



**Mt. Madonna YMCA**  
*A Branch of the YMCA of Silicon Valley*  
**After School Program – Charter School of Morgan Hill**  
**Enrollment File Checklist**

Child's Name: \_\_\_\_\_

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

Child Care Site: \_\_\_\_\_

Child's Grade Level \_\_\_\_\_

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

	Parent's Initial	Completed (Staff)
Child Care Registration Contract & Admission Agreement for CSMH	_____	_____
Liability and Indemnity Agreement	_____	_____
Health History/Emergency Contact & Child Release/Authorization for Treatment	_____	_____
Student Behavior/Management Procedures	_____	_____
Homework Contract	_____	_____
EFT Authorization Form (optional)	_____	_____
Parent 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: \_\_\_\_\_

**Mt. Madonna YMCA**  
***A branch of the YMCA of Silicon Valley***  
**After School Program Fact Sheet**  
**Charter School of Morgan Hill**

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Days/Times: Monday – Friday, 2:45pm – 5:45pm

Monthly Cost: \$349 5 days/week  
\$229 3 days/week  
\$169 2 days/week

Minimum days included at no additional cost  
Financial Aid Scholarships available.

Site Location: Charter School of Morgan Hill  
9530 Monterey Rd., Morgan Hill, CA 95037

Program Dates: August 18, 2011 – June 7, 2012

Closure Dates: Labor Day  
Thanksgiving Day and Friday  
Martin Luther King Jr. Day  
Memorial Day

Combined Dates\*: October 31  
(\$50 per session) November 11, November 21-23  
December 21-23  
January 2-3, January 16  
April 6

Holiday Camps\*: December 26-30  
(\$205 per session) February 20-24  
April 9-13

**\*These sessions are held at our YMCA Child Care Center at Paradise Valley Elementary:  
1400 La Crosse Dr., Morgan Hill. Program runs 6:30am-6:15pm.  
There is an extra cost for the in-service days and week-long vacation periods. Call  
(408) 762-6017 for more information on programs during non-school days.**



# YMCA of Silicon Valley Child Care/After School Registration Contract

**Mt. Madonna YMCA branch**

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

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

**Child's Birth date** \_\_\_\_\_  F  M  **Ethnic Origin** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

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

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

After School

◆ She/He will be attending: 5 Days  3 Days  2 Days

◆ Check days that your child will be attending:

Monday  Tuesday  Wednesday  Thursday  Friday

◆ I understand my monthly tuition is: \$ \_\_\_\_\_ for (choose one)  Plan A  Plan C

## PAYMENT OPTIONS (check one)

Electronic Funds Transfer   
Bank Draft  
\_\_\_ 3<sup>rd</sup> or \_\_\_ 20<sup>th</sup> prior to

Monthly Payments   
Due 20<sup>th</sup> of month prior  
To service

Electronic Funds Transfer   
Credit Card  
20<sup>th</sup> prior to service

Third Party Participants are required to register for plan C. Third Party Agency \_\_\_\_\_

**Signature of Party responsible for payment** \_\_\_\_\_

I have read the tuition and payment policy of the YMCA of Silicon Valley Child Care Centers, the Admissions Agreement and the Parent Handbook. My child and I have also read and signed the YMCA's Student Behavior Management Procedures. I understand all fees are due on the 20<sup>th</sup> of the month prior to attending. A \$35 late fee will be assessed for any payment received after the 1<sup>st</sup> of the month (\$35 limit per family). If payment is not received by the 5<sup>th</sup>, childcare services may be suspended. If payment is the responsibility of more than one parent, two signatures are required. I also understand that my \$100.00 deposit is non-refundable.

Initial Here  
\_\_\_\_\_

I/We understand that I/we are jointly responsible for the payment of our child's child care fees at your center as well as any changes made to the registration packet and that the YMCA is authorized to discuss payment status with either/both of us. I/We also agree to share all related child care documents with either / both of us.

\_\_\_\_\_  
**Parent/Guardian Signature**  
**Day Phone** \_\_\_\_\_

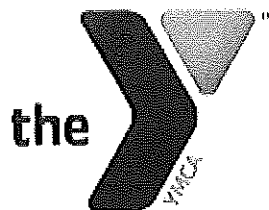
\_\_\_\_\_  
**Site Director Signature**  
**Name of Site/Center Director** \_\_\_\_\_

Please send all payments to:  
YMCA of Silicon Valley  
Business Resource Center  
1922 The Alameda Fl 3  
San Jose CA 95126

## YMCA of Silicon Valley School-Age After School Admission Agreement

The YMCA of Silicon Valley School-Age After School program is a non-licensed program for school-age children. As hours vary between locations, please check your center's schedule. The basic fee schedule covers the days when school is in session. Winter, Spring, other school breaks and summer vacation days are not calculated in the basic plan. You may choose a fee plan that does cover these days or pay the additional rate as the need arises, and providing space is available.

1. **The YMCA After School program Parent Handbook serves as a part of this Admission Agreement. Please understand that it is your responsibility to read and understand the policies set forth in the Parent Handbook.**
2. There is a \$100 **non-refundable** deposit and a program membership fee which is required for each child enrolling in the program. EFT may be automatically drafted from your bank account (checking, savings, credit union) on the 3<sup>rd</sup> or 20<sup>th</sup> day of the month prior to service or you may elect a credit card draft on the 3<sup>rd</sup> or 20<sup>th</sup> of the month prior to service. If your credit card is declined or bank draft is rejected, a \$20 service charge will be applied to your account.
3. Please understand that fees are based on enrollment, **NOT** attendance, and there are no adjustments for non-attendance.
4. You are bound to the terms of this agreement. **All plan changes must be completed by September 30**, and will be charged an administrative fee of \$25 (limited to one charge per family). Withdrawal from the program requires written notice received at the **Business Resource Center** at least two weeks in advance.
5. **A late fee of \$35** (limited to \$35 per family) will be assessed for payments received after the 1<sup>st</sup>. After the 5<sup>th</sup>, if payment is not received, childcare services may be suspended.
6. Refund conditions: All fees are charged on the basis of enrollment, not attendance. Refunds/prorates cannot be granted for absences due to illness or vacation. When you enroll, you are reserving time, space, staffing and provisions, whether or not your child attends. Refunds will be given for overpayment of fees or paid time after your two week cancellation notice has elapsed. Refunds will not be given if your child is suspended or terminated from the program.
7. Please understand that the YMCA of Silicon Valley is mandated by the State of California to report any suspected form of child abuse.
8. Please understand that by signing this contract you authorize your child's participation in any/all swimming or field trip activity planned as part of the program. We will notify you in advance of these plans.
9. We periodically take pictures of participants in YMCA programs/activities. Please understand that these pictures may be displayed, used in fliers, brochures, videos or other YMCA promotional material. If you prefer your child's picture not be used in any of the above, please inform the YMCA Executive Director in writing.
10. The YMCA may terminate this agreement if the program does not meet the needs of the children, if payments are not made as agreed, or if child(ren) or parent do not follow the YMCA Child Care Policies, including YMCA Behavior Standards.
11. The YMCA will provide 30 day written notice in advance of fee changes.
12. **Optional Services:** At times, the YMCA will provide optional services to children in the child care centers. These services may take the form of a food program, youth sports league, enrichment course, or similar program. These services are strictly optional, and information about fees and schedules is available on each service on a separate form or flyer.
13. The YMCA of Silicon Valley is a non-profit organization. Our Federal Tax ID # is 94-1156318.







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:
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

Asthma Head Lice Seizures Diabetes ADD/ADHD
Measles Sleepwalking Tuberculosis Chicken Pox German Measles
Ear Infection Heart Defect/Disease 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:



# **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.

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**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.

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

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Child Signature \_\_\_\_\_ Date \_\_\_\_\_

## YMCA of Silicon Valley Homework Contract

Name of Child: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*The YMCA staff will use this contract to encourage the child to live up to the agreements documented here. It requires the cooperation of all parties (family, child and staff) to make this contract effective.*

Both my child and I realize a need for assistance with homework.

Please Note: The National PTA recommends 10 minutes of homework per grade level per night as what is developmentally appropriate and in the best interests of learning, growing, well-rounded children.

My child and I have agreed that he/she will spend approximately \_\_\_\_\_ minutes per day completing homework assignments at the YMCA on the following days:

(circle)

Monday

Tuesday

Wednesday

Thursday

Additional Comments:

I understand that it is ultimately the student's responsibility to complete and submit homework with the assistance, guidance and support of caring adults within and outside the home. [Appropriate use of this contract builds the following Developmental Assets: 1, 2, 3, 5, 6, 16, 21, 23, 30, 32, 37. Please visit [www.search-institute.org](http://www.search-institute.org) or [www.projectcornerstone.org](http://www.projectcornerstone.org) for more information.]

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Signature

# YMCA of Silicon Valley

## Authorization for Credit Card/Bank Draft

**Member Name** (Please Print): \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Member #** (if applicable): \_\_\_\_\_ **Branch:** CN EV MM NW SW SV ELC

Credit Card Account Information	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Card Issuer (i.e. Bank of America): _____	
Card #: _____ - _____ - _____ - _____	Exp ____ / ____
Name on Account (Please Print): _____	

Account Information		
A voided check is needed to complete bank draft transaction. I understand that if my bank account has an NSF (sufficient funds not available) my account will be drafted at the next available draft.		
Name on Account (Please Print)	Date	Account Holder's Signature

**Beginning on the**  3<sup>rd</sup>  20<sup>th</sup>  
(childcare only)  
of \_\_\_\_\_ the following charges will be continuously drafted:  
(Enter Month)

Participant	Program Activity	Amount \$

I authorize the YMCA of Silicon Valley to deduct a monthly charge to my credit card/financial institution in the amount listed above. I agree to give 15 working days notice prior to my draft date, in writing, to the YMCA of Silicon Valley to cancel or make any changes to my credit card/bank draft. I understand that if my credit card is declined or my bank draft is rejected, a \$20.00 service charge will be applied to my account. I also understand that if I do not cancel my membership within the 15 working days prior to my draft my account will be drafted for the full amount and there will be no refunds.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_  New Member  Change