



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHTER FUTURES

School Age Program

VALPARAISO FAMILY YMCA

---

Valparaiso Family YMCA  
1201 Cumberland Crossing Drive  
Valparaiso IN 46383  
219.464.9543

---



k k k 'j Udcna W'cf[





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

VALPARAISO FAMILY YMCA

1201 Cumberland Crossing Drive, Valparaiso, IN 46383

219 462 4185

FAX 219 477 4720

[www.valpoyymca.org](http://www.valpoyymca.org)

## **School Age Check List**

Please use the following as a guide for the listed documents that are needed prior to your child's enrollment. We will be happy to provide you a copy of any/all of the documents in your child's enrollment packet, by request only.

If you have any questions, please contact us by phone: (219) 462-4185 ext 238.  
Please ask for Melanie Hoffman, Director of Childcare.

\_\_\_\_\_ Application/Intake Agreement/Emergency Medical Treatment Permission

\_\_\_\_\_ Authorization for Child's Release/ Parent-Guardian Consent/ Sunscreen Policy

\_\_\_\_\_ Parental Agreements/Tuition Policy

\_\_\_\_\_ Tuition Express Information (Mandatory)

\_\_\_\_\_ Child Care Health Record/Current Immunizations (Signed by Physician)

\_\_\_\_\_ DISCIPLINE/Guidance Policy/Transportation Policy/Expulsion Policy

\_\_\_\_\_ Parent Handbook Receipt (Signed)

---

### **Our Mission**

To put the Christian principles of caring, honesty, respect and responsibility into practice through inclusive programs that build healthy spirit, mind and body.



**OFFICE ONLY**

Enrollment Date: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

\*\*\*\*\*

Valparaiso Family YMCA, Child Care Phone (219) 464-9543, web www.valpoyymca.org.

**APPLICATION / INTAKE AGREEMENT****CHILD INFORMATION**

Full Name \_\_\_\_\_ Nickname: \_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth: \_\_\_\_\_ Please Circle: Male / Female Child's Grade: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION****Parent/Legal Guardian #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Working Hours: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

**Parent/Legal Guardian #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Working Hours: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Name of Parent/Legal Guardian who has legal custody: \_\_\_\_\_ Child primarily lives with: \_\_\_\_\_

Any custody arrangements we should be aware of: \_\_\_\_\_

**HOURS OF OPERATION: 6:00 A.M. TO 6:00 P.M.****Children are expected to be picked up by closing time. A charge of \$1.00 per 1 minute will be assessed per child to any family picking up after 6:00 p.m. (closing time).****Please indicate if you are a Y Member or Not:**☐ YMCA Member☐ Community Member**Please indicate which program/school you are registering your child:**

Before School

After School

Fun Days

Summer Camp

Immanuel

Central

Memorial

Flint Lake

Cooks Corners

T.J.E

Parkview

Northview

Morgan Twp.

Kouts

Washington Twp.

Bears

Bandicoots

Adventure Days

Explorer Days

## EMERGENCY MEDICAL TREATMENT PERMISSION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

As parent/legal guardian, I give consent to have my child receive first aid by the child care staff, emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed below to act on my behalf until I am available. I agree to update this information with the Director, Program/Pre-School Coordinator, or Administrative Assistant whenever a change occurs.

Dated the \_\_\_\_\_ Month of 20\_\_\_\_\_

Parent/Legal Guardian Name (please print) \_\_\_\_\_

Parent/Legal Guardian (signature) \_\_\_\_\_

\*\*\*\*\*

### LOCAL EMERGENCY CONTACTS (to whom child may be released if legal guardian is unavailable)

Name #1 \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name # 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

### CHILD'S USUAL SOURCE OF MEDICAL CARE

Name \_\_\_\_\_

Phone \_\_\_\_\_

### CHILD'S USUAL SOURCE OF DENTAL CARE

Name \_\_\_\_\_

Phone \_\_\_\_\_

### CHILD'S HEALTH INSURANCE

Insurance Plan \_\_\_\_\_ Phone \_\_\_\_\_

Name (on insurance card) \_\_\_\_\_ ID # \_\_\_\_\_

\*\*\*\*\*

### SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL INFORMATION FOR EMERGENCY SITUATIONS

Please list: Allergies; other Restrictions, Medications/Foods to be Avoided and Why (attach written instructions/special care plan from child's physician)

---

---

---

---

## AUTHORIZATION FOR CHILD'S RELEASE

### WE WILL NOT RELEASE YOUR CHILD TO ANYONE WITHOUT THE PARENT/LEGAL GUARDIAN'S WRITTEN AUTHORIZATION (Must be 18 or older!)

Please provide a minimum of two designated individuals and in the order you would like us to contact them, who are authorized to pick up your child in the event of an emergency or a student illness.

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #4: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Parent /Guardian Consent

**Please read and check off each statement and sign at the bottom that you understand.**

- ☐ I give the YMCA permission, without limitation or obligation, to use photography, video, or audio recordings of my child participating in YMCA Child Care programs for the promotion or interpretation of the YMCA.
- ☐ I give permission for my child to participate in field trips or be transported to/from school during Child Care program hours with the understanding that advance notice and details will be provided. School age children are transported in a YMCA bus equipped with seat belts and driven by a licensed, experienced driver, or by a contracted bus transportation service driven by a licensed, experienced driver, or they may walk to their designation. Pre-School children are transported by a YMCA bus equipped with appropriate child care seats, or you may have the option to drive your child to and from the trip, or they may walk to their designation.
- ☐ I give permission to the YMCA to show G and PG rated movies to my child at the Youth Program Director's discretion.
- ☐ I give permission for my child to participate in swim activities, and I will provide my child's swimsuit and towel.
- ☐ I give permission for the YMCA to assist my child with applications of sunscreen as needed. I will apply the first layer prior to arrival at the program. I will provide my child with enough sunscreen (in a sealed original container) to keep at the program for later day applications.
- ☐ I give permission for my child to participate in gardening activities, which may include working with potting soil, gardening equipment, plants, etc.
- ☐ I give permission for the YMCA to use the preventative products checked below without a physician's order. I will supply the products to the program for my child. I understand the products must be in a sealed original container with my child's name clearly labeled on the outside of the container.

☐ Sunscreen (must be checked)

☐ Lotion

☐ Insect repellent

☐ Non-medicated powder

☐ Petroleum jelly

☐ Chap Stick ☐ A&D ointment

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Dated the \_\_\_\_\_ Month of 20\_\_\_\_\_

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian (signature)





## PARENTAL AGREEMENTS

Please keep and refer to your copy of the Valparaíso Family YMCA Child Care or Pre-School Services Policies and Procedures Handbook. The policies are very important for the safety and protection of your child. Please carefully read the statements below. Your signature that follows indicates that you have received your copy of the Handbook, and have read, understand, and agree to the handbook and the following:

**\*\*I understand that I am not to leave my child at the Valparaíso Family YMCA Child Care or Pre-School Services unless a YMCA staff or volunteer is there to receive and supervise my child.**

**\*\*I understand that I must make sure that a staff member is aware of my child's arrival and departure.**

**\*\* I understand that my child will not be allowed to leave the program with an unauthorized person. I will not be allowed to make last minute arrangements on the telephone to allow unauthorized pickup.**

**\*\*I understand any change of information, including Authorization for Pick-Up, must be done on a "Student Data Change Form" forms are available from the Director, Program/Pre-School Coordinator, or an Administrative Assistant; It is my responsibility to give the form to the Director, Program/Pre-School Coordinator, or an Administrative Assistant.**

**\*\*I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol; the program staff may have no recourse, for the child's safety, but to contact police. Please do not put staff in a position where they have to make this judgment call.**

**\*\*I understand that the YMCA is mandated by State law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

**\*\*I understand the program is closed for all major national holidays as outlined in the school calendar and I agree that I am not entitled to any allowances or reimbursements for these days. (School Age Programs - Exempt)**

**\*\*I understand the program does not offer vacation credits for any all day pre-school or half day preschool.**

**\*\*I understand if my child becomes ill, my emergency contact person or I will be called to pick up my child. If my child is exposed to a contagious disease, I agree to notify the Director, Program/Pre-School Coordinator, or an Administrative Assistant immediately. I agree my child to be fever free for at least 24 hours before attending the program.**

**\*\*For child care, I understand that the Health Record and Updated Immunizations on the correct form that pertains to the program your child is in, and that is provided by the program, must be completed by a physician prior to or within one-week admission to the program. The Health Record includes an examination and the child's immunization record (includes month, day and year given for each immunization and child's birth date) or a medical exempt statement from a physician, or a religious belief exemption statement from the parent.**

**\*\*The Discipline Policy/Transportation Policy of the YMCA Child Care or Pre-School Services has been fully explained to me, and any disciplinary action taken will be reported to me and noted in my child's case record.**

**\*\*I have read and understand the program has the right to deny admittance or withdraw any child whose behavioral or physical needs cannot be met by the existing policies or whose behavior is such that it creates a danger to other children.**

**\*\*If the YMCA must hire a lawyer for any reason relating to my child (i.e., custody issues, pickup Authorization, etc.), I will pay for the YMCA's expenses and legal fees, whether or not the YMCA must appear in court.**

\*\*\*\*\*

### ACKNOWLEDGEMENT OF PARENTAL AGREEMENT

I have read and understand the above written parental agreement. I understand that the parental agreement may change at any time at the sole discretion of the Family YMCA Child Care or Pre-School Services, with or without prior notice to all participants.

Dated the \_\_\_\_\_ Month of 20\_\_\_\_\_

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian (signature)

## TUITION PAYMENT POLICIES

**TO ENSURE CONSISTENT INCOME, WHICH IS NECESSARY FOR EFFICIENT PROGRAMMING, PARENTS MUST ADHERE TO THE FOLLOWING POLICIES:**

**PAYMENT DUE** Payments are to be paid each Monday of the current week of care with our convenient electronic draft system. Please complete the Tuition Express form and attach a voided check (payment of credit card, debit card, or check may be accepted, but only at the time of registration).

Any form of payment returned from the bank as unpaid due to insufficient funds or closed account will be subject to a \$30.00 NSF fee. A payment that continues to be returned for insufficient funds after the second draft attempt will be assessed an additional \$20 late fee for each week past due. If a balance is unpaid after the second week, your child's enrollment will be discontinued. Fees past due, as well as legal fees (including court fees and attorney fees,) are the parent's responsibility.

**SIBLING DISCOUNT** Each additional child in the same family will receive 15% off the lower weekly tuition rate.

**WHEN MY CHILD IS SICK OR ABSENT** I understand that the program reserves my child's slot every week with my weekly child care tuition payment. Therefore, I am expected to pay the tuition every week, regardless of my child's attendance. In addition, I understand that I am responsible for medical fees incurred for sickness or accident when my child is enrolled for care at the program.

**No Credits: except for hospitalization or death in immediate family. Credits will not be issued to accounts with balances due, but rather a credit will be applied toward the balance.**

### **POLICY ABOUT CHILDREN LEFT AFTER CLASS CLOSING TIME**

Children are expected to be picked up by closing time. A charge of \$1.00 per 1 minute will be assessed per child to any family picking up after 6:00 p.m. (closing time).

If contact is not made with the Valparaíso Family YMCA, and an authorized individual provided in writing by the parent/legal guardian, does not pick a child up 30 minutes after closing time, Child Protective Services will be contacted for guidance and staff will follow their recommendations.

The tuition fee for my child is \$\_\_\_\_\_ per week/month. I understand and agree to comply with this policy. Failure to do so will result in the withdrawal of my child.

**Please select the payment option below, that you will be using:**

**\*\*A one-time registration and yearly supply fee will be assessed for each child enrolled. This fee is assessed the first week of attendance unless prepayment is made. Supply fee withdrawn every September unless paid at registration.**

\_\_\_\_\_ **Member (\$0/\$50)** \_\_\_\_\_ **Community Member (\$25/\$75)**

### **All School Age Programs:**

\_\_\_\_\_ **Weekly:** Your payment will be deducted from your account on each **Monday** of the month. Prepayment sheets must be turned in NO LATER than the Wednesday prior to the week of use, or a \$20 late fee will be added to the account.

Please note: When the payment date reflected above falls on a Holiday the Valparaíso Family YMCA, will process the payment on the next available business day.

\*\*\*\*\*

### **ACKNOWLEDGEMENT OF TUITION PAYMENT POLICY**

I have read and understand the above written tuition policy. I understand that the tuition policy may change at any time at the sole discretion of the Valparaíso Family YMCA, with or without prior notice to all participants.

Dated the \_\_\_\_\_ Day of 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

\_\_\_\_\_  
Parent/Legal Guardian (signature)



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of





**THIS IS A REQUIRED FORM**

Day Care Provider Name \_\_\_\_\_

**Child Immunization Record**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip***Record Date of Immunization***

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Pevnar								
Hep A								

Child has documented history of Varicella Disease \_\_\_\_ No \_\_\_\_ Yes If yes, age \_\_\_\_

***Please check the appropriate response.***

- ☐ Child has received complete age-appropriate immunizations.
- ☐ Child is currently in the process of receiving complete age-appropriate immunizations.

**ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER****Comments: (Please list immunizations excluded for medical reasons)** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**Parent comments: (Please indicate religious objection, if any)**\_\_\_\_\_  
\_\_\_\_\_Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Health Care Provider's Signature and Date is **Required**.)Printed Name and Title \_\_\_\_\_  
(Printed Name and Title is **Required**)**This form must be updated annually.**



## **Valparaiso Family YMCA Discipline/Guidance Policy**

It is very important a child's development is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors that will hurt another child or teachers are not permitted.

### **In response to these behaviors we will not use:**

- Threats or Bribes
- Physical Punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Utilize food as a reward
- Humiliation or Isolation

### **In response to misbehavior we will:**

- Utilize developmentally appropriate discipline and guidance by age
- 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
- For children ages three years and up, move your child to a time-out area for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or others, staff will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

---

Child's Name

Date of Birth

Additional techniques to be used with my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge I have read and understand the above policy.

---

Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

---

Parent/Legal Guardian #2 Name (please print)

Parent/Legal Guardian #2 (Signature)

---







FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **Suspension and Expulsion Policy**

The YMCA teachers provide environments that support Developmentally Appropriate Practices at each stage of a child's development. The YMCA strives to engage with each child and promote their development, positive social emotional growth, as well as age appropriate positive behavior development. This policy outlines the procedures we take to limit the use of expulsion, suspension from our programs.

Each program provides a lesson plan that outlines the week's activities and provides opportunity for teachers to be flexible in teaching. Plentiful materials are provided to limit struggles over materials. Teachers create a program that reflects the diversity of the community and involves each child's home culture and language. The program provides opportunities for large group activities and small group activities, support during transitions, and teachers make changes to the learning environment weekly to spark curiosity.

Teachers strive to create a sense of community with their groups. They engage children in cooperative experiences as well as experiences that demonstrate that each member of the group is valued. Opportunities are provided for children to play and work together, both in groups and on their own. A space is provided for children to be by themselves, opportunities for children to choose their activity are provided daily. Teachers support children as they develop problem solving skills by using group activities as an opportunity to discuss problems and emotions, children can support each other and manage through these issues.

Teachers work to actively create a positive relationship with each family, communicating regularly through daily written reports, Accident/Injury Reports, Corrective Action Reports, email, or verbally upon drop off/pick up. Parent teacher conferences are offered with child assessments. The program utilizes annual program surveys to assess the effectiveness of the program on several levels.

Parents are always welcome in the program. Opportunities for parents to participate in our program are welcomed, such as, observing your child's environment, reading to the group, or sharing a skill or interest. The program will engage parents to work together, making decisions about how best to support children's learning and development, and how to handle behavior problems in the program. Teachers will respect parent's goals and expectations for their child, and respect parent's personal and cultural preferences.



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

In addition to CPR, first aid, child abuse prevention, teachers are supported through professional development annually. Teachers achieve over 12 hours of in-service training in the areas of Developmentally Appropriate Practice, curriculum, positive classroom management and discipline, child development, and health, nutrition, sanitation, and safety.

When behavioral issues or indicators of delayed development interfere with the learning environment the program may engage our local Child Care Resource and Referral Agency for support, professional development, or coaching on positive social/emotional and behavioral development to ensure children's developmental needs are being met. Other resources our organization may use to support the teacher and family include, but are not limited to:

- First Steps
- Porter County Education Services, SELF School
- Behavioral Specialist of Indiana
- Ruby Slippers Counseling Services
- Porter Starke Services
- Child's physician

Teachers will document incidences on a Corrective Action Form, parents and teachers sign the form and a copy is kept in the child's file. Other forms of documentation may include a daily journal for a child, individualized behavior chart, or written notes from a meeting or conference. All forms of communication are collected and analyzed before suspension or expulsion occurs. A parent conference will be scheduled to determine the best course of action for the child. At this meeting, a timeline and goals will be set to correct the actions or behaviors demonstrated in the learning environment. Teachers and parents will work together to create a documented action plan, monitor the plan, and regroup to discuss improvements. If incidences continue that pose a safety threat that can't be addressed with reasonable modification or disruption to the learning environment on a level that requires more than a reasonable amount of one on one time, a child may be suspended or expelled from the program.

This policy will go into effect October 1, 2018. If you have any questions or concerns, please speak to Diana Sonnenberg, Director of Youth Programs,

---

Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

Date

---

## **Safe Conditions Policy**

The following steps will be taken to ensure that your child is safe while at our childcare program. Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen and negative TB test, CPR and First Aid and have completed all required trainings).

**The childcare will take the following steps to maintain the safety of the children:**

- (1) Maintain staff at the front desk to ensure non-child care people do not enter the child care hallway.
- (2) Maintain staff at the child care office to ensure safety and security of child care facility.
- (3) Keep all classroom doors locked at all times.
- (4) Only allow entrance to classrooms to positively identified persons who are allowed access.
- (5) When leaving the classroom, one teacher will be at the front of the line with one at the back, ensuring all children are within sight and sound at all times.
- (6) All children will be counted before leaving, while traveling and when arriving at destination, with continued follow up to ensure all are accounted for at all times.
- (7) Children and staff will participate in monthly tornado, fire and lockdown drills.
- (8) Children will be actively supervised within state required staff to child ratios at all times.

Our childcare will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.

**The childcare will take the following steps to maintain the child care:**

- (1) Clean the child care daily.
- (2) Keep the child care in a sanitary condition at all times.
- (3) Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated.
- (4) Wash all soiled items prior to sanitization.

## **Transportation Safety Policy**

School age and pre-school children will be transported to/from school or for field trips in a YMCA bus that is equipped with seat belts or by a contracted bus transportation service. We will only transport children if we have a permission slip signed by a parent or guardian on file. For certain trips the children may walk to their designation or parents may have the option to drive their child to/from the trip. Only qualified adults that are licensed drivers will transport children. Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while in the vehicle. At no time will the vehicle exceed the recommended capacity. Children will not be left unattended. Upon returning from each trip, the bus will be inspected to ensure that no children are still on board. We have automobile insurance that covers transportation of children for our child care business. All vehicles used for transportation will be maintained in a safe condition

---

Parent/Legal Guardian #1 Name (please print)

---

Parent/Legal Guardian #1 (Signature)

---

Parent/Legal Guardian #2 Name (please print)

---

Parent/Legal Guardian #2 (Signature)

YMCA of Valparaiso, Indiana, Incorporated  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitute an acknowledgment that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE AND AT ANY TIME AFTER I SIGN THIS AGREEMENT, INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as Areleases' @) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

