

Child's Name: _____

Enrollment Packet Preschool University

2021-2022

YMCA

Child Development Department

*Please complete this packet online and email to psu@ymcaeastvalley.org along with a current photo of your child. Subject line must read "Preschool University" enrollment packet.



YMCA CHILD DEVELOPMENT ENROLLMENT/EMERGENCY INFORMATION

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Start Date ___/___/___ Preschool School Age 5 Days or 3 Days (If 3 days mark which days) M T W Th F

School-Age Public School _____	Mark grade in 2021-2022: K 1 2 3 4 5
(PM Kinder - 5th grade only) _____	After School only (Please note: NO AM Kinder will be enrolled) _____

Child's Full Name _____ Birthdate: ___/___/___ Boy Girl

Current Address _____ City _____ Zip _____

Child is living with: Both Parents Mother Father Guardian

Parent(s) is/are: Married Separated Divorced Single Parent Widowed

Primary language spoken in your home: English Spanish Other _____

Parent/Legal Guardian _____ Home/cell # (___) _____ Parent Birthdate ___/___/___ email _____

Address _____ City _____ Zip _____

Place of Employment _____ Work # (___) _____ Driver License # _____

Parent/Legal Guardian _____ Home/cell # (___) _____ Parent Birthdate ___/___/___ email _____

Address _____ City _____ Zip _____

Place of Employment _____ Work # (___) _____ Driver License # _____

ADDITIONAL PERSONS TO CALL IN CASE OF EMERGENCY AND PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER (must include 3 persons with ***different*** phone numbers. Out of state contact is for earthquake purposes)

1. _____	Cell (___) _____	Work (___) _____	Home (___) _____	_____
Name				Relationship to child
2. _____	Cell (___) _____	Work (___) _____	Home (___) _____	_____
Name				Relationship to child
3. _____	Cell (___) _____	Work (___) _____	Home (___) _____	_____
Name				Relationship to child

Anyone NOT authorized to pick up child: _____ (Court order is required to restrict natural parent.)

AN AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

We, the undersigned parent(s)/guardian of _____ hereby authorize any physician on the staff of a Licensed Hospital or Emergency Clinic, or any other physician designated by him (them) as agent(s), for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon on the staff of a Licensed Hospital or Emergency Clinic, whether such diagnosis or emergency treatment is rendered at the Office of said Physician or at said hospital(s). It is understood that this authorization is given in advance of any special consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician(s), in the exercise of his (their) best judgment, may deem advisable. This authorization is given pursuant to the provision of Section 25.A of the Civil Code of California.

		(___) _____
Family Physician	Physician Address	Physician Telephone#

Medications, allergies, serious medical issues

PHOTOGRAPHS

I hereby give permission to the YMCA Child Development Program to use any photographs of my child's experiences in your YMCA program. Their uses will include presentations to the YMCA Board, promotional materials, brochures and appropriate social media. **Agree** **Do Not Agree**

Signature of Parent/Legal Guardian	Date

YMCA CHILD DEVELOPMENT

ADMISSION AGREEMENT

Child's Full Name _____ School Age Site _____

Parent/Legal Guardian _____

FIELD TRIPS

I hereby grant permission for my child to participate in all field trips, outings, and activities that are part of our YMCA Child Development Programs. I understand that I will be informed in advance of field trips or activities that will occur away from the child care site. Field trip transportation may include walking, use of public transportation, or chartered buses. If a parent chooses to not have their child participate in a field trip childcare services will be uninterrupted.

ILLNESSES

I understand that if my child is ill or shows signs of illness or communicable condition, he/she is NOT to be brought to any childcare center for care. If my child becomes ill during the day, I understand that I or a person authorized on my child's emergency form must pick up my child within the hour. I understand that a doctor's note may be required for my child to return to the program.

EMERGENCY MEDICAL CARE

I have signed the necessary forms giving authority to the YMCA Child Development staff to seek medical attention for the above named child in the event of an emergency or illness if unable to communicate with me immediately. I understand that the program fee does not include accident insurance and I agree to pay for all expenses.

PAYMENT OF FEES

Parents will be advised of the childcare fee amount at the time of enrollment. Fees for childcare services are due on Fridays for the upcoming week and are automatically drafted from the parent's bank account in advance of service. Fees for childcare services will be considered delinquent on Monday. The parent will be given notification indicating: 1) the total amount of unpaid fees 2) that services shall be suspended until all delinquent fees are paid. Childcare fees are due regardless of attendance. All accounts must be on electronic bank draft. If there are extreme extenuating circumstances, we will attempt to provide a reasonable plan for payment of delinquent childcare fees provided the parent pays current fees for childcare services and complies with the provisions of the repayment plan.

REASONS FOR TERMINATION OF CHILDCARE BY THE YMCA

Reasons for termination may include but are not restricted to: non-payment, excessive behavioral problems, harassment, threats or disrespectful use of language towards any staff, parents or other children, or failure of YMCA Childcare Department to meet the needs of your family or children.

Parent/Legal Guardian Signature

Date

PHOTOGRAPHS

I hereby give permission to the YMCA Child Development Program to use any photographs of my child's experiences in the YMCA program. Their uses will include presentations to the YMCA Board, promotional materials, brochures and appropriate social media. **Agree** **Do not agree**

DAILY SIGN IN/OUT OF YOUR CHILD

This is to acknowledge that my child must be signed-in and signed-out of your childcare facility by an authorized adult (must be over 18 years of age) using a full and legible signature on a daily basis. Accurate times of arrival and departure must also be recorded. Failure to comply will result in termination of childcare services.

TRANSPORTATION

I understand that the YMCA does not provide transportation to childcare programs. Transportation is the responsibility of the parent/legal guardian.

CONSULTANT AND COMMUNITY RESOURCES

When applicable or necessary, the YMCA Child Development Program will offer information about community resources in order to best meet the needs of the children in our program.

COMMUNITY CARE LICENSING AND CALIFORNIA DEPARTMENT OF EDUCATION

- The Department of Community Care Licensing (CCL) agency and the California Department of Education (CDE) representatives shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent.
- The licensee (YMCA) shall make provisions for private interviews with child(ren), or any staff member, and for the examination of all records relating to the operation of this facility.
- CCL, Child Protective Services and /or CDE representatives shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

OPEN DOOR POLICY

The YMCA allows parents unlimited access to their children and staff caring for their children during normal hours of operations. However, parents may only interact with their own children.

RELIGIOUS INSTRUCTION

YMCA Child Development Programs do not include religious instruction or worship.

REQUIRED DOCUMENTS

1. Physician's Report (Not applicable to School-Age Childcare)
2. Immunization Records (Not applicable to School-Age Childcare)
3. Enrollment Information
4. Pre-Admission Health History
5. Emergency and Identification Information
6. Admission Agreement
7. Financial Agreement
8. Food Application (Not applicable to School-Age Childcare)

Parent/Legal Guardian Signature

Date

Child Development Behavior Contract

One of the goals of the YMCA Child Care Program is to build self-esteem in children. We do this with positive attention and by setting limits to encourage appropriate behavior. Corporal punishment and other humiliating or frightening techniques are prohibited. Constructive methods are used in maintaining group control and handling individual behavior.

Examples of constructive discipline methods are as follows:

- 1) Establish rules with children in the classroom and on the playground.
- 2) Give verbal instructions that are short, specific and clear.
- 3) Praise children for appropriate behavior and redirect inappropriate behavior.
- 4) Verbal discussion between staff and child.

Children are responsible for:

- Remaining with a staff member at all times. Children must be under the visual supervision of a staff member at all times. School-age children are to report directly to the YMCA program after school.
- Treating all staff, parents and other children with respect.
- Respecting the rules that guide them during the program day.
- Expressing their feelings in appropriate ways so that their actions do not harm others. Aggressive/Inappropriate behavior is unacceptable.
- Learning to be responsible and take consequences for their own actions.
- Respecting the YMCA's and school's equipment and supplies. Sharing equipment and supplies.
- Returning materials and equipment to the place they found them.
- Using appropriate language.

The following steps can be taken if your child chooses not to follow the behavior contract. Steps may be skipped for more severe behaviors.

1. Staff/Child discussion of behavior
2. Incident report sent home and parent notified. Two incident reports for same behavior results in Behavior Report
3. Staff/Parent/Child conference where an individual needs plan will be outlined and implemented.
4. Suspension or termination from the program.

Inappropriate behavior is defined as:

Defiance of authority	Disorderly conduct	Spitting	Defiance of rules & guidelines
Verbal abuse	Profanity	Fighting	Repeated lack of self-control
Destruction of property	Biting	Repeatedly leaving the supervision of the teachers	

****The severe behaviors listed below or any other behavior which significantly threatens the safety of anyone in the program will result in immediate termination of services.***

***Making threats of violence**

***Bringing a weapon**

***Physical assault**

***Possession of drugs/ alcohol**

(Children whose enrollment is terminated from childcare programs for behavior incidents are also excluded from all other YMCA of the East Valley programs)

If a child is suspended from the public school program, they are also suspended from the YMCA childcare program. YMCA management will consider termination of childcare services based on the personal rights of each child in the program as well as the needs of each individual child.

Parent signature

Child Signature (School Age)

Date



YMCA of the East Valley

Family Needs Assessment

Parent/Guardian Name _____

Phone # (____) _____ County _____

Please check any of the boxes below if you would like information on these community resources

- | | |
|---|---|
| <input type="checkbox"/> Brushing Teeth | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Banks | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Head Lice | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Healthy Families (medical insurance) | <input type="checkbox"/> Shaken Baby Syndrome |
| <input type="checkbox"/> Housing/Shelters | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Toilet Training |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> WIC Program |

- I do not need social referral information at this time, but I understand that I can request this at any time.

Parent/Guardian Signature Date

Authorized Agency Representative Date

30 Day Follow-up:



YMCA OF THE EAST VALLEY

Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representative heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Date

Participant Signature

Date

Parent or Guardian Signature
(if participant is legally a minor)

Print

Parent or Guardian Print



ID# []

Membership Type []

Membership Branch []

Primary Member Name: _____ Gender: Male Female DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Ph. #: _____ Email Address: _____

Employer/School: _____ Work Ph. #: _____

Employer/School Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL MEMBERS: Please list all additional person(s) to be included on this membership.

	Name (First, Middle, Last)	Relation to Primary	Occupation/School	Phone	Gender	Age	Birthdate
2					<input type="checkbox"/> M <input type="checkbox"/> F		
3					<input type="checkbox"/> M <input type="checkbox"/> F		
4					<input type="checkbox"/> M <input type="checkbox"/> F		
5					<input type="checkbox"/> M <input type="checkbox"/> F		
6					<input type="checkbox"/> M <input type="checkbox"/> F		

MINOR CONSENT & RELEASE: I, (We), the undersigned, parent(s)/guardian(s) of a minor, authorize the YMCA of the East Valley to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis is rendered at the office of said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective, unless revoked in writing and delivered to the YMCA of the East Valley.

PARENT/GUARDIAN(S) SIGNATURE: _____

MEDICAL INFORMATION:

Emergency Contact: _____ Dr. /Clinic Name: _____

Relationship: _____ Dr. /Clinic Ph. #: _____

Contact Home Ph.: _____ Medications (for whom): _____

Contact Work/Cell Ph.: _____ Allergies (for whom): _____

PAYMENT INFORMATION:

Name as it appears on bank account or credit card: _____

Type of Account (circle one: checking/savings/credit card): _____ Account/Card #: _____

Bank transit # or credit card expiration date: _____ Draft on: 10th or 25th

Payment Authorization: I authorize the YMCA of the East Valley to deduct my monthly membership dues from the account listed above (please note that Mastercard/Visa debit cards CANNOT be used for monthly drafts). I understand that should any preauthorized payment not be honored by my bank, that I will remain liable for such payment and must immediately pay the amount due plus an additional processing fee of \$20.00. **Terms of Membership Cancellation:** I agree that this payment agreement shall remain in effect at all times and that any changes or cancellation requires an advance 5-day written notice by the primary account holder. Any notice of less than 5-days will result in one more monthly payment. I agree to the above YMCA payment policies, and understand that YMCA memberships are NON-TRANSFERABLE and NON-REFUNDABLE.

Signature (as shown on bank or credit card): _____ Date: _____

- I understand and agree that for security purposes, all dependent members must agree to be photographed prior to utilizing their membership benefits.
- I have been issued a YMCA of the East Valley Code of Conduct and understand that it is my responsibility to ensure that each dependent member acts in accordance with these rules, as a failure to do so may result in expulsion from the YMCA and a revocation of membership.
- I grant the YMCA of the East Valley, its agents and the news media the right to photograph my dependent members, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.
- I understand that the YMCA of the East Valley, in its sole discretion, reserves the right to deny or cancel the membership of any person at any time.

Signature of Primary Member: _____ Date: _____

The YMCA is a not-for-profit organization that frequently applies for grant funding to provide scholarships and program support. By providing the information below, you help us to comply with guidelines from funders that require us to collect such data. This information will be treated confidentially.

Ethnicity: African American Alaskan Native Asian/Pacific Islander Hispanic Native American Caucasian/Non Hispanic Other

Income: Less than \$13,999 \$14,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000-74,999 More than \$75,000

How did you hear about the YMCA? Brochure Website Newspaper Yellow Pages Family/Friend/Member Drive By Other: _____



YMCA OF THE EAST VALLEY CODE OF CONDUCT

The YMCA of the East Valley is dedicated to providing a safe, supportive and positive environment for all.

All guests must adhere to the Code of Conduct as listed below. The YMCA of the East Valley reserves the right to deny or cancel the membership of any person at any time.

Code of Conduct Purpose

In the interest of safety and welfare, all members and YMCA guests are asked to follow the YMCA Code of Conduct. We seek the highest respect and courtesy toward one another, as well as, proper use, maintenance and care of the YMCA property and equipment. All participants are asked to conform to these rules and regulations. Use of the YMCA facilities is a privilege, which can be revoked at any time for violation of the YMCA Code of Conduct. Abusing facility rules may warrant suspension of YMCA membership and privileges.

Code of Conduct

- The use of, or being under the influence of drugs, alcohol, illegal substances or weapons is prohibited.
 - The YMCA is a smoke-free environment. Smoking (including vapor use) is prohibited throughout facilities, property and parking lots.
 - Verbal abuse, intimidating language, swearing, fighting and arguing, and/or any behavior which threatens the enjoyment and/or welfare of other members participants and staff are unacceptable. Violators will be asked to leave or be removed by the police. Abuse of this nature may warrant suspension of YMCA membership and privileges.
 - Treat all members, staff and volunteers with an appropriate level of respect.
 - Instruction of any kind must be provided by a YMCA staff member. (i.e. swim instructors, personal trainers, etc.) Second party instructors are not permitted.
 - The removal of YMCA property, or the property of others, results in termination and prosecution.
 - The YMCA cannot guarantee or accept responsibility for the security of personal belongings anywhere on the premises, including those locked in lockers.
 - Adults/legal guardians must supervise their child(ren)/minor dependents in the facility at all times.
 - Equipment use is provided as a service. The abuse of any YMCA equipment will not be tolerated.
 - Cell phone usage is not permitted in any of our locker rooms at all times.
 - Members and program participants are expected to wear clothing appropriate for the activities which they are participating in, and may not be overly revealing or offensive to the general membership. This includes, but is not limited to any attire or visible tattoos that contain offensive, vulgar and/or obscene material.
- Additionally, shoes and shirts are required for everyone in the building.

NONDISCRIMINATION POLICY UNDER THE AMERICAN WITH DISABILITIES ACT In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the YMCA will not discriminate against any individual on the basis of disability. The YMCA will make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. The YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures or by the provision of auxiliary aids or services. The YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

Please see the front desk for more information on the Code of Conduct.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

YMCA Child Development Program
Acknowledgement of Documents Received

I, the undersigned parent/legal guardian of _____ acknowledge
(Print child's name)
receipt of and agree to adhere to the guidelines contained in the following documents:

Please keep these documents for your future reference

PLEASE INITIAL EACH LINE BELOW:

_____ **Caregiver Background Check**

_____ **Personal Rights**

_____ **Parents' Rights**

_____ **Member Code of Conduct**

_____ **Calendar of Holidays/Staff Development Days**

_____ **Parent Handbook**

_____ **Quick Look Policies**

Signature of Parent or Legal Guardian

____/____/____

Date

Print Name of Childcare Site: _____

Quick Look Policies Reminder

This is a brief reminder of important policies in our Parent Handbook

- 1) YMCA Membership - In order to participate in any YMCA program, including childcare, children must be current members of the YMCA. This is an annual fee, renewed 12 months from initial enrollment. At a minimum the child must have a Youth Program Membership or two or more children in a family must have a Family Program Membership in order to attend childcare. This membership allows a child(ren) to participate in other programs offered by the Y as well. Membership must be paid within 30 days of renewal. Failure to pay in a timely manner will result in suspension of childcare services until paid.

- 2) Two Week Notice - We require a two weeks' written notice of enrollment withdrawal in order for us to call from our wait list. Without a two weeks' notice, your account will be charged the fee for two weeks of childcare.

- 3) Changes in Writing - Any changes to your child's schedule, change in the adults authorized to pick up your child, or withdrawing from the program must be done in writing. Please ask your site director for the correct form.

- 4) Returned Payment - If your automatic bank draft is returned unpaid, you will be notified and expected to insure payment is made within the week. There is a \$25 per item return fee. Three instances of returned bank drafts will result in termination of childcare services.

- 5) Childcare Fee Deductions - There are no deductions from childcare fees for vacation or illness.

Child's name (please print)

School

Parent/Guardian Signature

Date



YMCA of the East Valley – Childcare Services

Electric Fund Transfer (EFT) Form – Childcare 2021-2022

It is YMCA policy to have your childcare payments deducted automatically through our EFT

Please return this form with your packet via email to PSU@YMCAEASTVALLEY.ORG

Child’s Name: _____ **School:** _____ **Begin draft on (Date):** _____

I wish to have my account drafted on: (Choose one)

Bi-Monthly: **1st and 16th only ***

Monthly: **1st only ****

I authorize my annual registration fee to be drafted on __/__/__

EFT Credit Card	NAME AS IT APPEARS ON CREDIT CARD	ADDRESS	CITY	ZIP
	CREDIT CARD NUMBER	EXPIRATION DATE		CREDIT CARD 3-DIGIT VERIFICATION CODE <small>(LOCATED ON REVERSE SIDE, SIGNATURE PAD)</small>
	Check one : VISA MASTERCARD AMEX DISCOVER DINERS JCB	AMOUNT EACH TRANSACTION (after rate increase) Choose one:		
	NAME OF BANK OR CREDIT CARD ISSUER		E-MAIL ADDRESS (PLEASE PRINT CAREFULLY)	

I give permission to my banking institution to honor both preauthorized checks and drafts drawn by you on my account for YMCA payments as indicated above. It is understood that your sending of a preauthorized check or draft to the banks as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check or draft by charging my account, such check or draft shall constitute my receipt for the payment.

I UNDERSTAND AND AGREE TO THE ABOVE YMCA POLICY
SIGNATURE AS SHOWN ON BANK OR CREDIT CARD

DATE

CANCELLATION POLICY

I understand that this YMCA Bank/Credit Card draft will remain in effect until notified by the account holder in writing to cancel or upon the natural end of the school term. It is my complete understanding that if I wish to terminate or change my childcare registration in any way I must give the YMCA a 14-day written notice; I understand that one or more payments will be withdrawn from my account if notice is less than 14-days and payments have been previously scheduled within that time.

I authorize my annual membership fee to be drafted on or before its expiration date __/__/__

***SOME MONTHS HAVE 5 WEEKS – BI-MONTHLY/MONTHLY MAY INCLUDE AN EXTRA WEEK**

Credit Card Only

Parent/Child/Site Visit Check Off List

A site visit is mandatory for both parent and child prior to enrollment

Please contact your child's childcare program site to schedule an appointment

Child's Name: _____

Preschool or Toddler

Teacher: _____ Room _____

The Teacher will review the following with the parent and child

- | | |
|---|---|
| <input type="checkbox"/> Lesson Plan/Curriculum | <input type="checkbox"/> Payment of fees |
| <input type="checkbox"/> Mission statement | <input type="checkbox"/> Child's interests |
| <input type="checkbox"/> Character counts | <input type="checkbox"/> Allergies/medical concerns |
| <input type="checkbox"/> Supervisor information | <input type="checkbox"/> Behavior contract |
| <input type="checkbox"/> Daily Schedule | <input type="checkbox"/> Earthquake/Disaster kit |
| <input type="checkbox"/> Menu/Meal Service | <input type="checkbox"/> Overview of program rules |
| <input type="checkbox"/> Sign in/out procedure | <input type="checkbox"/> Child reporting to program |

This site's YMCA program is located in _____

The YMCA site phone # is _____

Parent/Guardian Signature

Teacher's Signature

Date of visit _____

YMCA of the East Valley Child Development Programs 2021-2022

Calendar of Holidays/Staff Development Days

All YMCA of the East Valley Child Development Programs will be closed on the following days during the 2021-2022 fiscal/school year:

- | | |
|--------------------------|------------------------|
| ➤ July 5, 2021 | Independence Day |
| ➤ September 6, 2021 | Labor Day |
| ➤ November 11, 2021 | Staff Development Day |
| ➤ November 25, 2021 | Thanksgiving Day |
| ➤ November 26, 2021 | Day after Thanksgiving |
| ➤ December 24 – 31, 2021 | Winter Break |
| ➤ January 17, 2022 | Martin Luther King Day |
| ➤ February 21, 2022 | Presidents Day |
| ➤ May 30, 2022 | Memorial Day |
| ➤ June 10, 2022 | Staff Development Day |

Please be sure to post this where you can easily refer to the list and make alternate childcare arrangements.

Additionally, School-Age parent pay programs in the Redlands Unified School District are closed when the public schools are closed.

State-Funded programs located in the modular unit at Crafton School is open on public school holidays with the exception of the days listed above.