

# YWCA of Alton Enrollment and Policy Acknowledgement Form

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (Fall 2020): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pronoun Preference  She/Her  He/His  They/Them

Date child will start program: \_\_\_\_\_

School child attends: \_\_\_\_\_

**Annual Registration Fees:** \$35 Registration Fee for First Child, \$25 Second Child, \$20 Third Child. Fees **must** be paid in full prior to attendance. Registration fees are NOT covered by DCFS/CHASI.

I authorize YWCA staff to charge my credit card or my checking account for registration fee.

Yes \_\_\_\_\_ No \_\_\_\_\_

Registration Amount Due \_\_\_\_\_

Fee paid By Check \_\_\_\_\_ Fee Paid by ACH or CC \_\_\_\_\_

Staff person \_\_\_\_ Date \_\_\_\_\_

## Program Option:

Full- Time After School (4-5 days - \$76) \_\_\_\_\_ Full Time Before School (4-5 days - \$51) \_\_\_\_\_

Full-time Before and After \$113 \_\_\_\_\_

Part-Time After School (3 or less - \$47) \_\_\_\_\_ Part Time Before School (3 or less - \$33) \_\_\_\_\_

Part Time Before and After \$72 \_\_\_\_\_

Holiday Day Camps charge (all day) \$30.

Payment Type:  Parent pay  CHASI  DCFS

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please send us a copy of the Plan so we may better serve your child in our program.

## Site Attending (additional sites may be added at a later date in Alton School District):

Alton YWCA, 304 E.3<sup>rd</sup> St. Alton, IL (Before & After Care Site)

Alton School District Location TBD

Lewis and Clark Elementary, 501 E Lorena Ave. Wood River IL (Before and After Care Site)

Roxana- Ivy Heights Church of God, 1901 Old Edwardsville Rd. Wood River IL (Before and After Care Site)

**Parent/Guardian Information**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

License #: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

Phone Numbers:

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Other**

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Child Enrichment Program Site:  Alton School District Location TBD  YWCA of Alton  Roxana (Ivy Heights)  Wood River Lewis & Clark Elementary

Program:  Part-time (1 – 3 days)  Full-time (4 – 5 days)

Session:  Before School  After School  Before and After School

Method of Payment  Parent Pay  CHASI  DCFS

**Responsible parties will be invoiced on a weekly basis for the previous week of Child Enrichment services. All fees will be charged to accounts on Fridays. Banking holidays may affect the date your account gets hit with our charges (possibly charged on Monday instead of Friday)**

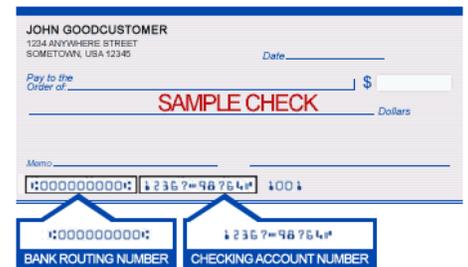
Please complete one of the two payment options:

I am authorizing a weekly Electronic Funds Transfer (EFT) from this account:

Bank \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



I am authorizing a weekly draft from my credit card

Card type:  Master Card  Visa  Discover  American Express

Name as it appears on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

CSC (three-digit security code on back of card) \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Payment Default and Consumer Report: All payments are due and payable as agreed. You agree and understand that you shall be responsible for all late fees, collection cost, attorney fees, court cost and any other monies required to secure the sum owed, within the limits of the law.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**YWCA Child Enrichment Program Consents**

My child has permission to go on neighborhood walks and all field trips.  Yes  No

I give permission for my child to be included in publicity or press releases for YWCA of Alton. This release shall cover written materials, Facebook posts and YWCA of Alton webpage. Children’s names will not be utilized.  Yes  No

I acknowledge that my child must have a completed physical to participate in YWCA Child Enrichment programs. The attached physical form must be completed by a physician and returned to the YWCA before the child may attend the program. Alternatively, parents may grant the YWCA permission to obtain a copy of the child’s latest physical form from the nurse’s office at their child’s school (see attached form).

I acknowledge I am responsible for all program charges. I understand that all weekly fees are due on Fridays. I understand my account must be current for my child to continue attending the program. YWCA accepts electronic funds transfer (EFT), and credit card payments. A receipt will be provided for all payments made on site at YWCA. Payments are not accepted at other Child Enrichment locations.

**I acknowledge a \$25 fee will be charged for all returned checks or refused EFT payments.** The YWCA reserves the right to require cash, credit card, or money order payments for repeated returned checks or refused EFT payments. Repeated NSF payments may result in child’s dismissal from our programs.

I acknowledge that I must, as soon as possible, notify the YWCA or the Child Enrichment Director at (618) 465-7774 if my child is going to be absent from the program.

I acknowledge that I must notify the Child Enrichment Director in writing two weeks in advance if I elect to remove my child from the YWCA Child Enrichment Program.

I certify that the information I have provided is complete and accurate to the best of my knowledge.

\_\_\_\_\_

Parent /Guardian Signature

\_\_\_\_\_

Date

**Arrival/Departure Form**

*(Please complete even if your child walks from his/her classroom to the program)*

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

**Arrival at Center Before School:**

Approximate Time of Arrival: \_\_\_\_\_ Time School Begins: \_\_\_\_\_

Time of Departure from Center: \_\_\_\_\_

Means of Travel from Center to School: \_\_\_\_\_

If Child Travels by Bus:

Name of Bus Company: \_\_\_\_\_

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

Bus Number: \_\_\_\_\_

**Arrival at Center After School:**

Time of Dismissal: \_\_\_\_\_ Time Child Should Arrive at Center: \_\_\_\_\_

Means of Travel from School to Center: \_\_\_\_\_

If Child Travels by Bus:

Name of Bus Company: \_\_\_\_\_

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

Bus Number \_\_\_\_\_

If Child Walks to Center from School, please indicate route: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Guidance and Discipline Policy**

The YWCA Child Enrichment Program strives to provide our families with a safe, fun, and quality child care experience. To achieve this, we work together as a team to promote **positive** behavior in every area of our program. It is an important aspect of a child's development to practice self-control and learn positive problem-solving skills. We believe it is our responsibility to create a safe and consistent environment that will allow children to gain self-confidence, self-control, and an understanding of their feelings. This is the perfect age for children to learn that their behavior is their choice!

We use the following as behavior guidelines:

- Be responsible & accountable for your own behavior
- Respect yourself
- Respect others
- Respect property – Do your part to keep our spaces clean and tidy!

The YWCA Child Enrichment Program has zero tolerance for the following:

- Physical Aggression/ Fighting/ or Physical harm to self or others
- Disobedience & Disrespect
- Sexual or verbal harassment
- Bullying in any form
- Threats to staff or other students
- Inappropriate Language / Profanity/ Obscene gestures
- Non- Compliance

All children are expected to follow program rules.

- Children must remain in the program area. Children must notify a staff member if they need to leave the program area for any reason.
- No running inside the building.
- No standing or jumping on furniture.
- Replace all materials and toys when done using them and before getting out something else.
- Respect others and their property.
- Listen when spoken to; obey staff directions.
- Report any incidents with other children to staff.
- No name calling, fighting, yelling, cursing, pushing, biting, hitting, or threatening other children. No spitting or throwing items will be tolerated.
- No toys, games, or other items from home are allowed – unless otherwise noted
- No candy or gum.

The Child Enrichment Staff will:

- Interact with children in a safe and respectful manner. We believe it is important for us to model the behavior we expect the children to learn and show themselves.
- Use strategies that promote self-esteem, and self- respect.
- Use positive ongoing communication and consistent guidance practices.
- Work with children and families to resolve problems and issues as they occur.

For all day camps, if a student is exhibiting unsafe or inappropriate behavior towards themselves, staff or other children, the Site Coordinator may remove student from the program for the day with approval from the Child Enrichment Director.

*The YWCA child enrichment program reserves the right to remove a child from the program for excessive unsafe or inappropriate behavior.*

**Disciplinary Action Process**

I have read the YWCA of Alton Child Enrichment Program Guidance and Discipline policy in the Parent Handbook and agree to the terms stated herein.

Mild misbehavior	<b>Verbal Warning – Redirection</b> When unwanted behavior occurs, staff will first try to redirect child. If the redirection is not successful, staff will verbally inform the child of their misbehavior and remind child of appropriate behavior. This is best done by pulling the child to the side and speaking to them one on one.
Behavior Warning 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<b>Redirection – Time Spent away from Group- Written Behavior Warning</b> Staff will verbally remind child of first warning and why they must now be separated from the group or receive a Behavior Warning form. Staff will notify parents upon arrival, discuss the behavior, and have them sign Behavior Warning form. After three Behavior Warnings, staff will issue a Behavior Incident Report to parents and have them sign form.
Behavior Incident Report	<b>Time spent away from group- Loss of Privilege- Behavior Incident Report</b> Student is removed from the group. Behavior incident report is written by staff. Parents are notified upon arrival, behavior is discussed. Parents sign the Behavior Incident Report. There will be a conference with the CE Director and Parents. Child may face suspension for 1 to 5 days.
	<b>Please understand that some actions warrant immediate suspension, such as excessive unsafe or inappropriate behavior.</b>

I agree that the information provided in this enrollment package is true and accurate to the best of my knowledge. Furthermore, I agree to comply with the Program Guidelines and understand that my refusal to comply may lead to termination of my child from the YWCA Child Enrichment Program.

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Child Enrichment Director \_\_\_\_\_ Date \_\_\_\_\_

**Late Pick Up Plan**

Parents are required to come into the building at each site to sign their child in or out on the appropriate form each day. Only the custodial parent or someone designated by the custodial parent on the enrollment form may pick up the child.

If, due to an emergency, you know that you will be later than 6:00 p.m., please call and notify the Site Coordinator (number to be obtained from the staff) or the YWCA of Alton at 618-465-7774. This will help relieve any concerns your child and our staff may have as to why you are running late.

**If your child is picked up after 6:00 p.m., a late fee charge may be assessed at the rate of \$1.00 per minute per child for every minute after 6:00 p.m.**

When a child is left at the program after 6:00 p.m., these steps will be followed:

**6:05 p.m.** – we will attempt to contact a parent or legal guardian.

**6:10 p.m.** – we will begin contacting people on the emergency contact list if we are unable to reach anyone.

**6:40 p.m.** – we will contact the local police department to report a possible child abandonment issue if parent or emergency contacts have not been reached.

The YWCA Child Enrichment Staff would like to assure all parents that no child will ever be left alone. The staff will remain at the site until the child is either picked up or outside authorities arrive. We will never hold the child responsible and discussion of this issue will only be with the parent or guardian, not the child.

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

CE Director Signature

Date

**THANK YOU FOR CHOOSING THE YWCA ALTON CHILD ENRICHMENT PROGRAM.  
PARTICIPATION IN OUR PROGRAM CONTRIBUTES TO THE FUTURE SUCCESS OF YOUR  
CHILD.**

Yes, I have read and received the YWCA Alton Child Enrichment Parent Handbook. I will comply with the handbook. I also understand if my child and/or I do not follow all policies and procedures, my child's placement with the program may be terminated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

**Data Form**

Name of Child: \_\_\_\_\_

For **data reporting purposes only** required by our various funding sources and YWCA USA.

This information will be stored in a confidential location, separate from your child’s files.

Race/Ethnicity:  African American/Black  Asian  Caucasian  Hispanic  Native American  Other:

Household Size \_\_\_\_\_

Annual Household Income:

\$0-\$22,311

\$22,312-\$30,044

\$30,045-\$37,777

\$37,778-45,510

\$45,511-\$53,243

\$53,244-60,976

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Working hours \_\_\_\_\_ Working hours \_\_\_\_\_

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_

Rate of pay (optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

If the child has any of the following, please explaining:

Medical problems \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Allergies \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

Comments:

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will  
be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_  
is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ to administer prescribed medicine to my/our child as  
specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER OVER-THE-COUNTER MEDICINE**  
(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ to administer over-the-counter medicine to my/our  
child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

## CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize \_\_\_\_\_  
Name Address Phone

and/or \_\_\_\_\_  
Name Address Phone

and/or \_\_\_\_\_  
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child

## SWIMMING

I/we consent to my/our child using the swimming pool of \_\_\_\_\_  
Name of Provider

at \_\_\_\_\_  
Address

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child

Date \_\_\_\_\_  
Signature of parent/guardian  
Relationship to child