



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

**AFTER SCHOOL
PARENT HANDBOOK
2014-2015**

Welcome to After School Care 2014-2015

After School Care is designed especially for school-age children (ages 5-13). This closely supervised and carefully planned program will be held Monday through Friday throughout the school year.

OUR MISSION:

“To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.”

MONTHLY FEES

\$140.00 for YMCA Members

\$160.00 for Non-Members

\$30.00 Registration Fee per Family

FULL PAYMENT is due by the 10th of the month. This insures quality operation and that your child remains in our program.

- If your child attends less than 3 days per week, you will only be charged a part time fee of half the regular price.

HOURS/DAYS OF OPERATION

This program follows the schedule of Union County Schools. The program operates during the school year from dismissal until 6:00PM. If you arrive to pick up your child later than the specified time, you will be required to pay an additional fee of \$1.00 every minute you are late. (ex: if you are 10 minutes late, you will pay \$10.00) Payment will be due at pick-up of child or will be charged to your child's account.

- All holidays are included in your child's normal monthly fee, even if your child does not attend, and will be held at the YMCA. Child Care will NOT be provided on the following days: Labor Day, Thanksgiving Holiday, Christmas Eve, Christmas Day, New Years Eve, and New Years Day.

SICK CHILD POLICY/MEDICATIONS

The YMCA does NOT provide care for sick children. If your child becomes sick while at the program, we require you to pick them up as soon as possible. We will dispense medications as directed by prescription and medicine will be administered by YMCA staff. No over-the-counter medicine. If your child is running a fever, vomiting, has diarrhea, or other contagious diseases, please do not send them.

BEHAVIOUR EXPECTATIONS/DISCIPLINE POLICY

It is important that our staff maintain good order, and discipline in our programs. Children deserve the opportunity to participate in a safe, friendly environment.

- The YMCA does not condone or permit:
 1. Fighting
 2. Any action that compromises the safety of yourself or another camper
 3. Cursing (including use of graphic or sexually explicit language)
 4. Inappropriate touching
 5. Vandalism or destruction of YMCA property or property of others
 6. Possession of a weapon of any kind
 7. Biting

- A child's behavior is expected to be consistent with the following:
 1. Use appropriate language at all times
 2. Cooperate with staff and follow directions
 3. Respect staff, other children, equipment and facilities, and yourself
 4. Maintain a positive attitude

- Consequences
 1. Time out
 2. Child will receive a discipline report that must be signed by the parent
 3. Parent will be contacted if problem continues
 4. If child receives second discipline report during the school year, the child will be suspended 1-5 days
 5. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to dismissal of the program
 6. The YCMA reserves the right to dismiss any child at any time

EQUAL OPPORTUNITY

YMCA Child Care is open to all children regardless of race, sex, handicap, religion, or national origin. The YMCA is an equal opportunity employer.

IRS INFORMATION

- The Union County YCMA is a 501(3) not-for-profit organization
- Donations made to the YMCA are tax deductible as allowed by law
- Parents are responsible for retaining receipts
- The YMCA tax ID number is 57-0832992
- The Union County Family YCMA address: 106 Lakeside Dr.
Union, SC 29379



After reading this packet, please complete and return the form below before enrollment.

Union County Family YMCA Afterschool 2014-2015

I have received and read the afterschool Parent's Handbook. I understand all of the rules and procedures that apply to this program. I understand that if my child or I fail to abide by these rules and procedures my child may be released from the program.

Name of Participant _____

Parent/Guardian Signature _____

Date _____

Received by _____ Amount Paid _____



YMCA AFTERSCHOOL 2014-2015 REGISTRATON FORM

Please complete this registration form. It is important that each area be completed, signed, and dated, Thank you.

Camper's Name _____ Age _____ DOB _____

Mother/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Father/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Email Address _____

Address _____

Medical concerns/Allergies _____

Physician/Hospital _____ Phone # _____

Emergency Contact (not parent/guardian) _____

Phone # _____

People authorized to pick up child _____

Release and Waiver of Legal Liability

I, _____ the parent or guardian of the above mentioned, hereby give approval for his/her participation in any/all camps, sports and activities. I understand that the Union County Family YMCA assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I hereby release and discharge the Union County Family YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from that above referenced child's participation in these activities. I further understand that the Union County Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on the YMCA premises. I give my permission to the Union County Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include me (or my dependent's) image or voice for purposes of promotion or interpreting YMCA programs. I also grant permission to the Union County Family YMCA to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above reference child become ill or injured while participation in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXCUTED THIS RELEASE TO BE EFFECTIVE IMMEDIATELY.

Child's Name _____ Date _____