cannot ask every family to avoid all allergy or food preferences. All food except nuts may be available. You are asked to help or be available during such occasions should your child need guidance.

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

**ALLERGY ACTION PLAN**

Child's Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

My child has no allergies

My child is Allergic To: \_\_\_\_\_ Asthmatic: YES / NO \*Notes a higher risk of severe reaction

**STEP 1: TREATMENT**

Symptoms:	Give Circled Medication (determined by physician)	
▪ Exposed to Allergen but no symptoms	Epinephrine	Antihistamine
▪ Mouth: Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
▪ Skin: Hives, itchy rash, swelling of face or extremities	Epinephrine	Antihistamine
▪ Gut: Nausea, cramps, vomiting, diarrhea	Epinephrine	Antihistamine
▪ Throat: *Tightening, hoarseness, hacking cough	Epinephrine	Antihistamine
▪ Lung: *Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
▪ Heart: *Weak pulse, low blood pressure, fainting, pale, blue	Epinephrine	Antihistamine
▪ Other: *	Epinephrine	Antihistamine
▪ If reaction is progressing (several above areas affected)	Epinephrine	Antihistamine

\*Potentially life-threatening, the severity of these symptoms can change rapidly.

DOSAGE (Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis)

- Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject Twinject 0.15
- Antihistamine: give \_\_\_\_\_ (medication/dose/route)
- Other: give \_\_\_\_\_ (medication/dose/route)

**STEP 2: EMERGENCY CALLS** Dial 911 and state that an allergic reaction has been treated and additional help may be needed. Then use child's health sheet to contact parent/guardian or additional Emergency Contacts.

**Epinephrine Administration Release of Liability and Waiver**

We \_\_\_\_\_, want our child, \_\_\_\_\_ to participate in the YMCA Before and After School Care Program. Our child has allergies as outlined in the above Allergy Action Plan, and in an emergency, require administration of antihistamine or epinephrine via injection. We have requested that a Y Staff member give such treatment if it should become necessary. We have provided the necessary medication for administration and completed the Allergy Action Plan.

We understand that, in an emergency situation, the YMCA will attempt to do the following:

- 1- Call 911      2- Administer the medication, by a qualified staff member      3- Call the Emergency Contact

We understand and agree that, in consideration for our child's participation in this program, we waive, release and forever discharge the YMCA, its officers, agents, employees, affiliates, representatives, volunteers, executors, successors, and assigns, and all others from any and all responsibilities or liability for injuries, including death, or damages that might result from the administration, injection, or from providing medication to our child.

We understand and agree that, if our child suffers any adverse consequences from the injection, or from administration of the medication, we will not file any lawsuits nor make any claims for ourselves or our child's injuries or damages, including death, against the YMCA, its officers, agents, employees, affiliates, representatives, volunteers, executors, successors, and assigns, or any others.

We assume the entire risk that our child may suffer adverse consequences from the administration of medication by a YMCA staff member and we accept sole responsibility for the consequences of any such adverse consequence.

We have legal authority to act on our child's behalf in this matter and we understand that this Release and Waiver is binding on our child, and anyone acting on behalf of our child as well as binding ourselves and anyone acting on our behalf.

I HAVE READ THIS RELEASE AND WAIVER. I UNDERSTAND IT AND I SIGN IT FREELY AND VOLUNTARILY.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BEHAVIOR

Please provide any additional information about your child's behavior and/or physical, emotional, mental health behavior we should be aware of:

If needed, these discipline techniques seem to work best with my child:

Does your child have an  IEP  IFSP  504

## IEP/504 Plans

At the Bear-Glasgow Family YMCA Before and After School Enrichment Program, it is our goal to provide your child with the most successful and enriching experience possible. In order to reach that goal we would like to review your child's IEP/504 Plan. Upon review, we will work with your family to provide accommodations that are within the limits of our program.

Please know that providing your child's IEP/504 Plan is not a requirement and that you can refuse to share it with our program. Should you choose not to share this information, we may not be able to provide your child we adequate accommodations.

Yes, I will provide my child's IEP/504 Plan.

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

**OR**

No, I do not wish to provide my child's IEP/504 Plan / This does not apply to my child.

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



# YMCA OF DELAWARE BEHAVIOR EXPECTATIONS & PROCEDURES

\* Items with an asterisk are mandatory

## CHILD'S INFORMATION

Legal First Name*	MI	Legal Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

## BEHAVIOR EXPECTATIONS & PROCEDURES

It is the goal of our YMCA to provide a healthy, safe, and secure environment for all participants. The YMCA teaches the core values of caring, honesty, respect, and responsibility. Children who attend the program are expected to follow the behavior guidelines and to 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. Staff will redirect the child to more appropriate behavior
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff may schedule a conference with the parent to determine the appropriate action that will be taken.
6. Staff may schedule a progress check or a follow-up conference.
7. If the problems still persist, staff will schedule a conference that includes the parent, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. 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. If such a call is placed, an authorized pick up person must pick up the child within one hour.
9. If a problem persists and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

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

- Endangering the health and safety of 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 program rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, 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, or explosives. weapons or explosives.

## PARENT BEHAVIOR AGREEMENT

I have reviewed the YMCA's Behavior Expectations with my child. I understand and agree to all of the terms presented in this document. I further agree to report any issues or concerns my child shares with me regarding their experience in the program. I understand that the YMCA works to ensure all children are safe and comfortable while at the YMCA and that the YMCA staff will work to resolve issues quickly when they are shared.

Parent's Signature\*





# YMCA OF DELAWARE PHOTO, VIDEO & AUDIO RELEASE

## CHILD'S INFORMATION

Legal First Name	MI	Legal Last Name
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## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature	Printed Name	Date
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Address

I am the Parent/Legal Guardian of \_\_\_\_\_ (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian



# YMCA OF DELAWARE ABUSE PREVENTION INFORMATION FOR PARENTS

## CHILD'S INFORMATION

Legal First Name* <input type="text"/>	MI <input type="text"/>	Legal Last Name * <input type="text"/>
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## CHILD SAFE PROCEDURES

Parents place their trust in the Y to help their children thrive. Our core values—caring, honesty, respect, and responsibility are part of everything we do. Because of this, we place great value on creating the most child-safe environment possible. We believe when parents are well informed about safety protocols, it greatly assists our constant vigilance of all who have potential access to children. The following should be established zero-tolerance YMCA policies that are regularly communicated with parents. Parents should be regularly encouraged to report any deviation from these policies immediately.

- A child should never be alone with a staff member (but may be separate, if in full view of others).
- Children should not be contacted by YMCA staff except for issues relating directly to currently active YMCA activities (i.e., no letters, email, telephone calls, texts, Facebook, visits, non-YMCA excursions, etc.).
- Children should never receive gifts of any kind from individual Y staff members.
- Children should always be transported in YMCA-identified vehicles (or appropriately identified vendor-operated vehicles), never in a staff member's personal vehicle, and never alone.
- Y staff members should not babysit Y members or program participants. If the babysitting relationship pre-existed the Y relationship, the President of the YMCA of Delaware could make an exception, but a specific acknowledgement should be signed by the parents and the babysitting staff member and retained by the Y.
- Children in child care must sign in and out of programs each day and will only be released to preauthorized individuals.
- Parents who become aware of hazing, bullying, or similar behavior should report the incident to the Y. Such behavior is often the precursor of peer-to-peer abuse and must be addressed.
- Children should be encouraged to discuss their experiences with their parents and identify any behavior or activity that made them uncomfortable. Parents need to be aware that programs like gymnastics and aquatics require some physical contact between adult and child to provide the necessary instruction, coaching, and spotting. A single touch in a normally inappropriate place may not be an inappropriate touch if it occurred while trying to prevent an injury, etc.
- Parents should be provided with the names of at least two separate Y individuals whom they may contact if they believe there is an issue of any kind that needs to be addressed.
- Delaware law requires ALL ADULTS to report cases of suspected abuse to the authorities.

The Y of Delaware has more than 4,000 staff members and volunteers working with youth in the many programs we offer. To keep children in our programs safe, we intensively screen potential employees and volunteers by using a detailed application form, comprehensive interview process, reference checks and criminal background checks.

Our employees complete an extensive child abuse prevention training program. Supervisors and managers complete additional training to further promote a child-safe environment. All staff members are mandated to report any suspected child abuse. If you have any questions or concerns regarding a YMCA staff person or program, please inform the program director, associate executive director or executive director at your location. You can make a confidential report to Ethics Point on our website.

Parents are encouraged help prevent child abuse. Here are some suggestions:

- Talk to your child about his or her experiences in Y programs, school, sports, and other activities.
- Drop in on your child's programs.
- Trust your instincts. Don't wait to tell us if something seems "strange." Speak up!
- Every once in a while, ask your child these questions:
  - Is anyone scaring or threatening you?
  - Is anyone asking you to keep secrets?
  - Has anyone said anything to you that made you feel bad?
  - Is anyone touching you in a way that you don't like?
- Encourage your child to tell you or another trusted adult if anything happens to him or her.
- Watch for warning signs of abuse:
  - Unexplainable bruising or other physical markings
  - Disturbed sleeping or eating patterns
  - Abrupt changes in behavior—anxiety, clinging, aggressiveness, withdrawal, depression
  - Fear of a certain person or place
  - Discomfort with physical contact
  - A child who abuses other children
  - Listen and watch for signs of your child receiving special attention that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities of school, child care, or other activities.

If you have any questions or concerns regarding a YMCA staff person or program, please inform the Program Director, Associate Executive Director or Executive Director at your location. You can also make a confidential report to EthicsPoint on our website.

Bear-Glasgow Family YMCA (302) 836-9622

I have reviewed the YMCA's Child Safe Procedures.

Parent's Signature\*



**CHILDCARE TRANSPORTATION REQUEST FOR 2019-2020 SCHOOL YEAR ONLY**

**\*\*\* This form must be completed by ALL participants. It is turned in to your schools confirming that you DO NOT need transportation because your students are participating in YMCA Programs\*\*\***

Child's Name (PRINT): \_\_\_\_\_ 2019-2020 Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Childcare Provider Address Must Be in the Same Attendance Area as the Child's School if requesting Transportation.*

Name of Childcare Provider: \_\_\_\_\_  
Date Pickup/Drop Off Requested to Begin: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Childcare Provider's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent/Legal Guardian:**

I hereby affirm that my child will be cared for by the above named childcare provider beginning: \_\_\_\_\_

Bus Pick -up Location: (Select One)  
Home Address: \_\_\_\_\_  
Or  
Childcare Provider: \_\_\_\_\_

Bus Drop-off Location: (Select One)  
Home Address: \_\_\_\_\_  
Or  
Childcare Provider: \_\_\_\_\_

Parent's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**AN INCOMPLETE FORM CANNOT BE PROCESSED**

----- SCHOOL USE ONLY -----  
 Home address verified \_\_\_\_ (please initial)  Childcare provider resides in feeder \_\_\_\_ (please initial)  
 If no, state exception: \_\_\_\_\_ (I.E., choice/educational placement)  
Approved on: \_\_\_\_\_ By: \_\_\_\_\_ (Signature)  
Upon completing school verification, keep original on file.





# YMCA OF DELAWARE PURCHASE OF CARE PARENT CONTRACT

## CHILD'S INFORMATION

Legal First Name <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	MI <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	Legal Last Name <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>
POC Site Name <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	POC Site Number <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	Child's MCI # <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>

**Your authorization is only good for the location listed on the authorization. Switching to another YMCA location will require a call to your case worker to obtain a new authorization.**

**This contact is specific to families who have a current POC authorization on file for the site their child attends. It overrides any branch specific registration, payment or cancellation policies that may conflict with these procedures. This contact will be followed for all periods that you maintain an active POC authorization for the site your child attends. If your POC authorization lapses at any time during your child's attendance in the program, the policies listed in the enrollment packet/application will be in effect for any period of time that your child is not covered by POC.**

- POC participants receive 100% YMCA financial assistance for a YMCA Program Membership.
- POC participants receive 100% YMCA financial assistance for all program registration fees.
- A POC Authorization for your child's program site must be received at the time of registration, prior to the start of care.
- Children utilizing POC are permitted to miss 5 days of care per month (approximately 1 week). Children who miss more than 5 registered days may be dismissed from the program.
- POC participants are required to give five days written notice to withdraw from the program. If such notice is not given, you are responsible for payment for up to five days. Special exceptions must be discussed with the Administration.
- POC participants may re-enroll in the program at any time as long as space is available and there is no balance due on the account.
- POC participants are not charged late payment fees. Failure to pay your balance in a timely manner may result in termination of your child's care.
- A \$25 NSF fee will be added for each returned check. After two returned checks, no further checks will be accepted.
- The YMCA may charge an additional fee for field trips. Information on the cost of these trips is listed on the program registration form. Field trip fees, when charged, are in addition to any POC Parent Fee amount you are required to pay.
- Full day parent fees are charged (when allowed on your authorization) for any day your child is in care for more than 4 hours. This includes early dismissals, in-service days, holidays, and inclement weather days if your child attends care.
- A late pick up fee of \$15 will be charged for each child picked up after the program closes. An additional \$15 fee is charged for each 15 minute interval, or part thereof, as we do not prorate this fee by the minute. Parents/guardians that arrive late will be asked to sign a late pick up form and it is the responsibility of the parent to submit the late pick up fee to the YMCA within 3 business days of the incident. For children utilizing POC, late pick up charges do not begin to accrue until the point in time that the state no longer covers care (4 hours in care for half day without extended care or 10 hours in care for half day with extended care or full day). However, children in care for more than 4 hours will be charged the full day parent fee. Repeated late pick-ups may result in your child's dismissal from the program.
- The YMCA reports all past due balances to POC. Please be sure your account is paid before seeking other care.

**I have read and understand the procedures listed above. I understand that I am responsible for ensuring my child's paperwork, POC authorization (if applicable), and payments remain current to maintain my child's enrollment in the YMCA's programs.**

Parent's Name (Please Print) <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	Date <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>
Parent's Signature <div style="background-color: gray; height: 15px; width: 100%; margin-top: 5px;"></div>	