

## **Register Before the first Day of School**

All forms in this packet need to be filled out and returned to the YMCA before the first day of school. The registration form(return to YMCA) and packet must be turned in before your child can start the program.

## **Register After the first Day of school**

All forms in this packet need to be filled out and returned to the program your child will be attending before their first day. The registration form(return to YMCA) and packet must be turned in before your child can start the program.

**Forms included in this packet:**

**Emergency Contact Form  
Agreement Form  
Behavior modification Policy  
Statement of Understanding  
Child's Schedule Form  
Hand Sanitizer  
Orientation Check List  
Getting to Know You Form**

**Please pay close attention to all the lines when completing the emergency contact & agreement forms.**

**Any questions contact April at 724-834-0150 x 127 or [sacc@gbqymca.org](mailto:sacc@gbqymca.org)**

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

<b>CHILD'S NAME</b>	BIRTHDATE		
ADDRESS			
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	HOME TELEPHONE NUMBER		
ADDRESS			
BUSINESS NAME	BUSINESS TELEPHONE NUMBER		
ADDRESS			
<b>FATHER'S NAME/LEGAL GUARDIAN</b>	HOME TELEPHONE NUMBER		
ADDRESS			
BUSINESS NAME	BUSINESS TELEPHONE NUMBER		
ADDRESS			
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>			TELEPHONE NUMBER
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE



# GREENBURG YMCA CHILD CARE BEHAVIOR MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Public Welfare behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child.
- A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children.
- Will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are **clear and appropriate behavioral** expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- |  |  |
|--|--|
| We find out what the problem is.           | We attack the problem, not the person.         |
| We listen to each other.                   | We care about each other's space and feelings. |
| We are responsible for what we say and do. | We respect each other and ourselves.           |
| We use appropriate language at all times.  | We use words, not fists, to solve problems.    |

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home, will be used. Logical and natural consequences will be allowed where applicable.

On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the teacher/SACC staff person with the child in private.
- If the inappropriate behavior continues, the teacher/SACC staff person will notify the site director and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy could be ignored and the child may be removed from the program immediately.

## Suspension Policy

- If inappropriate behavior continues, the site director will notify the parent that a conference needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA Child Care program for 1 day.
- A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
- If the behavior has not improved, the child will be immediately removed from the program.  
\*If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as concerned, involved, consistent, caring and respectful and if we exhibit calmness, few words and a firm but kind attitude, the results will usually be positive.

## Termination Policy

The YMCA Child Care program reserves the right to terminate your child's attendance in our program for such things as, but not restricted to:

- Disruptive behavior problems.
- Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance
- If a parent or child is physically or verbally abusive to YMCA staff or children.
- If the ECLC Director, the School Age Child Care Director, or the CEO of the YMCA believes that continued service is not in the best interest of the child and/or the Greensburg YMCA.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**(Please see other side for Parent Statement of Understanding)**

F:\AA Shared\Staff\HEATHER\FORMS\Behavior Modification Policy.doc



## PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA.

Please keep and refer to your copy of the Greensburg YMCA Child Care Programs Parent Handbook. Your signature below indicates that you have received and are responsible for the information contained within it.

**I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.** Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

**I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.**

**I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed on the Emergency Contact Form with the YMCA or other arrangements must be made by calling the YMCA to inform them of a change.**

**I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.** Please do not put staff in a position where they have to make this judgment.

**I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

**I agree to make the payments on the Monday prior to the week of care during the school year and the summer or my child will not be permitted to attend the program**

**I have received a copy of and understand the information within the Greensburg YMCA Child Care Programs Parent Handbook.**

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

**(Please see other side for Behavior Modification Policy)**



(Please return to your child's teacher  
Teachers please retain for your records)

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

Child's Grade \_\_\_\_\_ Homeroom Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Date Child will begin the is schedule: \_\_\_\_\_

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

My child will attend the YMCA School Age Child Care (SACC) program the following session and days:

AM Monday Tuesday Wednesday Thursday Friday

PM Monday Tuesday Wednesday Thursday Friday



(Please return to the YMCA SACC Director)

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

Child's Grade \_\_\_\_\_ Homeroom Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Date Child will begin the is schedule: \_\_\_\_\_

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

My child will attend the YMCA School Age Child Care (SACC) program the following session and days:

AM Monday Tuesday Wednesday Thursday Friday

PM Monday Tuesday Wednesday Thursday Friday



## Parent's/Guardian's Permission to Use Hand Sanitizer

As the parent or guardian of \_\_\_\_\_ (child's name) I recognize that the Greensburg YMCA School Age Child Care Program will utilize Liquid Instant Hand Sanitizer. Since it is our commitment to promote healthy spirit, mind, and body, we have made the following policies in this regard:

- ❖ Hand Sanitizer will not be used in lieu of proper hand washing, which includes warm soapy water.
- ❖ Hand Sanitizer will not be used prior to eating snack and/or lunch.
- ❖ Hand Sanitizer will be used when children are outdoors.
- ❖ Hand Sanitizer will be provided in the child care space for children to utilize after blowing their nose, sneezing or anything else that may warrant use of hand sanitizer.
- ❖ The YMCA reserves the right to prohibit anyone to participate in the program at any time for failure to comply with this policy.

***Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.***

**I have checked all applicable information regarding the type and use of Hand Sanitizer for my child:**

- \_\_\_\_\_ I give permission for my child to utilize the hand sanitizer provided by the YMCA.
- \_\_\_\_\_ My child has no allergies or reactions to hand sanitizer
- \_\_\_\_\_ I DO NOT give permission for my child to utilize the hand sanitizer provided by the YMCA.

I verify that I have read and understood, and, for the protection and well-being of my child, agree to comply with the YMCA Hand Sanitizer Policy.

Parent's full name (print) \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Greensburg YMCA  
School Age Child Care (SACC)  
Orientation

Check off any areas you wish to discuss with the director about the program. If there is nothing you wish to discuss check off the do not wish to discuss any areas of the program.

payment procedures

attendance procedures

basic setup of the program

expectations of the parent

expectations of the program (what you the parent would like to see)

Kids Day Out (days school is not in session)

any other areas you would like to discuss \_\_\_\_\_

I do not wish to discuss any areas of the program.

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

Parent's Name \_\_\_\_\_

Parents Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director signs off date orientation completed

# SACC: GETTING TO KNOW YOU

What are your expectations of our program?

Do you have any questions about the program, curriculum or facility?

Is there any information about your family's culture, ethnicity, language or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?

Tell me about your household. (neighborhood, who lives there, names and relationship to child.)

Are you willing to be a volunteer in our classroom?

Does your child have any parents that do not live in the home?

- Does your child visit the parent?
- Are there any custody issues that we should discuss?

Are there any other ways you would like to be involved?

Does your child have any siblings? (Names and ages)

Tell me about your child's :

- Favorite Toys
- Favorite Games
- Food Likes and Dislikes

Does your child respond to any nicknames? Does your child have any nicknames for family members?

Has your child talked to you about his or her experience in our program so far?

- Is he/she positive about the program, other children and the teaching staff?

Is there any other information about your family's composition that you would like to share?

- If not, how do you think we can make your child's experience better?

Has your child been in child care before?

- If yes, would you share: Where? When? For how long?

Are there any ways that we can improve communication with you about your child's experiences?

- What kind of care? i.e. family day care home, relative/ neighbor, group, center?

Do you have any questions about the Parent Handbook?

- Is there a reason for leaving the program that you would like to share with me?

- Do you have any of your child's records from that program?

- How did your child react to other children and adults?

Does your child have any imaginary friends?

Are there any special problems or fears that we should know about?

Does your child have any allergies?:

- Food allergies?
- Environmental allergies?
- Allergies to medicine?

How are your child's allergies treated?

Do you have any special medical or dietary information for management in an emergency situation? (medicine to keep on hand, people to call, etc.)

Any special needs? (medical, developmental, social, mental health)

- Do any of these special needs require special care by our teachers?
  
- Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?
  - If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
  - What program or individuals work with your children in regards to these special needs?
  - Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?

Are there any other medical or special needs?

Is there any other information you would like to share?