

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

May 2020

Thank you for choosing the Brandywine YMCA for your before and after school care. Please take a few moments to read and fill out the enclosed paper work to register your child for our program.

HOW TO REGISTER

1. Complete the attached Youth Program Information form. If you need to add/change or cancel your child's care in the program, you need to email the child care registrar at rkapa@ymcade.org. All changes must be submitted in writing.
2. Complete the Bank Draft Form. All families will be set up on bank draft using your checking, savings, debit or credit card accounts. Tuition can be deducted on the 1st or the 15th of each month, or you may choose to split the payment. Deductions begin in September and end in May. Statement billing is not available.
3. Anyone wishing to apply for financial assistance will need to apply first to Purchase of Care through the State of Delaware. Information on applying can be found at <https://assist.dhss.delaware.gov/>. If denied by POC, please bring in denial letter and then apply for YMCA Open Doors financial assistance.
4. Registrations cannot be accepted without a completed Child Health Appraisal form including immunization records signed by your doctor. A copy of your child's school physical is acceptable. In order for the Child Health Appraisal form to be current through 5th grade, the form must be completed and signed by the doctor after the child turns 5 years old.

Rates for the 2020-21 school year:

Each student will be charged a one time \$25 registration fee when they are registered:

After Care Options:

3 days week \$290/month

5 days week \$385/month

Morning care \$148/month

School is Out - Kindergarten through 5th grade.

Held at the Brandywine Y 7 a.m.-6 p.m. on professional and single day school holidays and some weather school cancellations. An additional fee is required. The School is Out calendar will be available when the school district finalizes the calendar for the upcoming 2020-2021 school year. Full Members: \$45/day Community: \$60/day

Below is a list of contact people who can answer questions about our school-aged before and after care programs.

Child Development Director

Stephanie Sauerbrunn, 302-510-1169
ssauerbrunn@ymcade.org

Child Development Director

Gary Karp, 302-478-8579
gkarp@ymcade.org

Senior Child Development Director

Elizabeth Schaff, 302-478-8306
Eschaff@ymcade.org

Registration, bank draft billing, cancellations,
changes or additions to care

Gina Kapa, 302-510-1178
rkapa@ymcade.org

If you have any questions, please do not hesitate to call or e-mail us at the Brandywine Y.

Sincerely,

Stephanie Sauerbrunn
Child Development Director

YOUTH PROGRAM INFORMATION SHEET

2020-2021

PLEASE ONLY LIST ONE CHILD PER FORM AND ATTACH A RECENT PHYSICAL WITH IMMUNIZATIONS

School Attending _____

Grade entering 2020-21 _____

AM Care Yes No PM Options: 3 Days Attending: M T W R F OR 5 Days

Child's Information

Name	DOB / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
<input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> other			
Child's Address	City	State	Zip
Contact Email Address for all School's Out correspondence:			
Concerns/special needs			
Dual language families Please list the main language used at home.			
Allergies			
Medication	Does your child take prescribed medications? If yes what kind		Side effects
(medication administration form required for our staff to administer)			
Is there a custody/visitation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the supporting documentation.			
Does your child have an <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> 504 If yes, please share with YMCA director			

Parent/Guardian

Name	Relationship to child	DOB / /
Home Phone	Cell Phone	Work Phone
Place of Employment	Hours of Employment	

Parent/Guardian

Name	Relationship to child	DOB / /
Home Phone	Cell Phone	Work Phone
Place of Employment	Hours of Employment	
Military Do any family members currently serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of service:		

Insurance Information

Insurance Company	Policy #
Family Physician	Physician Phone

PLEASE LIST ANY ADULTS, OTHER THAN PARENTS, THAT MAY BE CONTACTED IN AN EMERGENCY.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

PLEASE LIST ADULTS WHO ARE AUTHORIZED TO PICK UP THIS CHILD. PARENTS SHOULD LIST THEMSELVES ON THE LIST.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

PLEASE LIST ANY ADULTS, THAT ARE NOT AUTHORIZED TO PICK UP THIS CHILD

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

PARENT/GUARDIAN SIGNED RELEASES

Treatment/ Emergency care – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.

Signature

Screen Time Usage – I give permission for my child to use computers and view interactive age-appropriate and educational videos. Screen time will be less than 30 minutes.


Signature

Receipt of Parent Handbook – I acknowledge that I have received, read and understand the Parent Handbook.

Signature

Informed consent - I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my family's participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of YMCA property.

Signature

Please provide any additional information about your child's behavior and/or physical, emotional, mental health behavior we should be aware of 

PARENTS RIGHT TO KNOW NOTICE

Under the DELAWARE CODE you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record located in New Castle County contact Ms. Ellen Linen, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza, Hagley Building, Wilmington, DE 19810, 302-892-5800. To review a child care facility record located in Kent or Sussex County contact Ms. Dawn Clarke, Office of Child Care Licensing, 821 Silver Lake Blvd., Suite 102, Dover, DE 19904, 302-739-5487.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge I received this notice as part of the application packet

Parent/Guardian Signature

Date

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

____ Scalp, Skin	____ Heart	____ Vision	____ Ear, Nose	____ Lungs
____ Hearing	____ Throat	____ Abdomen	____ Blood Pressure	____ Eyes
____ Genitalia	____ Teeth	____ Extremities	____ Neck, Glands	____ Nervous System
____ Height	____ Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____

B.A.S.E
Getting to Know You
2020-2021

In order to maintain our Delaware Stars rating, please provide this information and return with your child's registration forms.

Parents/guardian's name: _____ Date: _____

Child's Nickname _____

Who lives in your house? _____

What holidays do you celebrate? _____

How would you describe your child? _____

Does your child have any fears? If so, what are they? _____

What are your child's favorite activities? _____

What are your child's least favorite activities? _____

What do you hope your child to accomplish while in our program?

Is there anything else you would like to share about you, your child, or your family?

Do you have any special talents that you would be willing to share with the class?

Paying for BASE on the Bank Draft System.

I hereby authorize the YMCA of Delaware, to initiate debits to the bank/credit cards indicated below and authorize the bank to debit my account. Statement billing is not an option. Please direct all questions to Gina Kapa, at the Brandywine YMCA, 302-510-1178.

Signature

- To begin bank draft, complete section 1 and 2 and return, with a blank voided check, and your registration form to the YMCA.
- If you would like to utilize the credit card EFT option, complete sections 1 and 3 and return with your registration form.
- Payment Returns: If payment is returned for two consecutive months, your child **may not** return to BASE until balance is paid in full.

SECTION I

Name of Parent _____

E-Mail Address _____

Name(s) of children and the program(s) they are participating in:

Name	Program	Amount each payment
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_____	_____	_____
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SECTION II – Bank Draft Option (requires a voided check on file)

Draft on the: 1st of the month _____ 15th of the month _____ on both dates _____

If the YMCA is unable to draft a payment due to insufficient funds, I understand the overdue payment and the current tuition payment will both be deducted the following month.

Signature _____

SECTION III – Credit Card EFT

Credit Card Number _____ EXP. DATE _____ CVV _____

CARD ISSUER (bank or credit union) _____

AMEX ___ DISC ___ MC ___ VISA ___

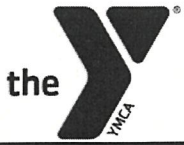
FULL NAME ON CREDIT CARD _____

PHONE NUMBER _____

Charge on: 1st of the month _____ 15th of the month _____ on both dates _____

If the YMCA is unable to draft a payment due to insufficient funds, I understand the overdue payment and the current tuition payment will both be deducted the following month.

Signature _____



YMCA OF DELAWARE BEHAVIOR EXPECTATIONS & PROCEDURES

* Items with an asterisk are mandatory

CHILD'S INFORMATION

Legal First Name*	MI	Legal Last Name
_____	_____	_____

BEHAVIOR EXPECTATIONS & PROCEDURES

It is the goal of our YMCA to provide a healthy, safe, and secure environment for all participants. The YMCA teaches the core values of caring, honesty, respect, and responsibility. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

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 program 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 what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff may schedule a conference with the parent to determine the appropriate action that will be taken.
6. Staff may schedule a progress check or a follow-up conference.
7. If the problems still persist, staff will schedule a conference that includes the parent, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately. If such a call is placed, an authorized pick up person must pick up the child within one hour.
9. If a problem persists and a child 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 a minimum of the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the 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, or explosives. weapons or explosives.

PARENT BEHAVIOR AGREEMENT

I have reviewed the YMCA's Behavior Expectations with my child. I understand and agree to all of the terms presented in this document. I further agree to report any issues or concerns my child shares with me regarding their experience in the program. I understand that the YMCA works to ensure all children are safe and comfortable while at the YMCA and that the YMCA staff will work to resolve issues quickly when they are shared.

Parent's Signature*



YMCA OF DELAWARE PHOTO, VIDEO & AUDIO RELEASE

CHILD'S INFORMATION

Legal First Name	MI	Legal Last Name
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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature	Printed Name	Date
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Address

I am the Parent/Legal Guardian of _____ (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian



YMCA OF DELAWARE ABUSE PREVENTION INFORMATION FOR PARENTS

CHILD'S INFORMATION

Legal First Name* _____ MI _____ Legal Last Name * _____

CHILD SAFE PROCEDURES

Parents place their trust in the Y to help their children thrive. Our core values—caring, honesty, respect, and responsibility are part of everything we do. Because of this, we place great value on creating the most child-safe environment possible. We believe when parents are well informed about safety protocols, it greatly assists our constant vigilance of all who have potential access to children. The following should be established zero-tolerance YMCA policies that are regularly communicated with parents. Parents should be regularly encouraged to report any deviation from these policies immediately.

- A child should never be alone with a staff member (but may be separate, if in full view of others).
- Children should not be contacted by YMCA staff except for issues relating directly to currently active YMCA activities (i.e., no letters, email, telephone calls, texts, Facebook, visits, non-YMCA excursions, etc.).
- Children should never receive gifts of any kind from individual Y staff members.
- Children should always be transported in YMCA-identified vehicles (or appropriately identified vendor-operated vehicles), never in a staff member's personal vehicle, and never alone.
- Y staff members should not babysit Y members or program participants. If the babysitting relationship pre-existed the Y relationship, the President of the YMCA of Delaware could make an exception, but a specific acknowledgement should be signed by the parents and the babysitting staff member and retained by the Y.
- Children in child care must sign in and out of programs each day and will only be released to preauthorized individuals.
- Parents who become aware of hazing, bullying, or similar behavior should report the incident to the Y. Such behavior is often the precursor of peer-to-peer abuse and must be addressed.
- Children should be encouraged to discuss their experiences with their parents and identify any behavior or activity that made them uncomfortable. Parents need to be aware that programs like gymnastics and aquatics require some physical contact between adult and child to provide the necessary instruction, coaching, and spotting. A single touch in a normally inappropriate place may not be an inappropriate touch if it occurred while trying to prevent an injury, etc.
- Parents should be provided with the names of at least two separate Y individuals whom they may contact if they believe there is an issue of any kind that needs to be addressed.
- Delaware law requires ALL ADULTS to report cases of suspected abuse to the authorities.

The Y of Delaware has more than 4,000 staff members and volunteers working with youth in the many programs we offer. To keep children in our programs safe, we intensively screen potential employees and volunteers by using a detailed application form, comprehensive interview process, reference checks and criminal background checks.

Our employees complete an extensive child abuse prevention training program. Supervisors and managers complete additional training to further promote a child-safe environment. All staff members are mandated to report any suspected child abuse. If you have any questions or concerns regarding a YMCA staff person or program, please inform the program director, associate executive director or executive director at your location. You can make a confidential report to Ethics Point on our website.

Parents are encouraged help prevent child abuse. Here are some suggestions:

- Talk to your child about his or her experiences in Y programs, school, sports, and other activities.
- Drop in on your child's programs.
- Trust your instincts. Don't wait to tell us if something seems "strange." Speak up!
- Every once in a while, ask your child these questions:
 - Is anyone scaring or threatening you?
 - Is anyone asking you to keep secrets?
 - Has anyone said anything to you that made you feel bad?
 - Is anyone touching you in a way that you don't like?
- Encourage your child to tell you or another trusted adult if anything happens to him or her.
- Watch for warning signs of abuse:
 - Unexplainable bruising or other physical markings
 - Disturbed sleeping or eating patterns
 - Abrupt changes in behavior—anxiety, clinging, aggressiveness, withdrawal, depression
 - Fear of a certain person or place
 - Discomfort with physical contact
 - A child who abuses other children
 - Listen and watch for signs of your child receiving special attention that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities of school, child care, or other activities.

If you have any questions or concerns regarding a YMCA staff person or program, please inform the Program Director, Associate Executive Director or Executive Director at your location. You can also make a confidential report to EthicsPoint on our website.

Bear-Glasgow Family YMCA (302) 836-9622
 Central YMCA (302) 254-9622
 Dover YMCA (302) 346-9622
 Middletown Family YMCA (302) 616-9622
 Sussex Family YMCA (302) 296-9622
 Walnut Street YMCA (302) 472- 9622
 Western Family YMCA (302) 709- 9622

I have reviewed the YMCA's Child Safe Procedures.

Parent's Signature* _____



YMCA OF DELAWARE PURCHASE OF CARE PARENT CONTRACT

CHILD'S INFORMATION		
Legal First Name	MI	Legal Last Name
POC Site Name	POC Site Number	Child's MCI #

Your authorization is only good for the location listed on the authorization. Switching to another YMCA location will require a call to your case worker to obtain a new authorization.

This contact is specific to families who have a current POC authorization on file for the site their child attends. It overrides any branch specific registration, payment or cancellation policies that may conflict with these procedures. This contact will be followed for all periods that you maintain an active POC authorization for the site your child attends. If your POC authorization lapses at any time during your child's attendance in the program, the policies listed in the enrollment packet/application will be in effect for any period of time that your child is not covered by POC.

- POC participants receive 100% YMCA financial assistance for a YMCA Program Membership.
- POC participants receive 100% YMCA financial assistance for all program registration fees.
- A POC Authorization for your child's program site must be received at the time of registration, prior to the start of care.
- Children utilizing POC are permitted to miss 5 days of care per month (approximately 1 week). Children who miss more than 5 registered days may be dismissed from the program.
- POC participants are required to give five days written notice to withdraw from the program. If such notice is not given, you are responsible for payment for the enrolled weeks. Special exceptions must be discussed with the Senior Child Development Director.
- POC participants may re-enroll in the program at any time as long as space is available and there is no balance due on the account.
- POC participants are not charged late payment fees. Failure to pay your balance in a timely manner may result in termination of your child's care.
- A \$25 NSF fee will be added for each returned check. After two returned checks, no further checks will be accepted.
- A \$25 NSF fee will be added if an EFT payment is returned.
- The YMCA may charge an additional fee for field trips. Information on the cost of these trips is listed on the program registration form. Field trip fees, when charged, are in addition to any POC Parent Fee amount you are required to pay.
- Full day parent fees are charged (when allowed on your authorization) for any day your child is in care for more than 4 hours. This includes early dismissals, in-service days, holidays, and inclement weather days if your child attends care.
- A late pick up fee of \$15 will be charged for each child picked up after the program closes. An additional \$15 fee is charged for each 15 minute interval, or part thereof, as we do not prorate this fee by the minute. Parents/guardians that arrive late will be asked to sign a late pick up form and it is the responsibility of the parent to submit the late pick up fee to the YMCA within 3 business days of the incident. For children utilizing POC, late pick up charges do not begin to accrue until the point in time that the state no longer covers care (4 hours in care for half day without extended care or 10 hours in care for half day with extended care or full day). However, children in care for more than 4 hours will be charged the full day parent fee. Repeated late pick-ups may result in your child's dismissal from the program.
- The YMCA reports all past due balances to POC. Please be sure your account is paid before seeking other care.

I have read and understand the procedures listed above. I understand that I am responsible for ensuring my child's paperwork, POC authorization (if applicable), and payments remain current to maintain my child's enrollment in the YMCA's programs.

Parent's Name (Please Print)	Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Parent's Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>