



Mt. Madonna YMCA
A Branch of the YMCA of Silicon Valley
YMCA After School Academy Program at Luigi Aprea
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	_____	_____
Liability and Indemnity Agreement	_____	_____
Health History/Emergency Contact & Child Release/Authorization for Treatment	_____	_____
Personal Rights (LIC613 A)	_____	_____
Notification of Parents Right (LIC995 & LIC995E)	_____	_____
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
After School Academy at Luigi Aprea
Parent Information**

Welcome to the YMCA After School Academy at Luigi Aprea! We're honored that you have chosen us for your child care needs and to be a part of your family. Below is important information for our program:

Days/Times: Monday – Friday, 2:30pm – 6:00pm
Wednesday- 1:30pm-6:00pm

Monthly Cost: \$374 5 days/week per month
\$314 4 days/week per month
\$274 3 days/week per month
\$214 2 days/week per month
\$134 1days/week per month

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

Site Location: Luigi Aprea Elementary
9225 Calle Del Rey Gilroy, CA 95020

Contact Info: Andrea Nicolette, Program Director (408) 762-6018

Program Dates: August 22, 2011– June 1, 2011

Closure Dates: All school site Holidays
Thanksgiving Day and Friday (Nov. 25-26)
Martin Luther King Jr. Day (Jan. 17)
Memorial Day (May 30)

Sample Daily Schedule

Time	Activity	Location
2:30pm	Check in students; Healthy Snack provided	Room 28
3:00pm	Homework Concentration and Assistance	Room 28
3:45pm	Outdoor physical activity & group game	Field/Playground
4:45pm	Enrichment: Science, Cooking, Art, Theater	Various (on-campus)
5:00pm	Service Learning projects and/or language skills	Room 28/ Library
5:45pm	Clean up and check out	Room 28



**Mt. Madonna YMCA
After School Academy at Luigi Aprea
2011-2012 School Year**

Plan A: Includes regular school days only
9 monthly payments, September – May
Minimum Days included at no extra cost

		After School Only (PM) Grades K-6 (2:30pm-6:00pm)	
1 day		<i>\$134.00</i>	
2 days		<i>\$214.00</i>	
3 days		<i>\$274.00</i>	
4 days		<i>\$314.00</i>	
5 days		<i>\$374.00</i>	

A Basic Membership fee of \$25 (*Waived for members of the Centennial Recreation Center*) plus a \$100 non-refundable registration fee is due at registration. There are no pro-rates due for the weeks of care in August or June.

Our sites will be closed on: Labor Day, Thanksgiving Day and the Friday after, New Year's Day, Christmas Day, Martin Luther King Jr. Day, and Memorial Day.

YMCA of Silicon Valley Child Care Registration Contract

(CIRCLE YOUR BRANCH) EV CN MM NW RW SV SW EC

Begin Enrollment Date ___/___/___ School Year _____ Child Care 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:

Before School Kindergarten After School

◆ She/He will be attending: 5 Days 4 Days 3 Days 2 Days 1 Day

◆ Check days that your child will be attending:

AM	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
PM	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
K	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

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

PAYMENT OPTIONS (check one)

Electronic Funds Transfer
 Bank Draft ___3rd or ___20th
 prior to service

Monthly Payments
 Due 20th of month prior
 to service

Electronic Funds Transfer
 Credit Card
 20th prior to service

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

Signature of Party responsible for payment _____

Initial Here

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 20th of the month prior to attending. A \$35 late fee will be assessed for any payment received after the 1st of the month (\$35 limit per family). If payment is not received by the 5th, 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.

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 _____

Parent/Guardian Signature _____
 Day Phone _____

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 Child Care Admission Agreement

YMCA of Silicon Valley School-Age Child Care is a licensed program for school aged children. As hours vary between locations, please check your center's schedule. The basic fee schedule covers the days that the children are in school. 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 School-Age Child Care 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 3rd or 20th day of the month prior to service or you may elect a credit card draft on the 3rd or 20th 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 1st. After the 5th, 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 State of California General Licensing Requirements Section 101195 states: Department of Licensing shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interviews with any child(ren) or staff members; and the examination of all records relating to the operation of the facility. The Department of Licensing shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional examine the child(ren).
11. 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.
12. The YMCA will provide 30 day written notice in advance of fee changes.
13. **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.
14. The YMCA of Silicon Valley is a non-profit organization. Our Federal Tax ID # is 94-1156318.

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.

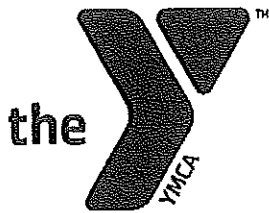
IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

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 "releasees") 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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 releasees 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 releasees 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 releasees 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.

_____ 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
_____ 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: _____

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

Community Care Licensing Division Child Care Office

ADDRESS

2580 North First Street, Suite 300

CITY

San Jose, CA

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

(408) 324-2148

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)

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: Community Care Licensing Division Child Care Office

Licensing Office Address: 2580 North First St., Suite 300, San Jose, CA 95131

Licensing Office Telephone #: (408) 324-2148

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

LIC 995 (9/08)

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
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 or 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 3rd 20th
(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