



# Hartsville SDC 2020

Start Date _____	Weekly Fee _____	<b>Office Use Only:</b>	Grant <input type="checkbox"/>	Scholarship <input type="checkbox"/>
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### **Child:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rising Grade Level \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \*Family Code Word: \_\_\_\_\_ Sex: M F YMCA Member: Yes No

### **Parent information: \*\*First name provided will be used for tax purposes.**

\*\*Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Cell/Work phone: \_\_\_\_\_ Cell/Work phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Emergency Contact/Authorized Pick-up:**

#### **Contact (1)**

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Emergency Contact: Yes No  
 Authorized Pickup: Yes No

#### **Contact (2)**

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Emergency Contact: Yes No  
 Authorized Pickup: Yes No

**Release:** In consideration of the YMCA's agreement to provide childcare, I give my consent for full participation by this child in all activities. In case of emergency, I give the YMCA permission to seek and use medical help. I accept all risks incidental to activities and do hereby release the YMCA, its officers and its representatives from all liability deriving from pursuits of said activities by my child.

Parent/Guardian initial: _____	Date: _____
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### **Medical Information**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_  
 Allergies/Medical Problems: \_\_\_\_\_

**Acknowledgements and Waivers (Please initial)**

\_\_\_\_ I understand the registration fee is nonrefundable and must be paid along with the first week’s fee with the submission of this application.

\_\_\_\_ I understand payments are due by 6pm the Thursday before each week begins and I will be assessed a \$5.00 late fee if I fail to submit a payment by Monday at 6pm.

\_\_\_\_ I understand the YMCA agrees to notify me or a second guardian whenever the child becomes ill. If I am unable to be reached, I authorize the YMCA and its staff to obtain immediate medical care if any emergency occurs. I understand and accept that in an emergency, my child may be transported in a private vehicle.

\_\_\_\_ While the Hartsville Family YMCA will make every effort to provide reasonable accommodations for children with mental and physical limitations, the YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy their activities/programs. Any of the above will be grounds for dismissal. Special conditions or circumstances involving children with limitations must be discussed with the director prior to registration so that administration can make a determination if reasonable accommodations can be made.

\_\_\_\_ I give permission for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized YMCA vehicles for the purpose of transportation in connection with Youth Development programs. I understand that my child may leave the YMCA premises on a daily basis in the care of his/her counselors and under the direction of the YMCA Childcare Director.

\_\_\_\_ I will provide sunscreen for my child on a daily basis with the understanding that daily sun exposure is likely to occur.

\_\_\_\_ I give Hartsville Family YMCA permission to apply insect repellent and/or sunscreen to my child.

\_\_\_\_ I acknowledge that if my child needs to be provided with breakfast, he/she needs to be present at 7:45am and will be unavailable for pickup until 9:30am. If my child should need to be served lunch, he/she needs to be present by 10:45am and will be unavailable for pickup until 12:30pm. I understand that if my child is not present at the aforementioned times, he/she will not be able to receive a meal and I must provide it for my child.

**Notification of Policies and Procedures**

I have received a copy of the Hartsville Family YMCA’s Parent Handbook for childcare which outlines the policies and procedures of the program. By signing this, I agree to abide by them for the protection of my child as well as for the protection of the other children and staff in the childcare program.

Parent/Guardian initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Emergency Contact/Authorized Pick-up:**

**Contact (3)**

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact: Yes No  
Authorized Pickup: Yes No

**Contact (4)**

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact: Yes No  
Authorized Pickup: Yes No

**Notes to the YMCA Summer Day Camp Staff:**

\_\_\_\_\_

**\*A family code word will be required daily to pick up your child. Anyone who picks up your child and does not know your family’s code word will be asked for identification. If this person is not listed as an authorized pickup, he/she will not be allowed to leave with your child.**

# Parent/Guardian Acceptance of YMCA Rules, Policies, and Guidelines

I, \_\_\_\_\_, have read the YMCA Summer Day Camp Parent Handbook in its entirety and do hereby agree to abide by the rules and recommendations set forth for my child. I understand that my or my child's failure to adhere to these policies and guidelines may result in suspension or expulsion from the program.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Parent/Guardian Initial

\_\_\_\_\_  
Date

## **CHILD ABUSE REPORTING PROCEDURES**

The YMCA advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food or restroom privileges, confining children in small locked rooms, or emotional abuse.

Affectionate touch and the warm feelings it brings are an important factor in helping a child grow into a loving and peaceful adult. However, YMCA staff and volunteers need to be sensitive to each person's need for personal space (that is, not everyone wants to be hugged). The YMCA encourages age-appropriate touch that helps children develop feelings of trust, security, and self-esteem. However, at the same time, it prohibits inappropriate touch – touch that exploits a child or touch initiated by an adult for the adult's gratification or other means of sexually exploiting children.

In the event that there is an accusation of child abuse, the YMCA will take prompt and immediate action as follows:

1. At the first report or probable cause to believe that child abuse has occurred, the employed staff person it has been reported to will notify the program director, who will then review the incident with the YMCA executive director, or his or her designate. However, if the program director is not immediately available, this review by the supervisor cannot in any way deter the reporting of child abuse by the mandated reporters. Most states mandate each teacher or child care provider to report information they have learned in their professional role regarding suspected child abuse. In most states, mandated reporters are granted immunity from prosecution.
2. The YMCA will make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.
3. In the event the reported incident(s) involved a program volunteer or employed staff, the executive director will, without exception, suspend the volunteer or staff person from the YMCA.
4. The parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the relevant state or local agency.
5. Whether the incident or alleged offense takes place on or off YMCA premises, it will be considered job-related (because of the youth-involved nature of the YMCA).
6. Reinstatement of the program volunteer or employed staff person will occur only after all allegations have been cleared to the satisfaction of the persons named in #1 above.
7. All YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the persons named in #1 above.
8. All full-time and part-time employees and program volunteers must read and sign this policy.

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Parent/Guardian Initials

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Date

**YMCA OF THE UPPER PEE DEE  
DISCIPLINARY POLICY  
After School Care/Summer Day Camp**

- I. Verbally warn child he/she is not following the rules.
- II. Put the child in time out: Away from the activity and other children but not in the corner.
- III. Time out procedure:
  - A. Note the time
  - B. Tell the child how long he/she will be in time out.
  - C. Tell the child this is his/her chance to think about his or her actions and what he/she can do to change the behavior.
  - D. Let the child out of time out after the agreed time.
  - E. Talk to the child about his/her behavior.
- IV. Talk to the parent.
- V. Document all incidents. Write a reprimand.
- VI. Three (3) written reprimands = dismissal from the program.
- VII. Any extensive disciplinary problem may result in immediate expulsion from the program upon review by the Child Development Coordinator and the Assistant Executive Director.

**NOTE: The use of corporal punishment shall not be allowed. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force includes, but is not limited to spanking, slapping, biting, and shaking.**

**Parent Initial** \_\_\_\_\_

Date \_\_\_\_\_

Staff Initial \_\_\_\_\_

Date \_\_\_\_\_

**YMCA OF THE UPPER PEE DEE  
POLICIES (When applicable)  
After School Care/Summer Day Camp**

**I. Disciplinary**

- A. Any strategy that hurts, shames, or belittles a child is not allowed.
- B. Any strategy that threatens, intimidates, or forces a child is not allowed.
- C. The use of food as a reward or punishment is not allowed.
- D. The use or withholding of physical activity as a punishment is not allowed.

**II. Nutrition**

- A. Sugar sweetened beverages shall not be served.
- B. Sweet food items are served no more than two times per week.
- C. All meals and/or snacks that are provided by the center shall be planned and served to meet the child's nutritional requirements as recommended by the USDA CACFP with no more than four hours between food services.
- D. Juice is allowed only once per day in a serving size specified by USDA CACFP for the age group served.
- E. High-fat meats are served no more than two times per week.
- F. Only skim or 1% milk is served to children age 2 and above.
- G. Fried or pre-fried vegetables, including potatoes, are served no more than once a week.
- H. Fruit (not juice) is provided at least two times per week.
- I. A vegetable other than white potatoes is offered at least two times per week.
- J. Whole grain foods are offered at least two times per week.

**III. Physical Activity**

- A. Please dress your child in clothing and shoes that allow for maximum participation in physical activity.
- B. Children are encouraged to be physically active indoors and outdoors at appropriate times
- C. The program's schedule will include outdoor play for infants and toddlers totaling at least 30 minutes; and outdoor play for preschool and school age children totaling at least 30-40 minutes (weather permitting).
- D. If outdoor time is decreased due to weather, the time of indoor activity is increased to ensure the total amount of physical activity remains the same.

**Parent Initial** \_\_\_\_\_

Date \_\_\_\_\_

Staff Initial \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby declare that I have read, understand, and comply with the following documents: (Initial by each document)

\_\_\_\_ Child/Parent information form

\_\_\_\_ YMCA Guidelines

\_\_\_\_ Disciplinary Policies

\_\_\_\_ Emergency Contact information

\_\_\_\_ Child Abuse

\_\_\_\_ Summer Day Camp Policies

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

Date: \_\_\_\_\_