



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

# **ENSURE A BRIGHTER FUTURE**

## **ASES 2011-2012 Parent Handbook Registration**

**STUART C. GILDRED FAMILY YMCA**  
a branch of the Channel Islands YMCA

in collaboration with the  
**COLLEGE SCHOOL DISTRICT.**



# IT'S NOT JUST KIDS STUFF

The Y is a diverse organization of men, women and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility.

Today, the Y is the leading non-profit committed to strengthening communities through youth development. We work side-by-side with the College School District and parents to offer a safe nurturing environment for your children. We believe values and skills learned early are vital building blocks of a quality life. Therefore, we give kids the resources they need to deepen positive values, their commitment to service and their motivation to learn all while having fun.

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for more up to date information:  
[ciymca.org](http://ciymca.org)

## CHANNEL ISLANDS YMCA MISSION STATEMENT

The Channel Islands YMCA is a charitable organization providing programs based upon Christian principles to men, women, and children of all ages, races, religious beliefs, and economic status, to develop and enrich the spirit, mind, and body.

## FINANCIAL ASSISTANCE

Every day, the Channel Islands YMCA works side-by-side to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. At the Y, no child, family, or adult is turned away. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure. If we can serve you or your family in this way please complete the Financial Assistance application available online at [ciymca.org](http://ciymca.org) or visit any of our local YMCA branches.

Financial assistance is available through the generous support of the William and Lottie Daniel Child Care Scholarship Fund, The Orfaea Fund of the Santa Barbara Foundation, The Wood-Claeysens Foundation and through contributions to our annual Campaign for Youth and Families.

## COLLEGE SCHOOL DISTRICT MISSION STATEMENT

We promote success for every student in a safe and engaging learning environment. An energetic, cohesive team of highly skilled professionals, work in partnership with parents and community members to assist each child in reaching his individual potential.

## DISTRICIT VALUES

- A quality education is the fundamental right of every child.
- All children deserve to receive the knowledge and skills needed to be successful, contributing members of a global society.
- Effective collaboration among all members of the school community results in a quality education and an exemplary school district.
- Fairness, honesty, and respect are hallmarks of a high quality school district.

## PROGRAM GOALS

- Develop self-confidence, self-respect and an appreciation of their own self worth.
- Grow in character and leadership and become responsible members of their families and as citizens of their communities.
- Achieve personal and academic success in a safe and productive learning environment.

## CHARACTER COUNTS!

College School District and the Channel Islands YMCA promotes the Character Development Program designed by The Josephsen Institute. By implementing "Character Counts", we focus on Caring, Fairness, Respect, Responsibility, Trustworthiness, and Citizenship. The Staff will use these values in planning their curriculum. For more information visit [charactercounts.org](http://charactercounts.org).

**Trustworthiness:** Being honest, dependable & loyal.

**Respect:** Living the Golden Rule, accepting others, showing courtesy and manners.

**Responsibility:** Being accountable, doing one's best.

**Fairness:** Playing by the rules, treating everyone fair & equal.

**Caring:** Being kind, compassionate & understanding, showing love and charity to others.

**Citizenship:** Respecting authority, obeying the rules, protecting the environment.

## 40 DEVELOPMENTAL ASSETS

The YMCA uses the Search Institute's 40 Developmental Asset Model to measure the success of our youth and teen programs. Through extensive research The Search Institute of Minneapolis has identified 40 positive experiences and qualities - "developmental assets" - that all youth and teens need to become healthy, contributing adults - assets like adult role model, high expectations, and safety. Ideally all youth and teens should experience at least 31 of the 40 developmental assets; however, current national studies show that most experience less than 20. **YMCA programs are designed to help fill the gap and give youth and teens the assets they need to succeed.** [Search-institute.org](http://Search-institute.org).

## FOOD AND FUN

"Food and Fun" is a curriculum provided by the Harvard Prevention Research Center for use in YMCA child care programs in order to educate children on nutrition and physical activity. It is a program designed to develop healthy habits out of school time. Through this program we aim to teach your children about effective healthy behaviors. For more information visit [hsph.harvard.edu/prc](http://hsph.harvard.edu/prc).

## LICENSING INFORMATION

Those who do not fall under our ASES grant (2<sup>nd</sup>-8<sup>th</sup> Graders) must be enrolled in our licensed program under the Community Care Licensing Division of the State of California, Department of Social Services. To be licensed, our programs must comply with the Manual of Policies and procedures for Child Care Centers. The regulations cover such areas as: physical environment and safety, staff qualifications, supervision and staff/child ratios program activities and equipment, health, food and nutrition, parent/community participation, administrative and record keeping requirements and others.

## PARENT INVOLVEMENT

The YMCA recognizes that parents are the most important people in a child's life. Because parents are #1 in importance, they are also #1 in the ability to influence and motivate their children. We welcome your advice, participation and support. The YMCA allows for parent visitation at any time. In addition, parents are also encouraged to participate in our many volunteer opportunities. From advisory boards to campaigners, the YMCA recognizes the importance of volunteers. Contact the Program Director for more information on ways in which you can volunteer.

## CHILD CARE STAFF

The ASES Program operates under direct supervision of the Child Care Program Director. Each site is staffed by a Site Supervisor, whose responsibility is the operation of that particular program, including but not limited to the supervision of children and staff, program planning and implementation, communication and parent relations. The Site Supervisors are supported by additional staff including but not limited to school teachers, Y staff and the American Scholars based on the needs and size of the program.

The staff meet Title 22 regulations set by the Department of Social Services. Most of our staff have sports, recreation, or education backgrounds. All have cleared fingerprint clearance and are certified in CPR, AED, First-Aid, and Child Abuse Prevention. They have had a successful experience working with children and have been trained by YMCA Directors and are looking forward to getting to know your family.

Child Care Staff Mission: To provide a safe a nurturing environment whereby children achieve confidence, life-skills, and a sense of belonging.

## BABYSITTING

YMCA staff shall not socialize with children enrolled in YMCA programs outside of approved YMCA activities, **including babysitting or transporting children**. Immediate disciplinary action will be taken by the YMCA toward YMCA staff if a violation is discovered. **PLEASE DO NOT ASK STAFF TO BABYSIT!**

## RATIO

Due to regulation of the Community Care Licensing Division of the State of California we are required to maintain at least a 1:14 ratio at all times. A minimum of two staff members are required to be present in Child Care at all times. The Channel Islands YMCA does not provide one-on-one aides for children with special needs. If an aide is necessary the parent may provide one.

## CHILDREN WITH SPECIAL NEEDS

Channel Islands YMCA will accept children with special needs into our programs and makes a reasonable effort to accommodate the child without fundamentally altering the child care program. The Channel Islands YMCA provides group child care and is not able to provide personal assistants for children with special needs. If a child needs an aide please contact the program director for directions in placing an assistant in our program to aide your child.

## ENROLLMENT AND REGISTRATION

**Initial Registration:** All registration forms must be complete in full prior to attendance. Registration forms must be returned to the Stuart C. Gildred Family YMCA, 900 N. Refugio Rd along with a \$40 registration fee and \$40 program membership (waived for those who have a family Y membership). Space is limited and is available on a first come, first serve basis. **New registration forms are required, even if your child has been enrolled for the summer program.**

**Updated Information:** Providing updated information to the YMCA is the responsibility of the parent and must be made immediately at the time of change.

## ATTENDANCE/WAIT LIST POLICY

Those enrolled under the ASES grant are required to meet the weekly attendance requirements of 15 hours per week for 2<sup>nd</sup>-6<sup>th</sup> Graders or 12 hours for 7-8<sup>th</sup> graders. Failure to adhere to these requirements may result in termination from the program. If you would like a more flexible schedule you will need to enroll in our licensed fee-based program. We only have 20 spots for the ASES grant and those who make the attendance requirement get priority over others. Once these spots are filled, parents may add their child to the waiting list. To be added, parents will need to fill out the pre-registration form and submit the \$40 registration fee (refundable if no spots become available). A child may attend under our fee-based licensed program while on the waiting list until a spot becomes available.

## EARLY RELEASE-POLICY

In order to make the attendance requirement students are required to stay until 5:30 /6:00 every day depending on their dismissal time. Students may leave prior to 6pm if they have signed our early-release policy and are attending activities that would fall under our enrichment program (ie sports, dance, catechism, music) or due to doctor's appointments, all of which require proper notification (a written note, phone call, signed early-release document). (see ILLNESS section for absences).

## CANCELLATIONS/CHANGES

A 14 day **written** notice is required to discontinue enrollment in the program or change in schedule.

## DAILY SCHEDULE

Program operates from school dismissal until 6:00 pm., including scheduled minimum days. The ASES program is not open on school vacation days. However, the Stuart C. Gildred Family YMCA offers camps during **Winter and Spring Break** at the Santa Ynez Elementary School on the following dates:

## HOLIDAY CAMPS

**Winter Camp I:** December 19 – 23

**Winter Camp II:** December 26 – 30

**Spring Camp:** April 2 – 6

The cost is \$30/day or \$135/week. Registration and payment are due two weeks before start date to avoid a \$10 late fee. Minimum participation required. Certain days may be cancelled due to low enrollment. Scholarships are available through our Open Doors application process (see Financial Assistance page 3 for details). **Summer Camps** are accredited by the American Camp Association which covers over 250 quality standards and vary in schedule and price. See our program guides for details.

## DAILY ACTIVITIES

Afterschool Program consist of (not necessarily in this order):

**Homework/Quiet Time:** Time is set aside each day (except Friday) to allow children to work on homework. Site staff along with American Scholars and AmeriCorps will supervise homework time and offer assistance as needed. They cannot, however, provide constant one-on-one supervision or tutoring. Those who finish early may go into the computer lab and get on Study Island or participate in Reading Plus among other computer-based academic programs.

**Snack:** The YMCA provides a light, healthy snack daily around 4:00 pm.

**Group Activities:** The children participate in staff directed activities consisting of active/quiet group games, guest speakers, crafts and other themed activities. Fitness and Nutrition are incorporated into group activities several times per week (Food & Fun, PowerPlay!). A calendar is provided to parents monthly outlining each day's group activity. Students may have different schedules/activities based on grade levels: (K-4<sup>th</sup> and 5<sup>th</sup>-8<sup>th</sup>).

**Free Play/Choice Time:** After six hours or more of school, it is very important to have some time choose activities of their own (usually the last ½ hour of the program before parents pick-up). Activities during free time ranged from playing in the gym or outside, crafts, drawing, puzzles, board games, manipulatives, etc..

Occasionally, children will take local/county **field trips**. Parents will be informed at least a 1 week in advance of departure and arrival times. Walking field trips may also be taken occasionally. Please refer to your monthly Program Schedule for field trip details.

## SNACK AND SACK LUNCHES

The YMCA will provide at least one snack daily. As a licensed Child Care/ASES program, each snack will have the required nutrition components as well as the serving size per guidelines. **SY early release days (11:45am), children must bring their own sack lunch.** We ask parents to provide a nutritionally balanced lunch that does NOT require refrigeration or heating.

**Food Allergies/Food Preferences:** The YMCA will do its best to provide children with a variety of snacks that are both nutritious and that children will enjoy. Should your child have a food allergy, one of the following will occur: the YMCA may provide a substitute snack based on current inventory or you may send your child with a snack that meets their particular needs. In addition, should your family have specific food preferences for your child, we encourage you to send a snack with your child, as the YMCA is not able to meet individual food preferences. If your child brings his/her own snack, it may only be eaten at designated snack time and may not require refrigeration or preparation. Please do not send fast food, soda or candy!

## ARRIVAL AND DEPARTURE

Each child **must be signed in and out daily** by a parent or authorized adult (YMCA staff). Staff will sign children in when they arrive from school. It is the parent's responsibility to provide the staff with a listing of those authorized for pick-up. Only authorized persons may sign a child out.

No child will be released to an unknown adult without the individual showing proper identification. **It is important to be prepared to show ID on a daily basis.** Should an adult appear to be under the influence of alcohol or drugs when attempting to pick up a child, staff will take the necessary emergency procedures as outlined by the YMCA for the protection of the child and the family.

It is very important to notify the site when your child will not be attending afterschool. If a child is expected and does not arrive by a designated time, staff will follow procedures for a lost child. Please save the staff the time, energy and concern by notifying the site when a child will not be attending.

## LATE PICK-UP

Late pick-up fees will be charged for each child picked up after closing time. Payment must be received upon pick up. Late fees are charged at a rate of \$10 for any portion of fifteen minute increments. Chronic late pick-ups will be grounds for dismissal.

## ILLNESS/ABSENCES

If your child is ill and/or will not attend the Afterschool Program, please call the Site by 10:00 am and inform the Site Supervisor of the absence (tel. 805.686.7395 ext 1189). If your child becomes ill while in our care, a parent will be contacted and asked to pick up their child immediately. The child will be isolated, within sight and hearing of staff, until the parent arrives. If the parent cannot be reached, the staff will phone the emergency contact person(s) listed on the child's enrollment form. The YMCA is not licensed to provide care for sick children. Parents or emergency contacts are required to pick up the ill child within one hour of being contacted.

**The Site Supervisor or designated staff have the authority to ask a parent to remove their child from the program, if that child appears ill or their health is judged to be detrimental to the other children and staff.**

Children exhibiting the following symptoms may not attend the program:

- Severe pain
- Temperature over 100
- Diarrhea
- Blood in urine
- Swollen joints
- Jaundiced skin, yellow eyes or red eyes with discharge
- Visibly enlarged lymph nodes
- 2 or more episodes of vomiting in a 24 hours
- Infected/untreated skin patches or rash lasting more than one day
- Evidence of head lice or nits

## INJURIES

All injuries will be treated as needed, including washing, applying Band-Aids or ice packs. Parents/Guardians will be notified upon pick up, and given an "ouch report" explaining the details and aid given. Please note, in accordance with sanitation and state regulations, YMCA staff cannot administer any cream ointment or anti-bacterial solutions. Parents/Guardians will be contacted immediately in the case of more serious injuries, in which medical attention is needed.

## MEDICATION

A Medication Authorization form must be completed and signed by the parent or guardian in order for any medication to be administered. Medication must be brought to staff in its original prescription labeled container. The label must clearly identify the child's name, doctor, date, prescription name and dosage. Children are NOT allowed to dose medication themselves—all medicine (including inhalers) must be given to the site staff.

## BEHAVIOR AND DISCIPLINE

It is the goal of our YMCA to provide a healthy, safe and secure environment for all participants. Children attending are expected to exhibit Character Counts values, follow basic behavior guidelines and to interact appropriately in a group setting.

Discipline is viewed by our staff as a teaching opportunity. Our goal is to teach children the kind of self-control that results in appropriate, cooperative behavior.

Redirection is the first logical step to behavior management. Should a problem persist, natural consequences and removal from the activity will be used as a form of discipline. In the event that chronic behavior problems develop, incidents will be documented and communicated to the parent. The following behaviors are unacceptable and may result in the immediate suspension of a child for the remainder of the current day and/or further time period:

- Endangering or threatening to endanger the health and safety of others, self, children, staff or volunteers.
- Stealing or damaging YMCA, host site, or personal property.
- Leaving the program or boundaries as set by staff without permission.
- Continuous disruption of the program
- Refusal to follow the behavior guidelines of the program.
- Using profanity, vulgarity or obscenities.
- Acting in a lewd manner.

While the before mentioned is the general outline of behavior procedures, the YMCA reserves the right to ask parents to find alternative arrangements for their child without prior notification, as deemed necessary for the safety of staff and/or program participants, not limited to the before mentioned behaviors.

Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firearms, knives, explosives or any other weapon.

At no time will swearing, abusive language or physical violence be allowed by children, staff, volunteers or parents. In addition, the YMCA strictly enforces all rules and regulations set by the local school or host sites.

## LOST AND FOUND

The Stuart C. Gildred Family YMCA assumes no responsibility for lost or stolen items. Please label all belongings with permanent marker. If something is misplaced, check the sites lost and found bucket. Please leave all toys and games at home. Unclaimed and found articles will be discarded at the end of each month.

## PHOTO RELEASE

The Channel Islands YMCA may take photos, videos or sound recordings of your children in our Child Care programs. We often use them for crafts or projects. The YMCA is not required to contact you regarding using photos.

## EMERGENCY/NATURAL DISASTER PLAN

In the event a natural disaster occurs, our goal is to keep children safe and calm. The staff will determine the safest plan of action. The Site Supervisor will always keep the children's emergency information with them at all times.

Our designated area of safety in the event we need to evacuate the facility is the grass field located on each school's campus. You may want to consider making arrangements for a friend or relative who works or lives close to the YMCA to pick up your child in case of a disaster. Their names must be included on the emergency contact list on your Emergency/Health Information Form. Remember, they must have a Photo ID and they must be at least 18 years old. It is also a good idea to have an out of state contact to call in case of a natural disaster. Often out of state phone lines are still active in the event of a local disaster. Remember, making plans prior to emergencies can expedite the safe release of your child.

Child Care closure due to a natural disaster is at the discretion of the Program Directors, or the Executive Director. If questionable situations arise, please call the Stuart C. Gildred Family YMCA at 805.686.2037.

**NO CREDIT WILL BE GIVEN FOR ABSENCES DUE TO TRIPS, HOLIDAYS, VACATIONS, NATURAL DISASTERS/EMERGENCIES OR DAYS THAT WE ARE SCHEDULED TO BE CLOSED.**

## FAMILY NIGHTS

Special family nights are scheduled during holidays, back to school nights and during the summer to provide the whole family with the opportunity to visit our program. We encourage all parents to attend to meet the staff, their children's new friends, enjoy the potluck dinner, and participate in family activities. Details will be provided at the parent table. Additional fees may apply.

## PROGRAM CONCERNS OR QUESTIONS

The YMCA encourages constant communication between parents, staff and children to assure everyone's needs are being met. If you should ever have a problem, concern or question, we encourage you to ask your Child Care Care staff. Should they not be able to meet your needs, please contact the Program Director at the main YMCA facility. It is through your input that we are better able to meet the needs of the community and enhance the quality of our programs.

## SITE LOCATIONS

The Stuart C. Gildred Family YMCA operates Child Care programs at the following local schools:

### **SCHOOL**

Santa Ynez Elementary, bldg 27  
2235 Pine St, SY 93460  
805.686.7395 ext. 1189  
DSS License # 421710981

Oak Valley Elementary, Room #128  
595 Second St., Buellton 93427  
805.688.6992 ext. 1128  
DSS License #426212647

## THANK YOU!

We are happy that you have selected the Stuart C. Gildred Family YMCA ASES Program for your child. We offer days filled with happiness, wonderful activities and educational fun. We thank you for sharing your child with us.





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

**CHANNEL ISLANDS YMCA**

serving Santa Barbara and Ventura counties

**805.898.YMCA**

<b>CAMARILLO FAMILY YMCA</b>	<b>484.0423</b>
<b>LOMPOC FAMILY YMCA</b>	<b>736.3483</b>
<b>MONTECITO FAMILY YMCA</b>	<b>969.3288</b>
<b>SANTA BARBARA FAMILY YMCA</b>	<b>687.7720</b>
<b>STUART C. GILDRED FAMILY YMCA</b>	<b>686.2037</b>
<b>VENTURA FAMILY YMCA</b>	<b>642.2131</b>

**[ciymca.org](http://ciymca.org)**





# PROGRAM EFT/CC DRAFT AUTHORIZATION FORM

FOR YOUTH DEVELOPMENT  
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Funded by the State of California, the ASES program is free for families enrolled at Santa Ynez Elementary (2nd-8th Grade) and offered at a monthly cost for all other families. **PLEASE FILL OUT ALL SPACES \* PRINT LEGIBLY**

Name as it appears on the account: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthday: \_\_/\_\_/\_\_ Gender: \_\_ M \_\_ F

Program: \_\_\_\_\_

**Please attach a voided check for bank drafts.** If you choose to draft from a credit card an imprint will be taken for set up purposes. Your bank/credit card information is kept confidential with our accounting dept.

## EFT/CC Draft Authorization

I (we) hereby authorize Channel Islands YMCA to initiate debit entries to my (our) bank/credit card account. I (we) understand the debit will be initiated on the due date shown below. This authority is to remain in effect until the Channel Islands YMCA has received written notification from me (or either of us) of its termination with **30 days notice** prior to the next draft date.

If we are unable to draft from your account, we will **try to** notify you and/or double draft your account at the time of the next transfer at your monthly rate plus a service charge. It is your responsibility to check your monthly Bank/CC statements to ensure that the proper transaction has taken place. Unless notification of cancellation is received, your EFT/CC membership will continue and your fees will automatically be drawn from your account. Rates are subject to change.

**Please Initial** \_\_\_\_\_

Type of Account:  Checking  Savings  Visa  MasterCard  American Express

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
Name: \_\_\_\_\_

\*Credit Card /CVV2 Code: \_\_\_\_\_  
Zip Code of Credit Card Billing address \_\_\_\_\_

Your draft will occur on the 6th of each month. Starting date: \_\_\_\_\_

To change Bank/CC accounts or to cancel your draft we require 30 days written notification prior to your next draft date.

Bank/Credit Card Account Holder Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

# EMERGENCY/HEALTH INFORMATION HISTORY FORM

## General Information (Please print)

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade in Sept '11 \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_ Mother's E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

**Please attach copies of any legal documentation regarding non-custodial parents**

## Health Information

Has your child had any serious or severe illnesses or accidents in the last 3 years?  Yes  No

If yes, explain \_\_\_\_\_

Does the child take any medication during the day?  Yes  No

If yes, **Medication Release Form is required.** Please list medications: \_\_\_\_\_

Allergies?  Yes  No If yes, list: \_\_\_\_\_

Please check all immunizations which are current:

POLIO  DTP  MMR  HIB  HEB A  HEB B  CHICKEN POX

Special needs or fears?  Yes  No If yes, explain: \_\_\_\_\_

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

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

Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_

## Emergency Contacts/ Authorized Pick-Up (In addition to Parents)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby give permission to Channel Islands YMCA and it's employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

**Parent's or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Restrictions: (The following restrictions apply to this individual)**

Does not eat:  Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs  
 Other Please Describe \_\_\_\_\_

Explain any restrictions to activity (i.e., what cannot be done, what adaptations or limitations are necessary)

**General Questions: (Explain "yes" answers below)**

Has/does the participant:

- |  |     |    |   |     |    |
|--|-----|----|---|-----|----|
| 1. Had any recent injury, illness or infectious disease? | Yes | No | 16. Ever had back problems?   | Yes | No |
| 2. Have a chronic or recurring illness/condition?        | Yes | No | 17. Ever had problems with joints (i.e. knees, ankles)?                     | Yes | No |
| 3. Ever been hospitalized?                               | Yes | No | 18. Have an orthodontic appliance being bought to camp?                     | Yes | No |
| 4. Ever had surgery?                                     | Yes | No | 19. Have any skin problems (i.e., itching, rash, acne)?                     | Yes | No |
| 5. Have frequent headaches?                              | Yes | No | 20. Have Diabetes?  | Yes | No |
| 6. Ever had a head injury?                               | Yes | No | 21. Have Asthma?  | Yes | No |
| 7. Ever been knocked unconscious?                        | Yes | No | 22. Have mononucleosis in the past 12 months?                               | Yes | No |
| 8. Wear glasses, contacts or protective eye wear?        | Yes | No | 23. Have problems with diarrhea or constipation?                            | Yes | No |
| 9. Ever had frequent ear infections?                     | Yes | No | 24. Have problems with sleepwalking?  | Yes | No |
| 10. Ever passed out during or after exercise?            | Yes | No | 25. If female, have an abnormal menstrual history?                          | Yes | No |
| 11. Ever been dizzy during or after exercise?            | Yes | No | 26. Have a history of bed wetting?  | Yes | No |
| 12. Ever had seizures?                                   | Yes | No | 27. Ever had an eating disorder?  | Yes | No |
| 13. Ever had chest pain during or after exercise?        | Yes | No | 28. Ever had emotional difficulties for which professional help was sought? | Yes | No |
| 14. Ever had high blood pressure?                        | Yes | No |   |     |    |
| 15. Ever been diagnosed with a heart murmur?             | Yes | No |   |     |    |

Please explain any "yes" answers, noting the number of the question(s): \_\_\_\_\_

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Please give all dates of immunization for:

Vaccine:	Dates	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR or Measles or Mumps or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described Has permission to engage in all camp activities except as noted. I hereby give permission to Channel Islands YMCA and it's employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If for religious reasons you cannot provide this information, contact the YMCA for a waiver which must be signed before attending.

# Walking Fieldtrip permission, Consent to Treatment and Release, Child's Health Statement, Photographic Release, and Insurance Disclaimer

Child's Name (Please Print) \_\_\_\_\_

## PERMISSION FOR FIELDTRIPS, WALKING FIELDTRIPS, WALKING EXCURSIONS, AND USE OF PUBLIC PARK FACILITIES

I hereby give consent to the Channel Islands YMCA and its designated leaders to take the above named child on walking trips in the neighborhood, public park facilities, special excursions to places of interest in YMCA vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child.

Initial \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent [ ], domestic partner [ ], or authorized representative [ ], I hereby give consent to Channel Islands YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) Osteopath (D.O.) or Dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of a child named above.

Initial \_\_\_\_\_

## CHILD'S HEALTH STATEMENT

I, the undersigned parent/legal guardian, understand that at a YMCA Camp Program and Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the Emergency/Health Information Form) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on my child's activities.

Initial \_\_\_\_\_

## PHOTOGRAPHIC RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of the above named child for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Initial \_\_\_\_\_

## INSURANCE DISCLAIMER

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant's parents or guardians.

Initial \_\_\_\_\_

**PARTICIPANT SWIM ABILITY ASSESSMENT FOR MINOR :**

The YMCA program may include aquatic activities at a pool, beach or other location with water. Your initial below authorizes your child to participate in swimming activities.

Please check the box below with the description that most closely fits the participant.

- Type 1: Does not know how to swim or is uncomfortable or nervous around water. Cannot put their face in the water, hold their breath, right themselves or float.
- Type 2: Can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and can turn over from front and back. Is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- Type 3: Comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
- Type 4: Comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water.

Initial: \_\_\_\_\_

**PERMISSION FOR AUTHORIZING USE OF SUNSCREEN:**

I understand that providers now must have written permission from parents authorizing use of sunscreen and identifying the Sunscreen Brand and Sun Protection Factor (SPF) to be used on children. The Channel Islands YMCA is trying to avoid the possibility of an allergic reaction.

I hereby give consent to the Channel Islands YMCA and its designated leaders to apply sunscreen, which I have provided for my child during the YMCA program. The staff may use the brand provided by the Channel Islands YMCA in the event my child does not have their own sunscreen.

Sunscreen provided by parent: (brand) \_\_\_\_\_ SPF: \_\_\_\_\_

Sunscreen provided by YMCA: (brand) Coppertone or Banana Boat SPF: 30/35

I understand that I am required to provide my sunscreen for my child and I authorize the YMCA Staff to directly apply the sunscreen to my child.

Initial: \_\_\_\_\_

**CODE OF CONDUCT FOR ALL PARTICIPANTS:**

By Submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the Channel Islands YMCA Association "Code of Conduct." The "Code of Conduct" can be found at the front service center of your local YMCA.

Initial: \_\_\_\_\_

**MANDATED REPORTING:**

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

Initial: \_\_\_\_\_

**I HAVE READ AND AGREE TO THE ABOVE INFORMATION:**

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

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

**CHANNEL ISLANDS YMCA**  
**MEMBER/CHILDREN**  
**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, YMCA, (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof; its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all 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 or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

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

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California 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 representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

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

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

Signature of Applicant/Parent: \_\_\_\_\_

Signature of other Adult: \_\_\_\_\_

Membership Number

\_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

Name of Child in Program: \_\_\_\_\_

**CHANNEL ISLANDS YMCA**

**Branches:**

**Camarillo – Lompoc – Montecito – Santa Barbara  
Stuart C. Gildred – Ventura – Youth & Family Services**

**PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

**I understand that YMCA staff are not allowed to babysit or transport children at any time outside of the YMCA program.** Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

**I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.**

**I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.**

**I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the 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 have received a copy of the YMCA Handbook. I have read and understand the statements above and in the YMCA Handbook:**

(Please check one)

**Preschool  
Handbook**

**After-school  
Handbook**

**Camp  
Handbook**

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**Parent or Legal Guardian's Signature**

---

**Date**

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

**COMMUNITY CARE LICENSING**

NAME		
6500 HOLLISTER AVENUE, SUITE 200		
ADDRESS		
GOLETA, CA 93117		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
		805 562-0400

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:****PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

**CHILD CARE CENTER  
NOTIFICATION OF PARENTS' RIGHTS**

**PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: COMMUNITY CARE LICENSING

Licensing Office Address: 6500 HOLLISTER AVENUE, SUITE 200, GOLETA, CA 93117

Licensing Office Telephone #: (805) 562-0400

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS**  
*(Parent/Authorized Representative Signature Required)*

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)