



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Mt. Madonna YMCA**  
YMCA of Silicon Valley  
After School Program  
Enrollment File Checklist

Child's Name: \_\_\_\_\_ Child's Start Date: \_\_\_\_\_

After School Site: \_\_\_\_\_

**PLEASE INITIAL EACH ITEM AFTER COMPLETING THE PACKET**

	Parent's Initial	Completed (Staff)
After School Student Registration	_____	_____
After School Parent Agreement	_____	_____
Liability and Indemnity Agreement	_____	_____
Health History/Child Release Parent Authorization for Medical Treatment	_____	_____
Student Behavior Management Procedures	_____	_____
Early Release Policy	_____	_____
Transportation Release	_____	_____
Parent/Family Handbook	_____	_____

**ACKNOWLEDGEMENT AND RECEIPT**

I acknowledge that I have received, read, and sought clarification of any questions I have about the contents of the After School enrollment packet

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



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### YMCA of Silicon Valley After School Registration

Student ID# _____	Walks Home: YES NO
Site Name: _____	Returning Student: YES NO

Begin Enrollment Date \_\_\_/\_\_\_/\_\_\_ School Year \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ F  M

ETHNIC ORGIN \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE (September) \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

TEACHER \_\_\_\_\_

BILINGUAL  YES  NO If yes, what language(s)? \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Child lives with:  Mother  Father  Both  Grandparents  Other: \_\_\_\_\_

**Sign Out Information:**

Safety is a top priority at the YMCA After School Program, therefore no child in the program will be released without a parent/guardian signature or that of one of the individuals listed below. If a child is to walk home, please indicate permission on the Parent Agreement and a staff member will sign out your child. (Note: Names listed below must be of person's 16 years or older).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read the following and sign below:**

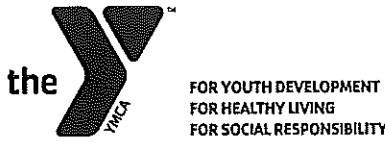
I, the undersigned parent or guardian, do hereby certify the foregoing information, and the information on the Health Form, the Liability Waiver and the Parental Agreement is correct and complete and I agree to allow the above named child to participate in the program. I acknowledge that any person on the above release list is allowed to sign out my child. I understand I am enrolling my child in an educational enrichment and recreation program, **NOT** licensed child care.

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

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

Day Phone \_\_\_\_\_

Day Phone \_\_\_\_\_



Student's Name: \_\_\_\_\_  
Last Name, First Name

## YMCA of Silicon Valley After School Parent Agreement

Please read the following information carefully. You must sign at the bottom indicating you understand and agree to all of the following:

1. **Enrollment:** Enrollment is limited. Our hope is to have enough room for all students wishing to participate in the YMCA After School Program, however, we can't always accommodate everyone. After receiving your completed forms, you will receive a letter or the site director will call to let you know if your child will be in the program and the date he/she may begin.
2. **Attendance:** Regular attendance is important. *Students with three (3) unexcused absences may be asked to leave the program.* Students may attend the program only on days they attend school. To maximally benefit from the program, students must attend until 6:00 pm. Students who need to leave early will be reviewed on a case by case basis in accordance with the early release policy.
3. **Student Pick-Up:** Students participating in the YMCA After School Program must be signed out by yourself or an authorized person designated by you on the registration form. Your child must be picked-up promptly at the end of the program. If your child has not been picked up by the end of the program, site staff will contact you and/or those individuals designated as emergency contacts. *Four late pick-ups may result in a student being dropped from the program.*
4. **Discipline:** Participation in the YMCA After School Program is a privilege. A child must follow the rules of the program which are consistent with the school rules. You and your child will be asked to sign the YMCA Behavior Management Agreement as part of this registration. Disruptive or disrespectful behavior toward other students or staff is cause for suspension or removal from the program. We encourage you to discuss concerns about your child's behavior with the Site Director.
5. **Homework Completion:** It is our hope that every child will be able to complete all homework within their time at the program. As the program offers multiple components, we are unable to guarantee that every child will complete their assignments in the time allotted. If you child is consistently struggling with their homework and its completion, please talk to the Site Director to explore options to assist in this area.
6. **Parental Support:** While YMCA staff members are qualified and committed, we need and welcome your help to make the program the very best it can be. You are an important partner in our program's success, and we look forward to your help with events and activities, field trips, tutoring and other projects.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### FAMILY LEARNING AGREEMENT

#### *Student*

- I will attend the program everyday I go to school and stay until the program is over.
- I will actively participate in program activities.
- I will follow the school and program rules.
- I will sign in everyday with a staff member.
- I will respect myself and others.
- I will respect the supplies and materials of the school, program and others.
- I will complete my school assignments and ask for help when I need it.
- I will practice good citizenship.
- I will read at home every day for at least 15 minutes.

#### *Parent/Guardian*

- I will support my student's academic, social and cultural development by:
- Ensuring my child attend the after school program every day until the program ends.
  - Maintaining good communication with the YMCA After School Program Staff
  - Picking my child up on time
  - Encouraging my child to read at home at least 15 minutes a day.
  - Providing quiet study time and encouraging good study habits.
  - Talking with my child about school and after school activities and reviewing homework daily.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**YMCA OF SILICON VALLEY: RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children and any personal representatives, 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 program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

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, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all 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 or such children 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 or such children 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 to the undersigned or such children due to negligence of releases 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 HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE.**

\_\_\_\_\_  
Print Name of Applicant/Parent                      Date

\_\_\_\_\_  
Print Name of Child in Program                      Date

\_\_\_\_\_  
Print Name of Applicant/Parent                      Date

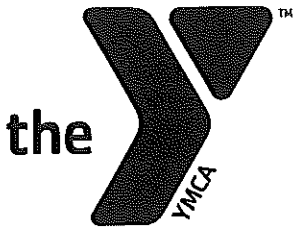
\_\_\_\_\_  
Print Name of Child in Program                      Date

\_\_\_\_\_  
Signature of Applicant/Parent                      Date

\_\_\_\_\_  
Print Name of Child in Program                      Date

\_\_\_\_\_  
Print Name of Applicant/Parent                      Date

\_\_\_\_\_  
Print Name of Child in Program                      Date



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## YMCA CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

All participants must submit the following at time of registration: completed registration forms, health history forms, and legible copies of health insurance cards.

**CHILD'S NAME:** First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birthdate: / / \_\_\_\_\_ Grade: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Birthmarks/scars: \_\_\_\_\_  
 African American     Asian/Pacific Islander     Caucasian     Hispanic     Native American     Other

**PARENT/GUARDIAN 1:** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**PARENT/GUARDIAN 2:** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

### EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we may need to contact at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian or below will be able to pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. Please send someone **16 years or older** to pick up your child. **Picture ID required for pick-up.**

Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____
Name: _____	Cell Phone: _____	Alternate #: _____	Relationship: _____

### MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Doctor's Phone: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_  
 Family Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_  
 Dentist's Address: \_\_\_\_\_  
 Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Immunization History (include dates): Tetanus Booster: \_\_\_\_\_ Tuberculin (TB) Test: \_\_\_\_\_ MMR: \_\_\_\_\_ DPT: \_\_\_\_\_  
 If you do not immunize your child, please sign here: \_\_\_\_\_  
 If you do not have medical insurance for your child, please sign here: \_\_\_\_\_

### MEDICAL HISTORY

<input type="checkbox"/> Asthma	<input type="checkbox"/> Head Lice	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Measles	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Bleeding/Clotting Disorder		

Allergies:  Pollen     Penicillin     Poison Oak     Bee Stings     Bee Sting Kit  
 Foods     Hay Fever     Other Insect Stings     Other Drugs     Other Allergies?

List Other Allergies Here: \_\_\_\_\_  
 List Dietary Restrictions Here: \_\_\_\_\_  
 Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides?     YES     NO  
 If yes, please explain: \_\_\_\_\_  
 List operations, serious injuries, or restriction on physical activity: \_\_\_\_\_  
 List current medications and purpose: \_\_\_\_\_

**MEDICATION DISBURSEMENT AUTHORIZATION:** If your child is currently taking medications, please complete this section. This includes over-the-counter, and prescription medications. For the child's protection, we cannot allow staff to administer medication without this form. All dosages sent to camp must be in original container with dosage directions and/or doctor's instructions clearly labeled on package. Dosages will be administered and documented according to directions on the bottle unless a physician directs otherwise.

Medical Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

When: \_\_\_\_\_

Comments or Instructions: \_\_\_\_\_

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

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

Is your child currently involved in therapy? \_\_\_\_\_

YES

NO

Please explain: \_\_\_\_\_

Does your child require special accommodations? \_\_\_\_\_

YES

NO

Please explain: \_\_\_\_\_

Please contact the Director **prior** to the start of the program if special accommodations apply.

### SWIMMING/SUNSCREEN INFORMATION

Certain YMCA programs may include swimming activities with certified lifeguards on duty. Every child with permission to swim, and regardless of swimming ability, will participate in a swimming test prior to swimming.

My child has permission to participate in YMCA swimming activities.

YES

NO

The YMCA staff may apply sunscreen to my child's exposed skin (not covered by clothing/swimsuit), as-needed.

YES

NO

### PHOTO RELEASE

I hereby irrevocably consent to and authorize the use and reproduction by the Y, or anyone authorized by the Y, or any and all photographs which you have this day taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the Y's property, solely, and completely.

### MEDICAL RELEASE

This health history form is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the Y to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. The Y is given permission to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Y to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I give my permission to the Y to administer medications if prescribed on the medication consent form.

**I agree to and understand the following guidelines:** Participants agree to abide by the rules and regulations set by the Y for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. This form may be photocopied for use away from the main program site.

The YMCA of Silicon Valley reserves the right and WILL send ANYONE home (at parents'/guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The program director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardian's signature is required on the Photo Release, Medical Release, and agreement to follow YMCA policies and guidelines in order for your child to participate.

PARENT/GUARDIAN SIGNATURE: **X** \_\_\_\_\_

DATE: \_\_\_\_\_

# YMCA of Silicon Valley

## STUDENT BEHAVIOR MANAGEMENT PROCEDURES

It is the goal of the YMCA of Silicon Valley to provide a healthy, safe, and secure environment for all School Age (SACC) Program participants. The YMCA teaches the core values of Respect, Responsibility, Honesty and Caring. Children attending the program are expected to follow the behavior guidelines and appropriately interact in a group setting.

### PROGRAM BEHAVIOR GUIDELINES

- People are RESPONSIBLE for their actions.
- RESPECT each other and the environment.
- HONESTY will be the basis for all relationships and interactions.
- We will CARE for ourselves and those around us.

When a child does not follow the behavior guidelines, the following steps will be taken:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. The parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
5. A conference with the parent and staff will occur to determine the appropriate action.
6. A progress check or follow up will occur.
7. If the problem persists, a conference will occur with the parent, child, staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
8. If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent will be notified and expected to pick up the child immediately.
9. If a problem persist, and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
10. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and will result in immediate suspension or expulsion:

**SUSPENSION** \* for the remainder of the current day and the next day:

- Endangering the health and safety of the children and/or staff.
- Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- Theft or damage to YMCA, school, or personal property.
- Leaving the child care program without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.

(\* If any of the behaviors listed above persists, a second suspension may occur pending expulsion.)

**IMMEDIATE EXPULSION:**

- Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.

---

**PARENT/GUARDIAN SIGNATURE REQUIRED:**

I have reviewed the Behavior Management Procedures with my child. I understand and agree to all of the terms presented in this document.

---

Parent/Guardian Signature

Date

---

Child Signature

Date

# YMCA OF SILICON VALLEY

## AFTER SCHOOL PROGRAM

### EARLY RELEASE POLICY

---

The community recognizes Grant program hours and release criteria per Assembly Bill 2324 fit the YMCA After School Centers. Centers are to be open at least 3 hours, 5 days a week Monday – Friday, and staffed until 6:00. YMCA After School Centers shall provide for student needs in accordance with the criteria stated above. However, it is duly recognized by site and advisory committees that the stated criterion does not provide for the safety and interest of all students and families. Our YMCA and advisory committees have elected to establish a reasonable and equitable early release policy that applies to all Grant Funded After School programs. Recognizing that student safety is the primary responsibility of all persons associated with the program, the YMCA has elected to establish, in accordance with **AB 2324**, the following early release policy:

**A child may be released early from the after school program prior to the end of program time at 6:00 p.m. based on the following conditions:**

1. Child attends a “parallel program” (programs such as: soccer, basketball, chess, etc.) on school campus. An agreement with the parent and documentation of enrollment makes this parallel program the child’s enrichment component.
2. Regular school day releases between 1:30 and 3:00 and the child has remained in the program for three or more hours that day (e.g. child may leave at 5:00 pm if the regular school day release is at 2:00 pm).
3. Family Emergencies (such as death in the family, catastrophic incidents, etc.).
4. Medical appointments.
5. Weather conditions or early darkness, especially if the child walks home.
6. Child accidents that occur during program time (program staff will call parent or guardian).
7. Personal family circumstances that an early release is necessary for child or family well-being.
8. Other conditions as prescribed by the school (especially as they relate to a child’s safety). An example might be school bus transportation home especially if taking the bus home might result in getting home close to 7:00 pm if the child leaves at 6:00 pm.

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

**Site Director Signature:** \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Transportation / Walk Home Release

My child needs to walk or take the bus home on the following days:  
(Circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

I would like my child to leave the program on bus/walking days:

\_\_\_\_\_ at 5:15 pm or when it gets dark – which ever time is earlier

\_\_\_\_\_ Other/Reason: \_\_\_\_\_

\_\_\_\_\_  
Initials

---

My child is to walk or take the bus home only on days when I provide a note

\_\_\_\_\_  
Initials

---

My child is not to walk or take the bus home – I or a designated representative will pick him/her up from the program each day.

\_\_\_\_\_  
Initials

---

***I understand a written note is required to change any of these instructions. The note must be provided to the program in advance of the release. Written notice is required for students who may not normally walk/bus to be allowed to walk or take the bus home. Should I need to designate another adult for pick-up, written notice will also be provided. Verbal instructions will not be accepted.***

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

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