

YWCA Enrollment and Policy Acknowledgement Form

Name of Child: _____ Age: _____

Grade (Fall 2021): _____ Date of Birth: _____

Pronoun Preference She/Her He/His They/Them

Date child will start program: _____

School child attends: _____

Annual Registration Fees: \$35. Registration fees are NOT covered by DCFS/CHASI.

I authorize YWCA staff to charge my credit card or my checking account for registration fee.

Yes _____ No _____

Registration Amount Due _____

Fee paid By Check _____ Fee Paid by ACH or CC _____

Staff person ____ Date _____

Program Option:

Full- Time After School (4-5 days - \$78) _____ Full Time Before School (4-5 days - \$53) _____

Full-time Before and After \$116 _____

Part-Time After School (3 or less - \$49) _____ Part Time Before School (3 or less - \$34) _____

Part Time Before and After \$74 _____

Holiday Day Camps (all day) \$32.

Payment Type: Parent pay CHASI DCFS

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? _____ Yes _____

No

If so, please send us a copy of the Plan so we may better serve your child in our program.

Site Attending:

- Alton YWCA, 304 E.3rd St. Alton, IL (Before and After Care Site)
- North Elementary, 5600 Godfrey Road, Godfrey (After Care Site)
- Lewis & Clark School, 501 E Lorena Ave. Wood River (Before and After Care Site)
- Roxana- Ivy Heights Church of God, 1901 Old Edwardsville Rd. Wood River IL (Before and After Care Site)

Parent/Guardian Information

Mother: _____

Father: _____

License #: _____

License #: _____

Address: _____

Address: _____

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

Email: _____

Other

Relation: _____

Name: _____

License #: _____

Address: _____

Phone Numbers:

Home: _____

Cell: _____

Work: _____

Email: _____

Child's Name: _____

Parent or Guardian Name: _____

Child Enrichment Program Site: North Elementary, Godfrey YWCA in Alton Roxana (Ivy Heights)

Wood River Lewis & Clark Elementary

Program: Part-time (1 - 3 days) Full-time (4 - 5 days)

Session: Before School After School Before and After School

Method of Payment Parent Pay : CHASI : DCFS

Responsible parties will be invoiced on a weekly basis for the previous week of Child Enrichment services. All fees will be charged to accounts on Fridays. Banking holidays may affect the date your account gets hit with our charges (possibly charged on Monday instead of Friday)

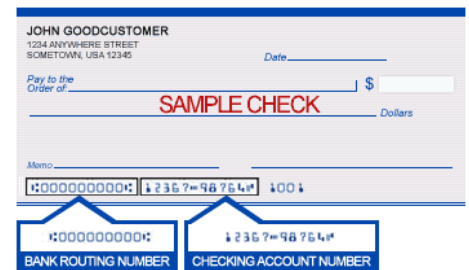
Please complete one of the two payment options:

I am authorizing a weekly Electronic Funds Transfer (EFT) from this account:

Bank _____

Account Number _____

Routing Number _____



I am authorizing a weekly draft from my credit card

Card type: Master Card Visa Discover American Express

Name as it appears on card _____

Card number _____ Expiration date _____

CSC (three-digit security code on back of card) _____

Billing address _____

City, State, Zip Code _____

Payment Default and Consumer Report: All payments are due and payable as agreed. You agree and understand that you shall be responsible for all late fees, collection cost, attorney fees, court cost and any other monies required to secure the sum owed, within the limits of the law.

Parent or Guardian Signature _____ Date: _____

Printed Name: _____

YWCA Child Enrichment Program Consents

My child has permission to go on neighborhood walks and all field trips. Yes No

I give permission for my child to be included in publicity or press releases for YWCA of Alton. This release shall cover written materials, Facebook posts and YWCA of Alton webpage. Children’s names will not be utilized. Yes No

I acknowledge that my child must have a completed physical to participate in YWCA Child Enrichment programs.

I acknowledge I am responsible for all program charges. I understand that all weekly fees are due on Fridays. I understand my account must be current for my child to continue attending the program. YWCA accepts electronic funds transfer (EFT), and credit card payments. A receipt will be provided for all payments made on site at YWCA. Payments are not accepted at other Child Enrichment locations.

I acknowledge a \$25 fee will be charged for all returned checks or refused EFT payments. The YWCA reserves the right to require cash, credit card, or money order payments for repeated returned checks or refused EFT payments. Repeated NSF payments may result in child’s dismissal from our programs.

I acknowledge that I must, as soon as possible, notify the YWCA or the Child Enrichment Director at (618) 465-7774 if my child is going to be absent from the program.

I acknowledge that I must notify the Child Enrichment Director in writing two weeks in advance if I elect to remove my child from the YWCA Child Enrichment Program.

I certify that the information I have provided is complete and accurate to the best of my knowledge.

Parent /Guardian Signature

Date

Arrival/Departure Form

(Please complete even if your child walks from his/her classroom to the program)

Child's Name: _____

Grade: _____ Name of Parent: _____

Phone Number: _____ Secondary Number: _____

Name of School: _____ Phone: _____

Arrival at Center Before School:

Approximate Time of Arrival: _____ Time School Begins: _____

Time of Departure from Center: _____

Means of Travel from Center to School: _____

If Child Travels by Bus:

Name of Bus Company: _____

Phone: _____

Bus Number: _____

Arrival at Center After School:

Time of Dismissal: _____ Time Child Should Arrive at Center: _____

Means of Travel from School to Center: _____

If Child Travels by Bus:

Name of Bus Company: _____

Phone: _____

Bus Number _____

If Child Walks to Center from School, please indicate route: _____

Guidance and Discipline Policy

The YWCA Child Enrichment Program strives to provide our families with a safe, fun, and quality child care experience. To achieve this, we work together as a team to promote positive behavior in every area of our program. It is an important aspect of a child's development to practice self-control and learn positive problem-solving skills. We believe it is our responsibility to create a safe and consistent environment that will allow children to gain self-confidence, self-control, and an understanding of their feelings. This is the perfect age for children to learn that their behavior is their choice!

We use the following as behavior guidelines:

- Be responsible & accountable for your own behavior
- Respect yourself
- Respect others
- Respect property – Do your part to keep our spaces clean and tidy!

The YWCA Child Enrichment Program has zero tolerance for the following:

- Physical Aggression/ Fighting/ or Physical harm to self or others
- Disobedience & Disrespect
- Sexual or verbal harassment
- Bullying in any form
- Threats to staff or other students
- Inappropriate Language / Profanity/ Obscene gestures
- Non- Compliance

All children are expected to follow program rules.

- Children must remain in the program area. Children must notify a staff member if they need to leave the program area for any reason.
- No running inside the building.
- No standing or jumping on furniture.
- Replace all materials and toys when done using them and before getting out something else.
- Respect others and their property.
- Listen when spoken to; obey staff directions.
- Report any incidents with other children to staff.
- No name calling, fighting, yelling, cursing, pushing, biting, hitting, or threatening other children. No spitting or throwing items will be tolerated.
- No toys, games, or other items from home are allowed – unless otherwise noted
- No candy or gum.

The Child Enrichment Staff will:

- Interact with children in a safe and respectful manner. We believe it is important for us to model the behavior we expect the children to learn and show themselves.
- Use strategies that promote self-esteem, and self- respect.
- Use positive ongoing communication and consistent guidance practices.
- Work with children and families to resolve problems and issues as they occur.

For all day camps, if a student is exhibiting unsafe or inappropriate behavior towards themselves, staff or other children, the Site Coordinator may remove student from the program for the day with approval from the Child Enrichment Director.

The YWCA child enrichment program reserves the right to remove a child from the program for excessive unsafe or inappropriate behavior.

Disciplinary Action Process

I have read the YWCA of Alton Child Enrichment Program Guidance and Discipline policy in the Parent Handbook and agree to the terms stated herein.

Mild misbehavior	Verbal Warning – Redirection When unwanted behavior occurs, staff will first try to redirect child. If the redirection is not successful, staff will verbally inform the child of their misbehavior and remind child of appropriate behavior. This is best done by pulling the child to the side and speaking to them one on one.
Behavior Warning 1 st 2 nd 3 rd	Redirection – Time Spent away from Group- Written Behavior Warning Staff will verbally remind child of first warning and why they must now be separated from the group or receive a Behavior Warning form. Staff will notify parents upon arrival, discuss the behavior, and have them sign Behavior Warning form. After three Behavior Warnings, staff will issue a Behavior Incident Report to parents and have them sign form.
Behavior Incident Report	Time spent away from group- Loss of Privilege- Behavior Incident Report Student is removed from the group. Behavior incident report is written by staff. Parents are notified upon arrival, behavior is discussed. Parents sign the Behavior Incident Report. There will be a conference with the CE Director and Parents. Child may face suspension for 1 to 5 days.
	Please understand that some actions warrant immediate suspension, such as excessive unsafe or inappropriate behavior.

I agree that the information provided in this enrollment package is true and accurate to the best of my knowledge. Furthermore, I agree to comply with the Program Guidelines and understand that my refusal to comply may lead to termination of my child from the YWCA Child Enrichment Program.

Parent/Guardian

Date

Child Enrichment Director

Date

Late Pick Up Plan

Parents are required to come into the building at each site to sign their child in or out on the appropriate form each day. Only the custodial parent or someone designated by the custodial parent on the enrollment form may pick up the child.

If, due to an emergency, you know that you will be later than 6:00 p.m., please call and notify the Site Coordinator (number to be obtained from the staff) or the YWCA of Alton at 618-465-7774. This will help relieve any concerns your child and our staff may have as to why you are running late.

If your child is picked up after 6:00 p.m., a late fee charge may be assessed at the rate of \$1.00 per minute per child for every minute after 6:00 p.m.

When a child is left at the program after 6:00 p.m., these steps will be followed:

6:05 p.m. – we will attempt to contact a parent or legal guardian.

6:10 p.m. – we will begin contacting people on the emergency contact list if we are unable to reach anyone.

6:40 p.m. – we will contact the local police department to report a possible child abandonment issue if parent or emergency contacts have not been reached.

The YWCA Child Enrichment Staff would like to assure all parents that no child will ever be left alone. The staff will remain at the site until the child is either picked up or outside authorities arrive. We will never hold the child responsible and discussion of this issue will only be with the parent or guardian, not the child.

Parent Signature

Date

CE Director Signature

Date

**THANK YOU FOR CHOOSING THE YWCA ALTON CHILD ENRICHMENT PROGRAM.
PARTICIPATION IN OUR PROGRAM CONTRIBUTES TO THE FUTURE SUCCESS OF YOUR
CHILD.**

**Yes, I have read and received the YWCA Child Enrichment Parent Handbook. I will
comply with the handbook. I also understand if my child and/or I do not follow all policies
and procedures, my child's placement with the program may be terminated.**

Parent/Guardian Signature

Date

Child's Name

Data Form

Name of Child: _____

For data reporting purposes only required by our various funding sources and YWCA USA.

This information will be stored in a confidential location, separate from your child’s files.

Race/Ethnicity: African American/Black Asian Caucasian Hispanic Native American Other:

Household Size _____

Annual Household Income: Please circle household size and income level. Each income limit is the minimum for that percentage group.

FY 2020 CDBG Income Limits								
(Effective 7/1/2020)								
Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (30%)	\$17,400	\$19,900	\$22,400	\$24,850	\$26,850	\$28,850	\$30,850	\$32,850
Low Income (50%)	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750
Moderate Income (80%)	\$46,450	\$53,050	\$59,700	\$66,300	\$71,650	\$76,950	\$82,250	\$87,550

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

to pick up my/our child when I am/we are unavailable.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pool of _____

Name of Provider

at _____

Address

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child