

YWCA SUMMER CAMP 2021

Enrollment and Policy Acknowledgement Form

Name of Child: _____ Age: _____

Ethnicity: African American or Black Asian Caucasian Hispanic Native American Other: _____ (for data reporting purposes)

Grade (Completed): _____ Date of Birth: _____

Pronoun Preference She/Her He/His They/Them Other _____

Anticipated date child will start Summer Camp: _____

Program Option:

Full-Time: \$140 (4-5 days)

Part-Time: \$90 (3 days or less)

Please list specific days if possible if attending Part-Time: _____

Parent pay CHASI DCFS
(100% Payment required until CHASI/DCFS approved)

Registration fees are \$35 for first child, \$25 second child, and \$20 for the third child.

Registration Fees are not paid by CHASI/DCFS

Due to Covid-19 YWCA is not planning field trips for Summer Camp 2021 and not charging activity fees. If this changes, we will notify parents.

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If so, please send us a copy of the Plan, so we may better serve your child in our program.

_____ Yes _____ No

Site Attending:

YWCA, 304 E.3rd St. Alton, IL

Roxana- Ivy Heights Church of God, 1901 Old Edwardsville Rd. Wood River, IL

YWCA SUMMER CAMP 2021

Summer Camp Attendance

We are confident you understand that the fluid nature of the ongoing health crisis makes forward planning difficult. **The following dates are provided under the assumption that we are able to open summer camp at the end of May and should in no way be understood as a guarantee of that being the case.** YWCA is closely monitoring developments with COVID-19 and following the recommendations of public health experts.

Please note: Each child is entitled to one vacation week (absences where you are not charged) per calendar year (Full time students are given 5 day's vacation. Part time students are given 3 day's vacation). If your child surpasses the number of eligible Vacation Days, you will be charged according to your child's schedule.

Please mark each week your child will be in attendance for Summer Camp. There is space to also write specific days or notes.

Dates my child will be in attendance:

Weeks of:

_____ May 24	_____
_____ June 1	_____
_____ June 7	_____
_____ June 14	_____
_____ June 21	_____
_____ June 28	_____
_____ July 5	_____
_____ July 12	_____
_____ July 19	_____
_____ July 26	_____
_____ August 2	_____
_____ August 9	_____

Alternatively, please mark the following: Please anticipate that my child will be in attendance on the checked days of the week, for every week of summer camp:

Mondays Tuesdays Wednesdays Thursdays Fridays; except for the following dates when they will be absent:

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Parent/Guardian Information

Primary Parent/Guardian for contact purposes:

Name: _____ Relation: _____

License #: _____ Email: _____

Address: _____

Phone Numbers (please provide all applicable numbers, **and check which is the best one to use to reach you during summer camp hours**):

Home: _____

Cell: _____

Work: _____ extension _____

Secondary Contact Person:

Name: _____

Relation: _____

License #: _____

Address: _____

Phone Numbers:

Home: _____

Cell: _____

Work: _____

Email: _____

Additional Contact Person:

Name: _____

Relation: _____

License #: _____

Address: _____

Phone Numbers:

Home: _____

Cell: _____

Work: _____

Email: _____

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Child Enrichment Program Payment Authorization

Child's Name: _____

Program: Part-time (1 - 3 days) Full-time (4 - 5 days)
 CHASI Parent Pay DCFS

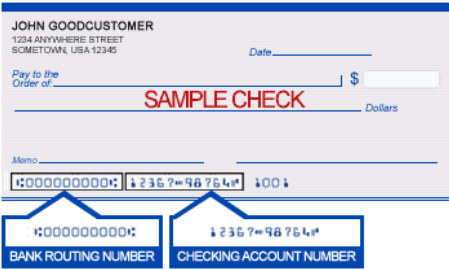
You must choose one of the options below to complete registration. YWCA will draft all charges by 5 p.m. on Friday. However, your financial institution may charge your account over the weekend. Please be sure to maintain an account balance to cover our fees. Your account must be current for your child to continue attending the program. If you fall more than 2 weeks behind, your child is ineligible to attend our program until fees are paid.

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) _____

Payment Default and Consumer Report: All payments are due and payable as agreed. Should you fail to make any payments when due, you shall be responsible for a late fee of \$25. Non-payment of fees will jeopardize your child's participation in the Child Enrichment Program. 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. In addition, upon default of your agreement, you understand and agree the default shall be reported to one or more reporting agencies.

Parent Signature _____ Date: _____

Printed Name: _____ SS #: _____

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YWCA Child Enrichment Program Consents

I give permission for my child to be included in publicity or press releases for the YWCA Child Enrichment Program and YWCA . This release shall cover written materials, Facebook posts and YWCA webpage. Children's names will not be utilized.

Yes No

I have received and read the YWCA Child Enrichment Program Parent Handbook.

Yes No

I acknowledge that my child must have a completed physical to participate in YWCA Child Enrichment programs. The attached physical form must be completed by a physician and returned to the YWCA before the child can attend the program. Alternatively, parents may grant the YWCA permission to obtain a copy of the child's latest physical form from the nurse's office at their child's school (see attached form).

I acknowledge I am responsible for all program charges. I understand that all weekly fees are due by 5 p.m. on Friday. I understand my account must be current for my child to continue attending the program. The YWCA accepts electronic funds transfer (EFT), and credit card. A receipt will be provided for all payments made on site or at the YWCA. 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 front desk 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: _____

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Guidance and Discipline Policy

The YWCA Child Enrichment Program strives to provide our families with a safe, fun, and quality childcare 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.

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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.

Please understand that some actions warrant immediate suspension, such as excessive unsafe or inappropriate behavior. The YWCA Child Enrichment program reserves the right to remove a child from the program for such behavior.

Disciplinary Action Process

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 warning Behavior Warning slip. Staff will notify parents upon arrival, discuss behavior, and have parent sign Behavior Warning. After three Behavior Warnings, staff will issue a Behavior Incident Report.
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, and behavior is discussed upon pick up. 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.

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

Parent/Guardian Signature: _____ Date: _____

CE Director Signature: _____ Date: _____

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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.

Parents are strongly encouraged to avoid arriving for pick up 'on the dot' of 6pm as this frequently causes anxiety for the child. Where possible, please allow time for a calm and unrushed pick up so that parents and workers can communicate any important information before the child leaves for the day.

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 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:

6:10 p.m. – we will attempt to contact a parent or legal guardian,

6:20 p.m. – we will begin contacting people on the emergency contact list if a parent has not been reached, and

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/Guardian Signature: _____ Date: _____

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Data Form

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

Name of Child: _____

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

Household Size _____

Annual Household Income:

\$0-\$22,311

\$22,312-\$30,044

\$30,045-\$37,777

\$37,778-45,510

\$45,511-\$53,243

\$53,244-60,976

THANK YOU FOR CHOOSING THE YWCA 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: _____

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Summer Camp Supply List

Please note: depending on Illinois State requirements, are required to send your child with a facemask when they attend Summer Camp.

Required:

- Face Masks
- Comfortable shoes, suitable for playing outside
- Extra set of clothes

Suggested:

- Sunscreen
- Water bottle
- Sunglasses
- Hat

NOT Allowed:

- Outside food- unless needed due to allergies with a doctor's note
- Electronics (phones, tablets, game systems, etc.)
(we will have special days that we will allow them but unless given permission they are not allowed)

To avoid end of day confusion and lost items, please ensure that all items are clearly named.

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