CROSSROADS YMCA SCHOOL AGE CHILD CARE REGISTRATION

PARENT CHECKLIST

Welcome to Crossroads YMCA School Age Child Care! We are excited to have your child join us. In order to complete your child's registration file the following paperwork is required to be submitted within 30 days of registration or by 3:00pm the Tuesday prior to starting first day of School Age Child Care (whichever comes first):

The following items are due for all Crossroads YMCA School Age Child Care Sites:

- ☐ Registration Packet
- ☐ Individual Health Care Plan
- ☐ Statement of Understanding
- ☐ Photo Release
- ☐ Parent Release
- ☐ Transportation Consent
- ☐ Immunization Record
- ☐ Family Handbook Acknowledgement
- ☐ If your student is on an alternative immunization schedule, please complete the religious exemption waiver found at:

  https://www.in.gov/isbvi/files/Religious-Exemption_2.pdf

  or provide a letter from your doctor indicating that the immunization will impact your child's health negatively.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CROSSROADS YMCA SCHOOL AGE CHILD CARE REGISTRATION FORM

OFFICE USE ONLY

Date

Registration Paperwork

School Year_____

School Name_____

Information Record (Please complete and return before first day attending)

Child's Name_____ ☐ Member

Child Prefers to be Called_____ ☐ Guest

Address_____ City_____ Zip_____

Best Phone_____ Date of Birth_____ Age_____

Parent/Guardian Name_____ Cell Phone #_____

Business Phone #_____ Email_____

Parent/Guardian Name_____ Cell Phone #_____

Business Phone #_____ Email_____

Is there a custody agreement on record?_____

Email for Newsletter_____

Drop-Off and Pick-Up List Release & Emergency Contacts

Please supply in writing the legal names of persons who may pick up your child daily and those who can be contacted during an emergency, additional may be added to this packet. Only those listed on this form can pick up.

Pick-Up	Emergency	Authorized to pick up my Child	Relationship to Child	Phone
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			

Child's Name_____

Medical Record

Doctor: Name_____ Phone_____

Address_____ City_____ Zip_____

Date of Last Physical_____ Immunizations Current? ☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

List Allergies_____

_____

*Please fill out additional information on the Individual Health Care Plan.

Developmental Information

Does your child have an IEP?
If yes, Crossroads YMCA School Age Child Care requests that a copy of child's IEP be attached to registration packet.

☐ Yes ☐ No

Does your child have any special accommodations?

☐ Yes ☐ No

GRANT INFORMATION

The following information is being collected for the YMCA to continue to apply for grants in the community. Thank you for your assistance in providing this needed data.

Single Parent Household ☐ Yes ☐ No

Household Size_____ Household Income_____

Ethnicity

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Race–Hispanic Origin (check only one)

- ☐ No, Not Spanish/Hispanic/Latino
- ☐ Yes, Mexican/Mexican American/Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latino
- ☐ _____

Race

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDIVIDUAL HEALTH PLAN FORM

*Must signed by a physician for children with an allergy or medical condition.

Information Record

Child's Name_____ Date of Birth_____

Address_____ City_____ Zip_____

Physician Name_____ Phone_____

Address_____ City_____ Zip_____

Insurance Company_____

Allergy Record

Child's allergies and/or medical condition

_____

_____

What are your child's symptoms when they encounter allergens?

_____

_____

What should Crossroads YMCA School Age Child Care staff do immediately when your child encounters allergens?

_____

_____

Crossroads YMCA School Age Child Care staff cannot dispense medication without a prescription and notice from physician. **Crossroads YMCA School Age Child Care does not administer medication other than inhalers or EpiPens.** What medications is your student prescribed?

_____

_____

What accommodations or precautions are needed for your child while in attendance at Crossroads YMCA School Age Child Care?

_____

_____

Child's Name_____

This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old or preexisting injury, a heart condition or other condition which might be aggravated by the event.

Does the participant have any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating?	☐ Yes	☐ No	
Does the participant take any current medications?	☐ Yes	☐ No	
Does the participant have any heart problems or heart medications?	☐ Yes	☐ No	
Does the participant have high blood pressure?	☐ Yes	☐ No	
Does the participant have allergies (bees, insects, medications, etc.)?	☐ Yes	☐ No	
Does the participant have any physical limitations?	☐ Yes	☐ No	
What is the participant's current level of activity back home?	☐ Low	☐ Medium	☐ High

If you answered YES to any question above, please discuss that item with the Y staff. Please include any additional information that you feel is relevant:

_____

_____

Physician's Name_____

Physician's Signature*_____ Date_____

*Only requires Physician's signature if there's a documented allergy

Parent/Guardian Signature_____ Date_____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GETTING TO KNOW YOUR CHILD!

No one knows your child better than you! Please take a few minutes to fill out this questionnaire about your little one, so I may have a better understanding of how I can help!

Information

Child's Name_____

Grownup(s) Name_____

Sibling(s) Names & Ages_____

Best Number to Reach You_____ Email_____

Best Time to Reach You: ◯ Morning ◯ Afternoon ◯ Evening Best Way to Reach You: ◯ Phone ◯ Email ◯ Note

How would you describe your child (CHECK ALL THAT APPLY)

◯ Outgoing ◯ Shy ◯ Talkative ◯ Quiet ◯ Leader
◯ Dramatic ◯ Calm ◯ Organized ◯ Messy ◯ Follower
◯ Challenging ◯ Curious ◯ Humorous ◯ Timid ◯ Obedient
◯ Respectful ◯ Easily Distracted ◯ Artistic ◯ Creative ◯ Responsible
◯ Enjoys School ◯ Nervous
◯ Other_____

_____

I think my child is doing well with: (CHECK ALL THAT APPLY)

◯ Social Skills ◯ Trying New Things ◯ Being Comfortable in New Settings
◯ Making New Friends ◯ Following Rules & Directions
◯ Other_____

_____

I think my child is struggling with: (CHECK ALL THAT APPLY)

◯ Social Skills ◯ Trying New Things ◯ Being Comfortable in New Settings
◯ Making New Friends ◯ Following Rules & Directions
◯ Other_____

_____

Child's Name_____

Please take a few minutes to jot down some brief details about your child. No one can describe your little one better than you!

What are your child's special interests? Does he/she play sports? Outside activities? What does he/she love to do? Favorite things?

Please describe your child in your own words. Is there anything you would like me to know? What makes your child unique?

Are there any special circumstances you would like me to know about your child? (divorce/custody, death in the family, sibling issues, counseling, etc.)

Do you have any concerns regarding your child's physical, cognitive, social, emotional development? Please share below.

Does your child have an individualized education plan (IEP), 504 plan or other formal academic or behavioral plan?

◯ Yes ◯ No ◯ Under Review

Please share a copy of your child's IEP with Crossroads YMCA School Age Child Care so that we may best support your child in our program. Please note that Crossroads YMCA School Age Child Care is not a Special Education program which may limit what supports we are able to provide.

FORMS & SIGNATURES

Child's Name_____

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information and sign. Your signature below indicates that you have received and understand all policies included in the Crossroads YMCA School Age Child Care Registration Handbook and Crossroads YMCA Parent Planner.

Check In/Check Out

- ☐ I understand that I may not leave my child in any Crossroads YMCA program unless a Crossroads YMCA staff member has checked in my child and accepted responsibility for their care.
- ☐ I understand that Crossroads YMCA staff will assume responsibility for my child from the time my child is checked into the program until they are checked out of the program by an authorized pick-up person.
- ☐ I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick-up my child must be 18 years of age and identified on my child's pick-up list. A photo ID must be presented by any person(s) picking up my child.
- ☐ I understand that should a parent or any authorized person arrive to pick up my child who appears to be under the influence of drugs or alcohol my child will not be released into their care.
- ☐ I understand that an authorized pick-up person must check out my child be end of program day or I will be charged $1 for every minute I am late.

Health

- ☐ I understand that children with food allergies identified in the Individual Health Form, signed by child's primary care physician, will eat at a designated "allergy safe" table during lunch and snack times.
- ☐ I understand that all students enrolled must be completely potty trained. Our definition of fully toilet trained is the child's recognition of the need to use the bathroom, the ability to let a teacher know, the ability to remove and add back necessary clothing with little to no assistance and the ability to handle own hygiene needs (including wiping and washing hands.)
- ☐ To the best of my knowledge, the health history I have provided is correct. It is my responsibility to update health assessments and immunizations for my child while attending Crossroads YMCA School Age Child Care programs.
- ☐ I understand that it is my responsibility to notify staff when my child or any member of my family has a reportable contagious disease.
- ☐ I understand that it is my responsibility to submit an Individual Health Form and prescription signed by a primary care physician when requesting medication to be administered to my child. While in attendance of Crossroads YMCA School Age Child Care will only administer EpiPens and inhalers. Crossroads YMCA requests a physical EpiPen and/or inhaler to remain at the site for the duration of the child's attendance. Medications will be placed in a lock box. Children may not have medications on their person during attendance.
- ☐ My child has permission to engage in all activities except those noted by a primary care physician. If the person listed as emergency contacts cannot be reached, I give permission to the physician selected by the adult in charge to transport and treat the child herein, as necessary.
- ☐ I understand that the Crossroads YMCA School Age Child Care shall not be held responsible for expenses incurred while obtaining emergency medical attention and hospitalization.
- ☐ I release the Crossroads YMCA School Age Child Care from any liability, whatsoever, that may result from injuries and subsequent medical attention and will look to Crossroads YMCA only in the unlikely event of gross negligence and/or willful and want on misconduct.
- ☐ I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges.
- ☐ I understand that if my child has an Individual Education Plan (IEP), I will attach a copy to the Crossroads YMCA School Age Child Care Registration Form.

Safety

- ☐ I understand that Crossroads YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ☐ I understand that outside of the Crossroads YMCA School Age Child Care, staff members may not be alone with children whom they meet in programs. This includes babysitting, sleepovers, and driving or riding in cars.

Payment Policies

- ☐ I understand that all payments and registration fees for any Crossroads YMCA School Age Child Care program is nonrefundable.
- ☐ I understand all payments must be up-to-date and outstanding balances must be paid off before Crossroads YMCA School Age Child Care services will be provided.
- ☐ I understand and acknowledge that rates and policies are subject to change.
- ☐ I understand that any changes to attendance must be communicated to the program leader through the change form by the Tuesday before the week prior to the week they attend by 3:00pm.

Personal Belongings

- ☐ I understand that my child may not bring any personal belongings from home including toys, electronics, fidgets, etc with the exception of recommended items such as: book bag, change of clothes. Any belongings brought to the Crossroads YMCA by my child are the responsibility of my child only. Crossroads YMCA and its staff will not replace or take responsibility for any lost or broken items.

Registration/Enrollment

- ☐ I understand that the Crossroads YMCA School Age Child Care Registration Packet is due by Tuesday prior to starting by 3:00pm (whichever comes first). Failure to submit by required due dates will result in delayed start of your child.
- ☐ I understand that the Health Record Form must be completed and signed by a primary care physician and that Crossroads YMCA School Age Child Care will not accept substitutions for the form. Health form located in registration packet must be completed fully. Failure to submit health form will result in delayed start of your child.
- ☐ I have read and acknowledge the Crossroads YMCA School Age Child Care policies and procedures and am responsible for sharing these policies with all and any person(s) that may drop off/pick-up my child.
- ☐ I have read and acknowledge the Crossroads YMCA School Age Child Care Parent Planner and am responsible for sharing these policies with all and any person(s) that may drop off/pick-up my child.

With my signature, I agree to adhere to the policies and give my permission for my child to fully participate in the program.

Parent/Guardian Signature_____ Date_____

PHOTO RELEASE

We understand in any event that the youth is photographed for purposes of promoting and publicizing the Crossroads YMCA and Crossroads YMCA School Age Child Care, we hereby waive all rights to the photographs in which the child appears. We understand that sole ownership and copyright belong to the Crossroads YMCA, Inc. The photographs, may be used whole, in part, or in composite as a program sees fit in publication of education material, and the advertising thereof, and any other lawful purpose.

Parent/Guardian Signature_____ Date_____

BEHAVIOR GUIDANCE POLICY

Our top priority is to provide a safe and enriching experience for all children. We must work together in order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior.

Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to:

- Hitting
- Kicking
- Spitting
- Hostile Verbal Behavior
- Other behaviors which could hurt another child or staff member
- Attempting to leave the program space.

YMCA Program Expectations

- Speak for yourself
- Listen to others
- Care for others, the property, and yourself
- Stays with the group
- Fully toilet trained
- Be honest
- Show respect for all
- Be responsible for yourself

In response to disruptive behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then they may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program. The child may be allowed to return to the program after a parent conference and a behavior guidance plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions on the lines below. If so, we may modify the plan below with agreed upon suggestions. Parents should provide any and/all information available to help create a clear picture of their child's needs. (Please attach more documentation if needed)

_____

_____

_____

Child's Name_____ Date of Birth_____ Grade_____

Parent/Guardian Signature_____Date_____

PARENT RELEASE OF RECORDS AND INFORMATION CONSENT

I, (Parent/Custodial Parent or Legal Guardian Name) _____, give my permission to track the academic progress of my child (Enter Child's Name)

_____

unto (Crossroads YMCA) hereafter referred to as the Organization.

By signing this form, I am giving the Organization staff, primarily (the program manager or executive director[1]), permission to communicate with staff involved with the school my child attends, regarding services offered to my child by either entity. Also, by signing this form, I am authorizing the exchange of documents and/or electronic data specific to my child as defined below. I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information.

It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing coordination of services between the Organization and my child's school, and thereby, enhancing services for my child. The exchange of information will be limited to the authorized staff at the Crossroads YMCA, and city school system that my child attentions.

I give my permission for the Crossroads YMCA to obtain information on:

- Student Directory information including demographic data
- Family demographics
- Academic performance, including data on district or state-wide assessment
- Disciplinary issues
- Attendance
- Qualification for free or reduced lunch fare
- Special education eligibility and services
- Health information

This authorization to receive services from the above Organization and to exchange confidential information shall remain in effect for the period of my child's enrollment in the Organization, or when rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Organization has already acted in reliance upon this consent.

Printed Name_____ Date_____

Signature_____

☐ Check if copy of this Parent Release of Records given to Parent/Guardian.

Staff/Witness Signature_____ Date_____

TRANSPORTATION CONSENT

Child's Name_____

I understand that I will complete a separate field trip permission slip for each field trip I register my child for. I am giving my consent as the parent/legal guardian for the following items below by placing my check before each statement:

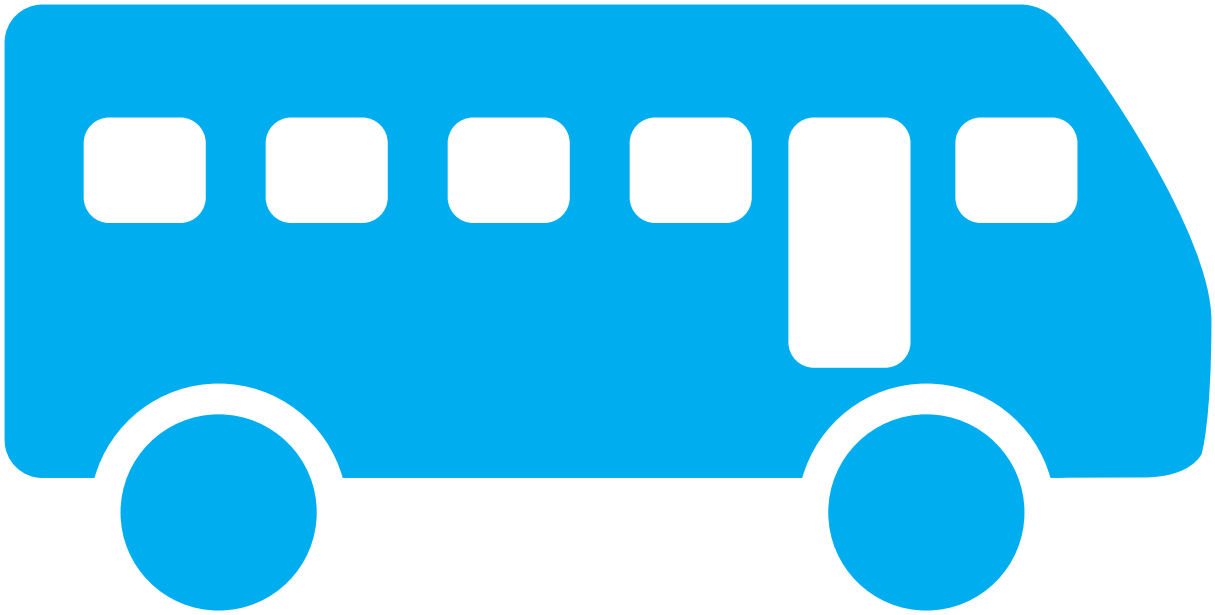
MOTOR VEHICLE TRANSPORTATION

- ☐ Transportation for field trips and swim-time to the Crossroads YMCA location in the Crossroads YMCA bus or contracted school bus.
- ☐ Children will be restrained during vehicular transport by use of seat belts when available.
- ☐ Release to school.
- ☐ Release from the Y to your school.

Parent/Legal Guardian's Name_____
(Please Print)

Parent/Legal Guardian's Signautre_____

Date_____



FAMILY HANDBOOK ACKNOWLEDGEMENT

After reviewing the 2023–2024 handbook, please sign and return this acknowledgement.

- I have received a copy of the Crossroads YMCA School Age Childcare family handbook.
- I have read, acknowledge, and will follow the Crossroads YMCA School Age Childcare family handbook.
- I understand that I am responsible for sharing these policies and procedures with all person(s) that may drop off/pick up my child.
- I understand and acknowledge that Crossroads YMCA School Age Childcare family rates and policies are subject to change.

Child's Name_____

Parent/Legal Guardian's Name_____
(Please Print)

Parent/Legal Guardian's Signautre_____

Date_____



HISTORY OF IMMUNIZATIONS

State Form 49445 (R4 / 4-12)

HISTORY OF IMMUNIZATIONS (*indicate month and year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* **Influenza (Flu)**					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
* **Rotavirus (RGE)**			

	1	2		
Varicella (Varivax)			**or Chicken Pox Disease**	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
* **HEPA**		

	1	2	3
HBV (HEP B)			

* Not required but highly recommended.

Name of physician / nurse practitioner completing form (*please print*)	Telephone number ( )
Signature of physician / nurse practitioner	

Name of child	Date of birth (*month, day, year*)	Age
Name of child care facility		County

ADDITIONAL NOTES AND INSTRUCTIONS