



After School Program

Parent Handbook

2505 YMCA Way

Sterling, IL 61081

815-535-9622 (Membership Desk)

815-626-9745 (Fax)

www.srfymca.org



Financial Information

Fees

Member Rate:

Weekly Rate: \$40.00

Non-Member Rate:

Weekly Rate: \$60.00

Payments

- 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. Must be a member to qualify for 4Cs.
- 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
- Families will be set up in an auto-pay program. 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 the month must do so at the time of registration.

Registration

- **All monthly registration schedules are due 25th of the month prior.**
- **Any registration schedules that are turned in after the due date may 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 used 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 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.

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.

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 program 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 program.
- 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.

Program Times and Locations

The Sterling-Rock Falls 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.

The Sterling-Rock Falls Family YMCA is here to help your child excel after the bell. We will be offering our After School Program for all 4 Sterling Public Elementary Schools: Lincoln, Jefferson, Franklin and Washington. Each school is limited to 50 participants. Kids will be able to participate in fun games and activities and a snack will be served.

PPE – Personal Protection Equipment

The following PPE protocol will be in place for After School Programs and will be updated as needed:

Masks

- All staff will be required to wear a mask or cloth facial covering.
- Participants will be required to bring a mask or cloth facial covering to the program each day.
 - Masks should be worn when arriving and departing from the program.
 - Masks will be worn during indoor activities, and in outdoor activities where adequate social distancing is not feasible
 - Reusable masks should be cleaned and disinfected daily

Sterling-Rock Falls Family YMCA After School Program ENROLLMENT FORM

For more information, please contact:

Jamie Alexander- Youth Development
Director.

815-535-9622 jalexander@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): _____

NAME: _____ RELATION: _____ ADDRESS (if different): _____ EMAIL _____

ADDRESS: _____

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

- 1. CALL THIS NUMBER 1st: (_____) 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 _____

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 yourchild(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 yourchild(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 yourchild(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

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 \$30.00 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 _____