



# Before/After School Program 2018

## Parent Handbook

2505 YMCA Way  
Sterling, IL 61081  
815-535-9622 (Membership Desk)  
815-626-9745 (Fax)  
[www.srfymca.org](http://www.srfymca.org)



## FINANCIAL INFORMATION

### FEES

(Child must be an active Sterling-Rock Falls Family YMCA member)

#### Before School Program (East Coloma Only):

1 Day Rate: \$5.50/week

2 Day Rate: \$11.00/week

3 Day Rate: \$16.50/week

4 Day Rate: \$22.00/week

5 Day Rate: \$27.50/week

Parents may drop their child off any time after 6:30am.

#### After School Program 1<sup>st</sup> Child:

1 Day Rate: \$8.00/week

2 Day Rate: \$16.00/week

3 Day Rate: \$24.00/week

4 Day Rate: \$32.00/week

5 Day Rate: \$40.00/week

#### After School Program 2<sup>nd</sup> Child:

1 Day Rate: \$6.00/week

2 Day Rate: \$12.00/week

3 Day Rate: \$18.00/week

4 Day Rate: \$24.00/week

5 Day Rate: \$30.00/week

Parents must pick up their child(ren) up by 5:30pm. Parents will be charged \$5 for every minute they are late. This late fee will be added to the child's account. Late pick-up continuation could result in termination from the program.

#### Returned Payments

There will be a \$25.00 for any returned payments.

### MEDICATIONS

Administration of medication or special diets will be undertaken by the program after a completed *Request for the Administration of Medication Form* and *Medical/Physical Care Plan* are received and signed by a parent/guardian. This form can be obtained at the Membership Desk. The staff must receive this form before any prescribed medications will be accepted or administered. The staff, in a confidential log, will note all administrations of medications. Over-the-counter medications/topical lotions cannot be administered, given to, or applied.

## PAYMENTS:

- All Children participating must be a Sterling-Rock Falls Family YMCA member.
- Membership scholarships are available.
- Program Credit will be given only in the case of extended illness with a doctor's note or cancellation of the program due to inclement weather.
- Participants must be approved for 4-C benefits before they begin any programs.
- Participants must apply for 4-C and be denied due to earning too much income before they are eligible to receive a program scholarship on before or after school programs.
- Regularly attending families will be set up in auto-pay program for this term of school. These "draws" will happen on the Friday before each week of the program you are signed up for. For anyone who prefers to prepay for camp (and thereby opt out of the auto-pay program) they will have to pay in full at the time of registration.

## REGISTRATION:

- **AUGUST REGISTRATION SCHEDULE IS DUE 8/13/18**
- **ALL MONTHLY REGISTRATION SCHEDULES ARE DUE THE 25<sup>TH</sup> OF THE MONTH PRIOR.**
- **Any registration schedules that are turned in after the due date will result in a \$10 late fee.**
- All facets of the registration packet must be completed before a child can be registered for any of these programs.
- The billing method that is to be used for auto-draft payments must be on file before a child can be registered.

## SIGN-OUT

- The parent must sign the child out at the end of the day.
- Children will not be allowed to sign themselves in or out.
- ONLY authorized adults will be allowed to sign the child out. This must be noted on the child's registration form. Any adult that picks up a child must have an ID with them.

## **DISCIPLINE**

In youth programs, we strive to meet the needs of all children without ignoring the demands of any one individual. It becomes necessary in organizing and maintaining a large group to set limits and guidelines. When a set boundary is broken, it is also essential to provide some form of understanding.

## **PROCEDURES**

Unfortunately, there are times when usual guidance techniques are not effective and despite working with parents, the inappropriate behavior may continue. When this happens the YMCA supervisors can exercise the option to suspend a child from a program. The YMCA supervisors can also request that a child be picked up before a program end time due to behavior issues. If the problem continues despite the suspension and no progress is demonstrated, the child will be subject to expulsion from the program.

## **TERMINATION**

Termination from YMCA Child Care Programs will result from the following:

- Failure to pay fees for the program.
- Failure to observe rules relating to arrival/departure of the children.
- Failure to comply with the Child Care Program procedures and policies.
- Failure by parents to respect staff and handle concerns in a professional manner.
- Failure by children to respect staff, including threats made by children to staff or any physical attack by children on staff or other child in the program.

## **PARENT INVOLVEMENT**

- Involvement of parents in the programs is very essential. Take some time to talk to the staff about your child and ask your child about the program each day.
- Notify the staff if your child is experiencing any difficulties in school or at home that may affect his/her behavior at the center.
- Please keep us informed of such problems so we can be sensitive to your child's needs. The staff would like to work as a team with the child's family.
- Please remember that all parents are welcome at any time to visit our child care programs.

## **PROGRAM TIMES AND LOCATIONS**

The Sterling-Rock Falls Family YMCA administers the program for Sterling Public Schools. The YMCA is in charge of the program curriculum, evaluation, hiring of staff and collection of fees.

### **After School Programs (K-5):**

#### **School Dismissal – 5:30PM**

#### **Monday – Friday during regular school days**

#### **Locations:**

##### **East Coloma**

This year the East Coloma after school program will be at East Coloma. There will be ½ day programs at East Coloma as well on Sept 12, Oct 25, Oct 31, Dec 12, Dec 21, Jan 16, Mar 13, Mar 22, May 8, May 23.

##### **Jefferson School**

If your child(ren) attends Lincoln School, they will be transported to Jefferson School after the bell rings.

##### **Washington School**

If your child(ren) attends Franklin School, they will be transported to Washington School after the bell rings.

### **Before School Program:**

#### **6:30AM-Start of School**

#### **Monday-Friday during all school days**

#### **Locations:**

##### **East Coloma**

This year the East Coloma before school program will be at East Coloma.

### **Other Programs (K-5):**

#### **STERLING SCHOOL'S EARLY OUT PROGRAM**

School Early Out Club is available for K-5<sup>th</sup> Graders located at **Sterling-Rock Falls Family YMCA** during all early out days throughout the school year. A calendar will be made available the first day of school at your site. Bussing is available from the school to the Y for \$2 per day.

**Dates:** Aug 16, Sept 7, Oct 5, Nov 1, Mar 1, Apr 5, May 3

**Time:** 7:30AM-5:30PM

**Cost:** 1<sup>st</sup> Child: \$15.00, 2<sup>nd</sup> Child: \$10.00

#### **SCHOOL'S OUT DAY CAMP** (Sterling and East Coloma)

School's out Club is available for K-5<sup>th</sup> Graders located at **Sterling-Rock Fall Family YMCA** during Sterling school holidays and institute days. If the Y is closed due to inclement weather or power outage, there will be no program. A calendar of SODC days will be available the first day of school at your site.

**Dates:** Oct. 8, Nov. 19-21, Nov. 23, Dec. 21, Dec. 24, Dec. 26-Dec. 28, Dec. 31-Jan. 4, Jan. 21, Feb. 18, Mar. 25-Mar. 29, Apr. 19, Apr. 22

**Time:** 7:30AM-5:30PM

**Cost:** 1<sup>st</sup> Child: \$27.00, 2<sup>nd</sup> Child: \$22.00



**Sterling-Rock Falls Family YMCA**  
**After School Program**  
**ENROLLMENT FORM**

**For more information, please contact:**

Jamie Darling, Senior Program Director

Sterling-Rock Falls Family YMCA

815-535-9622 [jdarling@srfymca.org](mailto:jdarling@srfymca.org)

P A R T I C I P A N T	NAME: _____ BIRTH DATE: ____ / ____ / ____ GENDER: M F
	ADDRESS: _____, _____, IL
	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan ____ (Please Initial)
P A R T I C I P A N T	NAME: _____ BIRTH DATE: ____ / ____ / ____ GENDER: M F
	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan ____ (Please Initial)
P A R T I C I P A N T	NAME: _____ BIRTH DATE: ____ / ____ / ____ GENDER: M F
	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan ____ (Please Initial)

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NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ ADDRESS (if different): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT or LEGAL GUARDIAN PHONE NUMBERS: ASK FOR: *(Please check each that apply.)*

1. CALL THIS NUMBER 1<sup>st</sup>: ( ) \_\_\_\_\_ RELATION: \_\_\_\_\_
2. ALTERNATE PHONE #: ( ) \_\_\_\_\_ RELATION: \_\_\_\_\_
3. ALTERNATE PHONE #: ( ) \_\_\_\_\_ RELATION: \_\_\_\_\_

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**OTHER AUTHORIZED ADULTS (18 years or older)**

If I am unavailable, the following adults have my authority to take responsibility for my child as indicated below.

I understand only those listed will be able to pick up my child or make decisions about his/her welfare.

Name	Relation to child	Phone #	Pickup To/From School/ The YMCA	Behavioral Problems	Medical Emergency

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**PERMISSION STATEMENTS:**

My child(ren) has my permission to leave his/her classroom at school and go to the program site immediately after school. (Children can go to outside programs at the school if the afterschool program staff is notified).

**PROMOTIONAL AGREEMENT** Sterling-Rock Falls Family YMCA and its funding partners have my permission to use photographs of my children in YMCA promotional materials. YES \_\_\_\_\_ NO \_\_\_\_\_

**FIELD TRIPS** I give YMCA program staff permission to take my child(ren) on scheduled activities off the main program site grounds. This may include, but are not exclusive to, walking trips to the park or parades. YES \_\_\_\_\_ NO \_\_\_\_\_

**ATHLETIC ACTIVITIES** I give permission for my child(ren) to participate in athletic activities. Any special activities will require separate permission. YES \_\_\_\_\_ NO \_\_\_\_\_

**MEDIA** I give permission for my child(ren) to watch G/PG rated movies. YES \_\_\_\_\_ NO \_\_\_\_\_

**I have received the parent's program manual and agree to adhere to the policies and procedures.**

Signature of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Sterling-Rock Falls Family YMCA  
**Afterschool Program**  
**MEDICAL INFORMATION**

**Participant Name** \_\_\_\_\_

Are there any medical conditions that we should be aware of? (i.e.: asthma, etc.)

No \_\_\_\_\_

Yes \_\_\_\_\_

I give permission to the staff to administer \_\_\_\_\_ medication to my child.

Physician \_\_\_\_\_

Quantity \_\_\_\_\_ Time to Administer \_\_\_\_\_

Is there any other information that we should be aware of regarding your child(ren)?

No \_\_\_\_\_

Yes \_\_\_\_\_

**Participant Name** \_\_\_\_\_

Are there any medical conditions that we should be aware of? (i.e.: asthma, etc.)

No \_\_\_\_\_

Yes \_\_\_\_\_

I give permission to the staff to administer \_\_\_\_\_ medication to my child.

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

Quantity \_\_\_\_\_ Time to Administer \_\_\_\_\_

Is there any other information that we should be aware of regarding your child(ren)?

No \_\_\_\_\_

Yes \_\_\_\_\_

**Participant Name** \_\_\_\_\_

Are there any medical conditions that we should be aware of? (i.e.: asthma, etc.)

No \_\_\_\_\_

Yes \_\_\_\_\_

I give permission to the staff to administer \_\_\_\_\_ medication to my child.

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

Quantity \_\_\_\_\_ Time to Administer \_\_\_\_\_

Is there any other information that we should be aware of regarding your child(ren)?

No \_\_\_\_\_

Yes \_\_\_\_\_

**Authorize to Administer Medication**

I give permission to the YMCA program Staff to administer medication to my child.

YES \_\_\_\_\_ NO \_\_\_\_\_

**Medical Privacy Statement:** *It is the policy of the Sterling-Rock Falls YMCA Youth Development Programs to keep any medical information it may have regarding program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to YMCA staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the YMCA, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand IF any accident insurance for the event, it does not cover pre-existing conditions or self-inflicted injuries.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Parent or Guardian

## BEHAVIOR MANAGEMENT PROCEDURES

We want every child's participation in the Before and After School Programs, School's Early Out Club, and No School Day Camp to be a positive growth experience. We will follow the following policy regarding behavior during our programs.

### Behavior Guidelines

- People are responsible for their actions.
- We 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, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include the behavior problem, what provoked the problem, and the corrective action taken.
5. The lead staff will conference with the parent so they can determine the appropriate action to take and sign the behavior report.
6. If the problems still persist, staff will schedule conferences that include the parent, child, staff, and Youth Development Director. The Youth Development Director will have all documentation and the notes from the previous conferences for review. If future conferences have to be scheduled, a counselor may also be present.
7. If a child's behavior at any time threatens the immediate safety of that child, or staff, the parent will be notified and expected to pick up the child immediately.
8. If a problem persists and a youth continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next full day. The length of suspension is determined by the Youth Development Director.

- Endangering the health and safety of children, staff, members, or volunteers
- Stealing or damaging School, YMCA, or personal property
- Leaving the day camp program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or program rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent Signature Required

I have reviewed with my youth the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

Parent's Signature

Date



# Draft Authorization

## Before & After School, School's Early Out Club, No School Day Camp (Authorization applies across all program unless we are notified otherwise)

### DRAFT PAYMENT

Your checking, savings, debit, or credit card will be drafted the Friday before the week of the program that you are registered for based upon the monthly schedule you submitted. If a draft payment is not honored, you are still responsible for that payment plus a ten dollar (\$10)\* service fee and any fees from your bank or credit card provider. Should your account become delinquent, the balance must be paid before registering for future weeks. We are not responsible for any service fees charged by your bank.

If at any time you prefer to discontinue this means of payment, you must provide notice to the Sterling-Rock Falls Family YMCA ten (10) days prior to the next scheduled payment.

### AUTHORIZATION TO DRAFT ACCOUNTS

I hereby authorize the Sterling-Rock Falls Family YMCA to keep the following information on file electronically and to draft payments the Friday before the week of the program that I am registered for.

Parent's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Type of account (check one):  Savings  Credit Card - Expiration date: \_\_\_\_\_

Last four digits of account: \_\_\_\_\_  Checking  Debit Card - Expiration date: \_\_\_\_\_

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