



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHTER FUTURES

School Age Program

VALPARAISO FAMILY YMCA

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Valparaiso Family YMCA  
1201 Cumberland Crossing Drive  
Valparaiso IN 46383  
219.464.9543

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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)

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### **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

Bears

Cooks Corners

T.J.E

Parkview

Northview

Bandicoots

Adventure Days

Morgan Twp.

Kouts

Washington Twp.

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)

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## 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.

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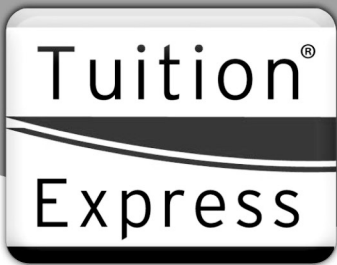
### **ACKNOWLEDGEMENT OF TUITION PAYMENT POLICY**

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: <b>Attach Voided Check Here</b> \$		
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.

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Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

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Parent/Legal Guardian #2 Name (please print)

Parent/Legal Guardian #2 (Signature)

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## **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.



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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.

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Parent/Legal Guardian #1 Name (please print)

Parent/Legal Guardian #1 (Signature)

Date

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## **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

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Parent/Legal Guardian #1 Name (please print)

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Parent/Legal Guardian #1 (Signature)

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Parent/Legal Guardian #2 Name (please print)

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Parent/Legal Guardian #2 (Signature)

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in INSURED NAME activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence the **INSURED NAME** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in INSURED activities, **including onsite, virtual, and pre-recorded on video activities**, involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, exposure to our contracting of communicable diseases, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in these activities, whether onsite, video, recorded, virtual, or otherwise, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

### PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)





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

# **ENSURING A BRIGHTER FUTURE FOR VALPARAISO**

**YOUTH DEVELOPMENT  
Learning & Child Care Services  
VALPARAISO FAMILY YMCA**



Valparaiso Family YMCA  
1201 Cumberland Dr.  
219 464 9543

Y Pre-school Downtown  
located at:  
105 N. Washington St.  
219 462 0040

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



## **THRIVE AT THE Y**

High standards for the care and development of children reflect the Y movement, values and expectations. Our goal is to create a fun and safe environment that fosters children's learning through activities that teach the Y's core values of Caring, Honesty, Respect and Responsibility.

## **VALPARAISO FAMILY YMCA MISSION**

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

## **YMCA CHILD CARE PHILOSOPHY**

We believe that children grow and learn best in a safe environment where they can explore new opportunities, experiment with ideas and build on their skills. Your child will enhance his/her cognitive, emotional, social and physical skills through developmentally appropriate activities and play, as well as being encouraged to reach his/her full potential.

## **OUR CHILD CARE STAFF**

The YMCA approach is characteristically flexible. The high standards for the care of children reflect the YMCA movement, values and expectations. The YMCA meets and often exceeds government-licensing standards. Staff members are caring individuals who believe their programs can help develop a better life for children and families. Staff members employed with the YMCA is required to pass a criminal background check, National Fingerprint Criminal History Checks, Negative TB Test, complete training in CPR and First Aid, AED, Child Abuse Prevention, Blood Borne Pathogen Precautions, and Listen, Care, Share. An additional 12 hours of training in age appropriate development is required each year.

The YMCA, Child Care Program, will provide a safe and friendly place for all children. We encourage freedom of choice, self-expression, and creativity. Children are encouraged to have a sense of purpose, foster self-esteem, and self-control.

## **HOURS OF OPERATION**

YMCA Child Care is in operation from 6:00 AM to 6:00 PM, Monday through Friday.

## **WE'RE HERE FOR YOU**

Since parent/guardian's work schedules do not always match children's school days off, continuous care is offered during these breaks for toddlers, all day pre-school and school age services.

### **Typical Fun Days:**

- Fall Break
- Winter Break
- Martin Luther King Day
- Mid-Winter Break
- President's Day
- Spring Break

### **The Child Care Department observes the following holidays when the facility will be closed:**

- Labor Day
- Thanksgiving Day and the day after
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day
- New Year's Day
- Memorial Day
- Independence Day

## **YMCA CLOSING**

When the Valparaiso Family YMCA closes due to weather-related conditions, childcare will not be provided, and you will be responsible for picking up your child immediately. **If the Valparaiso Family YMCA opens after 9:00am, due to the weather related conditions, we will not provide child care.**

For YMCA and School Closing Information  
Indiana 105.5 FM/107.1 FM/1500 WAKE AM  
In addition, information posted on our website  
[www.valpoyymca.org](http://www.valpoyymca.org)

## **Sign Up for YMCA Text Alerts**

In the App store, download the "Daxko" app. Once in the app, search for Valparaiso Family YMCA. Go to preferences < Notifications > Valparaiso Family YMCA to turn on Alerts. Turn on notifications for childcare updates.

## **SCHOOL CLOSINGS**

When the Valparaiso Community School system closes due to weather related conditions, care will be provided for toddlers, all day pre-school and school age children at the YMCA and all day pre-school will be provided at the Y pre-school-downtown location. If your child participates, please send a sack lunch with beverage. Full day rates apply for that day's service.

**Half Day Pre-School classes at the YMCA and Y Pre-School-Downtown Location will be canceled for the day.**

## **EARLY DISMISSAL**

When the Valparaiso Community School system closes early due to the weather related conditions, the YMCA buses will NOT transport children from school to the YMCA. The YMCA will NOT offer child care at any of its Valparaiso off-site locations or the YMCA Cumberland site for school-age care.

When East Porter County School Corporation dismisses early, the YMCA will not provide on-site services for that day. Any exceptions to this will be communicated to you at your child's site.

All day pre-school services located at the YMCA and Y pre-school-downtown location will not cancel unless the YMCA closes early due to weather related conditions.

When Valparaiso Community School system closes early due to weather related conditions, the PM, Pre-K class at the YMCA will close. Parents will be contacted to pick up their child early.

## **SCHOOL DELAYS**

If the Valparaiso Community School system start of school is delayed, the YMCA will provide care at the YMCA until school begins. Additional fees will be applied.

Morning half day pre-school classes at the YMCA and Y pre-school-downtown location will be canceled.

## **SCHOOL CANCELLED DURING A DELAY**

If a delay becomes a cancelation for Valparaiso Community School system, care will be provided at the YMCA and Y pre-school-downtown location for toddlers, all day pre-school and school age children. The YMCA will provide a nutritious sack lunch for school age children without lunches for that day. Full day rates apply for that day's service. **Afternoon half day pre-school classes at the YMCA will be canceled for the day.**

## **PLACEMENT IN GROUPS**

Enrollment in our programs is available on a weekly basis and enrollment is on a first-come-first-serve

basis. Each child progresses at his or her rate. Readiness, to handle the different demands of each group, is the major factor in determining placement. Developmental as well as chronological age is also considered. Availability of space also determines movement of children through the different groups in the program. The program director will consult with parents on the best placement for their child.

## **JOIN US, WE'RE MAKING A DIFFERENCE**

Enrollment is considered on an individual basis, according to each child's needs and the program's availability.

To acquaint each new child and family with the environment, teachers and classroom daily schedule, an initial interview/tour of the facility shall be scheduled with the program director. Prior to the child's attendance in the program all required pre-enrollment forms must be submitted to the director. The health and safety of all children in care require that information regarding each child be available immediately on a need-to-know basis communicated directly to the program director.

The YMCA welcomes an integrated/inclusive classroom for all children. We believe children thrive best in the least restrictive environment. The YMCA admits children to the extent it is reasonably able to do so and as long as a safe, supportive environment can be provided for all children. The program will provide services to children with disabilities or children with special needs in the same manner as services are provided for same-aged typically developing peers. To help teachers better serve your child it is essential that all pertinent information about the child's needs be available to the program director from the outset of enrollment and that a continuing bond of mutual partnership exists for the benefit of the child. Prior written consent by the parent/legal guardian using the program's "Authorization for Release form" is required for release of information or verbal communication to any other service provider or caregiver.

If it is unclear whether the program can reasonably accommodate the unique needs of a child, the program director will arrive at a final decision by reviewing the circumstances on a case-by-case basis.

## **SIGN-IN AND SIGN-OUT PROCEDURES**

- Children can be signed in at or after 6:00am and need to be signed out by 6:00pm. Children must be signed in and out by an **authorized adult on the child's emergency or pick-up list**. Date, time and a signature are required.
- A photo ID is mandatory to pick up a child; this is **for** the safety of your child!
- All children under the age of 10 MUST be accompanied by an adult at ALL times.

## **POLICY ON ALCOHOL, DRUGS, AND FIREARMS**

- The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the premises.
- Possession of illegal substances or unauthorized and potentially toxic substances is prohibited.
- All staff will maintain sobriety while providing child care. Staff that is inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately and will be subject to discipline.
- No guns or other lethal weapons will be allowed in the child care setting.
- Parents required to carry firearms as a function of their job will lock firearms in their vehicle before entering the child care setting.

## **POLICY ON RELEASE OF A CHILD TO AN INTOXICATED OR IMPAIRED PERSON**

The child will not be released to anyone whom the teacher suspects cannot safely care for the child. The teacher will notify the police immediately to manage a person under the apparent influence of drugs and/or alcohol or who poses a safety risk.

## **SUPPLIES**

Your child should bring the following each day:

- Well-marked bag for all personal items

- SACK Lunch with a name and date
- Bathing suit and towel, marked with a name and a plastic bag for wet items (Cumberland program site only)
- Water bottle or plastic glass marked with their name
- Sunscreen
- Please apply insect repellent and sunscreen before your child arrives.

**LABEL EVERYTHING.** The YMCA is not responsible for lost or stolen items. Please leave all toys, games, electronic games, MP3 players, iPods, expensive clothes or unnecessary items at home.

**SUGGESTED CLOTHING:**

- Remember, having fun can be messy. We will be moving, working and playing hard each day. Please dress your child appropriately, so he/or she can get the most out of the learning experience without ruining clothing.
- An extra set of clothing if appropriate
- Gym shoes and socks (no sandals)
- Shorts or slacks
- Jacket, sweater, or raincoat if cool or wet
- We do have outside time as often as weather permits, so please dress your child appropriately for the weather and temperature.

We structure our services to provide hands on activities that focus on Healthy Habits, Social, Moral and Spiritual Development, Character Development, Developmental Assets, Literacy, Mathematics, Science, Social Studies, Arts, Technology, Dramatic Play, Homework Support and Daily Physical Activity. We bring in guest speakers and take educational field trips.

## **MEALS AND SNACKS**

### **HELPING KIDS LIVE BETTER**

Children will be served an early morning snack, morning snack, and afternoon snack according to their hours of attendance. For children one year old or older, meals, and snacks are served every 2-3 hours, unless they are sleeping. For special diets, the program requires the parent/legal guardian to supplement food served by the program.

Please make sure that your child has a SACK LUNCH **every day**. The YMCA cannot provide lunches if forgotten. If your child needs to purchase a drink or snack from the vending machines at the YMCA, please do this before signing your child in.

We are committed to providing a healthy snack that focuses on fruit and vegetables, whole grains, low-fat dairy, lean protein and water as the drink of choice. Likewise, we encourage families to pack low sugar, whole grain foods with water or low-fat milk to drink in sack lunches. The following tips will help you keep your brown bag lunch in step with the Dietary Guidelines developed by the U.S. Department of Agriculture and U.S. Department of Health and Human Services:

- Use a variety of foods from the major food groups.
- *Keep calories in mind:* Fats and sugars can quickly add more calories than you need. Lunchtime beverages and desserts are two possible sources of extra sugars and fats.
- *Use only small amounts of high-fat foods:* such as butter, margarine, mayonnaise, sour cream and fatty meats.
- *Include foods with dietary fiber:* such as fruits, vegetables, and whole-grain breads.
- *Choose low-sodium foods:* such as fresh fruits and vegetables and lean meat and poultry, most often.

Following the dietary guidelines doesn't mean eliminating all your children's favorite lunchtime foods, but it does mean balancing the foods that are higher in fat, sugars, or sodium with other foods that contain less of these components.

Are sandwiches the mainstay of your bag lunches? If so, add some variety by using these ideas for breads and add-ons:

### **Breads**

Enriched and whole-grain breads, most of which are low in fat, provide you with energy, vitamins, and iron. For extra dietary fiber, choose whole-grain breads frequently.

#### ***Try these kinds:***

Whole wheat	French	Raisin	Rye
Boston brown	Herb	Potato	Cinnamon
Multi-grain	Cheese	Oatmeal	Pumpernickel
Onion	Bran		

#### ***Try these shapes:***

Pita (pocket)	English muffin	Bagel	Kaiser roll
Hard roll	Crackers	Frankfurter roll	Sub roll
Hamburger roll	Tortillas	Biscuit	Rice cakes

#### ***When choosing breads, keep in mind:***

- *Many types of bread are now made with whole-grains.* Choose them often for more fiber. To be sure what you buy is whole-grain bread, read the label carefully. Not all dark breads are whole-grain.
- *Crackers, biscuits, and other grain products can be high in sodium or fat.* Check nutrition labels to find those that are lower in fat and sodium.
- *Many types of bread come in a variety of sizes to suit your appetite.* Snack-size pumper-nickel and small pita pockets are two possible choices if you are not in the mood for a bigger serving of bread.

### **ADD-ONS**

Keep calories, fat and sodium in mind when you choose condiments, spreads and other foods that you add to sandwiches. Check the nutrition label if you do not know what the level is in commercial products.

Instead of salad dressing, mayonnaises, or butter, try these low-fat, low-sodium add-ons for moistness, flavor, and variety:

- ◆ Lettuce leaves or other salad greens
- ◆ Sliced tomatoes
- ◆ Sliced apples
- ◆ Bean or alfalfa sprouts
- ◆ Drained crushed pineapple
- ◆ Low-fat cottage cheese mixed in a blender
- ◆ Sliced cucumber
- ◆ Plain low-fat yogurt
- ◆ Sliced zucchini
- ◆ Sliced radishes
- ◆ Shredded carrots
- ◆ Spinach leaves

*(To prevent a soggy sandwich, pack these items in a separate container or bag and add them to a sandwich at lunchtime.)*

### **ALTERNATIVES TO SANDWICHES**

Tired of sandwiches? Try some of these cold foods:

- ◆ Raw vegetable salad with strips of lean cooked meat or poultry.
- ◆ Fresh fruits and cheese.
- ◆ Brown rice salad with cubes of roast or stewed chicken without skin.
- ◆ Fish salad (try reduced sodium, water-packed tuna).

# **HEALTH EXAMINATION FOR TODDLER AND PRE-SCHOOL**

## **ALL DAY PROGRAMS**

A health examination, including immunizations, is required for each child enrolled in child care. This health exam must be dated within 3 months prior to admission or within one week after admission to the program. The physician must complete and sign the form provided by the program. The program also requires annual proof of current immunization records.

## **HEALTH RECORD FOR SCHOOL AGE CHILDREN**

All children must be properly immunized, and documentation of immunization records must be included when a registration packet is completed. School age children have a specific form, "Child Immunizations record" that is required in the registration packet. This form requires a doctors or nurses signature.

## **MEDICATION**

If your child requires any over-the-counter medication (including fever or cold medicines, ointments and lotions) while at the YMCA, you must provide a hand written note as to when and how the medication should be dispensed.

Prescription medication must be brought to the YMCA in its original container; the pharmacy label must include the name of the child, doctor, pharmacy, and medicine as well as the dosage. Some parents find it helpful to ask the pharmacist to split the medication into two bottles so one can be left at the YMCA. There is a Medication Log Form located in the Director's office. This Medication Log Form must be completed in full by the parent for medication to be dispensed. Parents should keep the staff informed daily as to the continuing medical needs of their child(ren) and any changes in emergency information.

## **ILLNESS POLICY**

Children, who are ill upon arrival, will not be permitted to attend the program. If your child becomes ill during the day, he/she will be isolated from the other children and the child's parent/legal guardian will be contacted to arrange for other immediate care of the child.

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the teachers. Temporary exclusion is recommended when your child has any of the following conditions, unless a note documented by a health professional determines the child's condition does not require exclusion:

Child who appears to be severely ill with a Fever above 100.5 and behavior change or one or more of the following symptoms:

Diarrhea  
Blood in stool  
Vomiting  
Abdominal pain (persistent)

**Children, who are excluded from the program, must be fever/symptom free for 24 hours before returning to the program with approval from the program director or lead teacher.**

The program follows the Child Care Communicable Disease Chart, available from the Division of Family and Children for appropriate management of suspected illness. **If your child is exposed to a communicable disease, notify the director immediately.**

## **Child Arrival Time**

As always, our goal is to provide the best quality care to the children in our care. In order to establish a daily routine, smooth transitions, and for each child to get the most out of our program, children are required to arrive no later than 9:30a.m. for our All-Day programs, 9:45a.m. for half-day morning pre-school and 12:45p.m. for afternoon pre-school. There will be no admittance after these times with the exception of a doctor's appointment or if other pre-arrangement has been made. Parents must notify the childcare office of appointments prior to 9:00a.m. and provide a note from the doctor's office upon entering. Children will not be accepted during nap times.

## **EMERGENCY PROCEDURES**

We keep a first-aid kit on site at all times, and each staff member is CPR & First Aid certified. If medical attention is necessary, or your child can no longer participate in activities, we will contact the individuals on the emergency form.

**THE HOSPITAL WILL NOT TREAT CHILDREN WITHOUT THE EMERGENCY FORM SIGNED FOR RELEASING TREATMENT.  
CHILDREN MUST HAVE THIS INFORMATION ON FILE BEFORE THEY CAN ATTEND ANY OF THE YMCA PROGRAMS**

## **VALPARAISO FAMILY YMCA**

### **DISCIPLINE/GUIDANCE POLICY**

It is very important a child's development be 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 the 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.

## **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.

# **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.

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.

## **CHILD ABUSE/NEGLECT POLICY**

The program is responsible for reporting any suspicion of child abuse/neglect in or outside of the facility to the County Child Protective Services.

## **CONFIDENTIALITY POLICY**

All information pertaining to admission, health, family, or discharge of a child is confidential.

Valparaiso Family YMCA Code of Conduct for Members and Any Programs involving Children- Our YMCA has many policies including our code of conduct to ensure the safety of members and children that use our facility or enroll in our programs. We encourage you to report to the appropriate department management personnel any behavior that is outside of our normal guidelines so we may intervene at the earliest stage and provide support to any child or family that has been adversely affected by any behavior. If you feel uncomfortable reporting behavior to the appropriate department management personnel, please feel free to contact: Chief Operations Officer, directly.

Important questions to ask children on a regular basis in order to detect abuse

Important questions to ask children on a regular basis in order to detect abuse concerns:

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 do not like?



## **REGISTRATION**

A completed registration form, registration fee, yearly activity fee, required support documents, and bank draft information for child care payments are required to register for child care services (for each child registering in the program). Most of our programs do have a maximum capacity. In order to register early and reserve a spot there is a non-refundable registration and supply fee. We must have all registration information listed above for your child to attend, and we must have it by the required deadline in order to process it and pass along to the appropriate site manager. Please ensure that you allow time for this before the actual day care is needed.

Prepayment sheets for School-Age Before/After School and Fun Days must be turned in NO LATER than Wednesday the week prior to attendance or a late fee of \$20 will be added to your account.

## **TUITION PAYMENT**

**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). **If your child's enrollment status changes, a two-week written notice with payment is necessary, including the additional Tuition Express withdrawal form.**

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 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 a credit will be applied toward the balance.

### **POLICY FOR 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.

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

Questions and concerns with Tuition Express can be directed to the Child Care Office by calling (219) 464-9543 ext. 1 or email: [sblanche@valpoyymca.org](mailto:sblanche@valpoyymca.org).

## **OPEN DOORS**

Through the generous contributions of our donors, the Valparaiso Family YMCA provides financial assistance to all who qualify. This enables everyone to enjoy Y programs, regardless of income. Those, who qualify, will be asked to pay a portion of the established rate. Applications may be picked up at the YMCA child care office. Applications take 10 to 20 business days to approve. Full fees must be paid by the parent until application is approved using our convenient electronic draft system.

Our programs accept the Indiana State Child Development Fund-CCDF. We must have a valid contract stating the Valparaiso Family YMCA as the provider. Parents are responsible for all balances not covered by the CCDF program, which is the difference between the market rate and the YMCA rate based on your child's enrollment status. Full fees must be paid by the parent until the contract is received using our convenient electronic draft system.

## **BETTER TOGETHER**

Y programs offer many ways for parents to become involved in our services. Some volunteer opportunities include sharing a talent or skill, storytelling, leading a project, playing games with children or being a guest speaker. We are always looking for donations of scrap paper, dramatic play props, craft supplies and more. Ask your child's teacher for ideas on ways to be involved!

## **LEARN, GROW, THRIVE**

The goal is to engage your child's mind in learning through fun and exciting activities in a safe environment. Please let us know how we are doing. Feedback is necessary for us to improve the program. We value your suggestions and comments, both positive and negative. If we work as a team, we can always improve the program to benefit the children. Thank you for placing your most prized possession in our care. It is our pleasure to serve you and your family.

## **COUNT ON US**

Melanie Hoffman, Director of Childcare  
Phone (219) 464-9543 ext. 7, [mhoffman@valpoyymca.org](mailto:mhoffman@valpoyymca.org)

Shelley Blanche, Childcare Administrative Coordinator  
Phone (219) 464-9543 ext. 1, [sblanche@valpoyymca.org](mailto:sblanche@valpoyymca.org)

Audrey Sheehan, Pre-School Coordinator  
Phone (219) 462-0040, [asheehan@valpoyymca.org](mailto:asheehan@valpoyymca.org)

Chuck Gutzwiller, Senior Director of Programs - Contact for all School-Age Summer  
Camp Programs - (219) 462-4185 ext. 230, [cgutzwiller@valpoyymca.org](mailto:cgutzwiller@valpoyymca.org)

Katie Ridinger, School Age Coordinator  
Phone (219) 464-9543 ext. 1, [kridinger@valpoyymca.org](mailto:kridinger@valpoyymca.org)



## **ACKNOWLEDGEMENT OF ENROLLMENT POLICY & PROCEDURES RECEIPT**

By signing below, I acknowledge I have read and understand the Valparaiso Family enrollment policies and procedures in the handbook. I agree to comply with the enrollment policies and procedures. I also understand that all of the admission policies and procedures may change at any time at the sole discretion of the Valparaiso Family YMCA, with or without prior notice to all participants.

**Dated:** \_\_\_\_\_ of 20\_\_\_\_\_

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**Parent/Legal Guardian #1 Name** *(please print)*

**Parent/Legal Guardian #1** *(Signature)*

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**Parent/Legal Guardian #2 Name** *(please print)*

**Parent/Legal Guardian #2** *(Signature)*

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**Director or Administrative Assistant's Signature**

**Date**