ACHIEVING EXCELLENCE

MIDDLE SCHOOL
AFTERSCHOOL CARE 2016–2017
Parent Handbook and Registration

CHANNEL ISLANDS YMCA
serving Santa Barbara and Ventura counties
805.898.YMCA

VENTURA FAMILY YMCA
805.642.2131
ciymca.org/ventura
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.

We bring men, women and children together, and our shared commitment to our communities create opportunities to learn, grow and thrive for all.

**TABLE OF CONTENTS**

- Channel Islands Mission Statement
- Financial Assistance
- Program Options
- Four Core Values
- Let’s Move! Initiative
- Food and Fun
- Licensing Information
- Child Care Staff
- Babysitting Ratio
- Children with Special Needs
- Parent Responsibilities
- Enrollment and Registration
- Fees and Payments
- Cancellations/Changes
- Daily Schedule
- Daily Activities
- Snack and Sack Lunch
- Arrival and Departure
- Illness
- Injuries
- Health and Safety
- Medication
- Behavior and Discipline
- Lost and Found
- Photo Release
- Emergencies and Disaster Plan
- Monthly Calendars
- Program Concerns and Questions
- Site Locations
- Thank You
- Concussion Fact Sheet
- Registration Packet

for more up to date information: ciymca.org/ventura
**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**
Our programs and services are available to everyone regardless of ability to pay. OPEN DOORS, the Channel Islands YMCA financial assistance program, uses a sliding fee scale designed to meet financial needs of most families and individuals. People of all ages, backgrounds, abilities and incomes need assistance at different times in their lives; anyone can apply for OPEN DOORS financial assistance. If we can serve you or your family in this way please complete the financial assistance application available online at ciymca.org or visit any of our local YMCA branches.

Financial assistance is available through the generous support of Annual Campaign.

**PROGRAM OPTIONS**

**Before and Afterschool**
This plan is available part time (2-3 days) or full time (4-5 days). Children may only attend on the pre-selected days and changes must be made 30 days in advance.

**After School Only**
This plan is available part time (2-3 days) or full time (4-5 days). Children may only attend on the pre-selected days and changes must be made 30 days in advance.

**Daily Rate**
This program is available for one day drop-ins. The payment must be made prior to attendance or will be automatically drafted. Attendance must be pre-arranged.

**SchoolBreaks**
These days are not included in any plan and must be paid for prior to attendance. Prices vary depending on current enrollment.

**FOUR CORE VALUES**
The Four Core Values were introduced by the YMCA of the USA in the mid 1990’s. These assets were put in place in order to teach children the difference between right and wrong. We stress the high importance of these values everyday in all of our camps.

**Honesty:** Being honest, dependable & loyal.
**Respect:** Living the Golden Rule, accepting others, showing courtesy and manners.
**Responsibility:** Being accountable, doing one’s best.
**Caring:** Being kind, compassionate & understanding, showing love and charity to others.

**HEPA STANDARDS**
In response to a call by First Lady Michelle Obama and the Partnership for a Healthier America (PHA), the Y has committed to adopting new standards for nutrition and physical activity in our early childhood, afterschool, and camp programs. The Healthy Eating and Physical Activity Standards or HEPA standards are used in conjunction with daily programming in order to insure the overall wellbeing of the participants in and out of our care. The standards are based in part on years of research supported by collaborations with the Harvard School of Public Health (HSPH), University of Massachusetts at Boston, the Healthy Out of School Time Coalition (HOST) and the National Institute for Out of School Time (NIOST). Through these collaborations, as well as the experience of Ys across the nation, the Y has learned the most effective ways to create healthy environments in our programs and out-of-school time settings. If you would like more information, on these standards please contact the program director.

**LICENSING INFORMATION**
Our programs are licensed by 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. We encourage parents to discuss with us any questions or concerns.
Licensing Rights:
Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this act or the regulations adopted by the department pursuant to the act.

CHILD CARE STAFF
The Afterschool Program operates under direct supervision of the Childcare 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 based on the needs and size of the program.

Site Directors and Supervisors meet Title XX11 regulations set by the Department of Social Services. Most of our staff are college students with 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.

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. PLEAS 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.

PARENT RESPONSIBILITIES
The YMCA recognizes that parents are the most important people in a child’s life. We believe 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. If you have an issue, concern or question please speak with the Site Supervisor or Program Director. If they are unable to meet your needs, please contact the Program Director.

Your Responsibilities:
You are responsible for your child upon arrival to camp until he/she has been signed in and acknowledged by a staff member. Your child may not be signed in before the start of the program.

All students must be signed in/out each day with a full legal signature from an adult (at least 18yrs of age). Students will only be released to persons listed on the registration form. To ensure safety, all adults must show valid photo I.D. when dropping off and picking up children.

California’s law requires children age 8 or under who are less than 4’9” in height to be secured in a rear seat in a child passenger restraint system. If you are seen taking a child that requires the use of a car seat, but do not have one, you or the person picking up your child will not be allowed to take him/her home.

Payment for care must be paid by EFT or credit card draft. Payment by checks can be made at the time of sign up but need to be paid before services are rendered. Failure to do so may result in a loss of registration and/or deposit, and will require an additional $20 charge.

Review the program “Code of Conduct” and transportation rules with your child.

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

Parents are also encouraged to participate in our many volunteer opportunities. From advisory boards to campaigners, the YMCA depends on the support of its volunteers. Contact the Camp Director for more information on ways in which you can volunteer.
ENROLLMENT AND REGISTRATION

Initial Registration: All registration forms must be complete prior to attendance. Registration forms must be returned to the Ventura Family YMCA. Space is limited and is available on a first come, first serve basis. Registration must be submitted at least 5 business days prior to desired start date. New registrations packets are required if your student is new the program or if their enrollment with our school care/camp has had a lapse in service. If your child has had no lapse in service, complete the Enrollment Page and updated EFT Form. In addition, a current facility or program membership and first month payment are due at the time of enrollment. All children must have an emergency contact that can be at the program site within 45 minutes.

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

FEES AND PAYMENTS

Electronic Fund Draft (EFT) is required for all participants in child care programs. The first month’s payment is due at enrollment and is non-refundable. For the remaining months, tuition can be withdrawn from checking accounts or credit cards. Withdrawals are made on the 1st of each month. Please fill out the attached EFT form and return with registration.

A monthly payment plan is set to draft automatically from your indicated account. This monthly plan is on total weeks during the school year, and a level pay plan. Your August and June months will be considered “half” months and September through May are “full” months.

If payment is not made your child may NOT be admitted to the program. If the account becomes 30 days delinquent, enrollment in the program may be terminated unless arrangements have been made with the Program Director. Payments must be made by the individual who enrolls the child in the program. It is policy that monthly payments are paid in full. We do not prorate for absences or by the hour. Full payment is due regardless of the number of days your child attends unless 30 days notice is given to the Site Supervisor.

HOLIDAY/FURLough DAY CARE: We offer week Camps for Fall, Winter and Spring break, as well as furlough day care (excluding Labor Day, Thanksgiving and day after, Christmas day, New Years day, and Memorial Day). Extra fees may apply.

CANCELLATIONS/CHANGES

A 30 day written notice is required to discontinue enrollment in the program or change in schedule. We can accommodate schedule changes on a space availability basis. If no notice is received for a change or withdrawal, one months’ program fees will be charged.

CREDIT, REFUNDS, NON-SUFFICIENT CHECKS

Refunds will be issued only with approval from the Program Director and when 30 days written notice is provided. Refunds are processed through our Association Office and usually take 4-6 weeks for processing. There is a $20 service fee applied on all checks returned for any reason. Two failed drafts will result in suspension of child care. Payment and a $20 service fee must be received before your child may return to the program. Any payment not received within 30 days may be forwarded to collections.

DAILY SCHEDULE

Before Care operates from 7:00am am and ends at first bell. After Care operates from school dismissal until 6:00pm including scheduled half days. Due to unavailability of some schools and lower attendance, sites are often combined during holidays, spaces are first come first serve. There is a $15 No Show Fee that will be applied for any student who is registered for Holiday/Furlough Care but does not attend. In accordance with our late pick up policy, parents will be charged $15 at 6:10 and $1 for each additional minute. If children are left at the program until 7:00pm, authorities will be contacted. Continual tardiness will result in dismissal from the program. If a family is continually tardy for pickup (regardless of time) a late penalty may go into effect before the 6:10 time.

DAILY ACTIVITIES

Attendance and Snack: Site Staff verifies that all children are at the program. Calls will be made to parents and other emergency contacts if a child does not arrive by the scheduled time. Homework and Quiet Time: Time is set aside each day (except Friday) to allow children to work on homework if his/her parent wishes. It is important that parents let their child know of their wishes. Site Staff will supervise homework time and offer occasional assistance as needed.
DAILY ACTIVITIES Continued...

They cannot, however, provide constant one to one tutoring. Staff will not check backpacks for homework. It is up to the child to get their homework, however much encouragement will be given. YMCA staff cannot be held responsible for homework not completed during child care.

Our staff understand the need to have children do their homework during the afternoon, but also recognize the need for children to have a change of pace from their schoolwork with group activities: the children participate daily in a staff directed activity ranging from active group games to group quiet games to crafts and other special activities. Fitness and nutrition are incorporated into group activities several times per week. A calendar is provided to parents monthly outlining each day’s group activity. Free Play and Choice Time: After six hours or more of school, it is very important to have some time for children to choose activities on their own. Activities during free time range from playing outside, crafts, drawing, puzzles, board games, toys, etc. Please do NOT send personal toys, electronics or gaming systems.

SNACK AND SACK LUNCHES

The YMCA will provide at least one snack daily. As a licensed child care program, each snack will have the required nutrition components as well as the serving size per guidelines. Each Kinder student must bring their own sack lunch, If not enrolled in the hot lunch program at school. We ask parents to provide a nutritionally balanced lunch that does NOT require refrigeration or heating. Please do not send fast food, soda, candy or gum.

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

State guidelines require that each child must be signed in and out each day by the parent/authorized adult with a full legal signature. Staff will sign in children who enter or exit the program from school. A phone call is required if your child will be absent or will arrive at the child care program at a different time than usual. If your child does not arrive at the program, phone calls will be made to persons listed on the emergency sheet and the school office to determine the whereabouts of your child. If the child cannot be located, missing child procedures will begin.

An allowance for absences and vacations is built into the fee structure. Therefore, no refunds or credits are given for absences. Please adhere to all posted signs in parking lot. Vehicles that do not park in appropriate spots are subject to towing and will be responsible for any fees incurred. Children who do not attend school, or are taken out of school prior to afterschool care, may not participate with the afterschool program.

ILLNESS

If your child is ill and will not attend the Afterschool Program, please call the Childcare Site by 10:00 am and inform the Site Supervisor of the absence. 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, swollen joints
- Temperature over 100
- Diarrhea, blood in urine
- Jaundiced skin, yellow eyes or red eyes with discharge
- Visibly enlarged lymph nodes
- 2 or more episodes of vomiting in 24 hours
- Infected/untreated skin patches or rash lasting more than one day
- Evidence of head lice or nits
ILNESS continued...

Lice Policy: If your child is found with lice, in any form, they will be sent home for 24 hours and until they can return with no sign of lice, eggs or bugs. Students may be checked to determine if it has spread, and children who are sent home due to lice, will be checked upon their return. A notice will be posted for all families to understand our policy.

INJURIES
All injuries will be treated as needed, including washing, applying bandages 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.

HEALTHY AND SAFETY
The Emergency Health/Information History Form must be completed on each participant and returned prior to the start of the program. Safety is our primary concern. We strongly enforce safety rules for all participants. We believe in the positive reinforcement approach and work very hard with participant to teach safety at all times. All staff are CPR , AED, and First-Aid Certified and asked to only give care within the scope of their training. If your child’s injured or ill, we will take whatever steps necessary to provide appropriate care. These steps may include but are not limited to:
• Attempting to contact parents
• Attempting to contact persons named as emergency contacts
• Summoning 911/emergency care
• Assigning a counselor or designated person to go with the child to the hospital or medical facilities a child is sent.

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 Afterschool Care participants. Children attending afterschool care are expected to exhibit Four Core 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. The Y does not condone corporal punishment.

LOST AND FOUND
The Ventura Family YMCA assumes no responsibility for lost or stolen items. Please label all belongings with permanent marker. If something is misplaced, check the site 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/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 Ventura Family YMCA at 805.642.2131

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

MONTHLY CALENDARS
Monthly calendars will be available on the first day of each month. The calendars include pertinent information for the month.

RECEIPTS AND PROOF OF PAYMENT
Monthly or Yearly statements can be accessed through your online account. If you need assistance please contact us at 805.642.2131

You can access your account at: ciymca.org/register

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 Afterschool 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 Ventura Family YMCA operates Licensed Afterschool Child Care programs at the following local schools:

Elmhurst Elementary
5080 Elmhurst Street
Ventura CA 93003
805-256-2474

Loma Vista Elementary
300 Lynn Drive
Ventura CA 93003
805-256-2475

Poinsettia Elementary
350 N. Victoria Ave
Ventura CA 93003
805-256-2476

Ventura Family YMCA – Jr High Program
3760 Telegraph Road
Ventura CA 93003
805-207-2551

THANK YOU!
We are happy that you have selected the Ventura Family YMCA Afterschool Child Care 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 any questions regarding payments, billing, or financial assistance, as well as general programming please contact our Youth Program Director at 805.642.2131 or Amber.Stevens@ciymca.org.

8
WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?
Signs Observed by Parents or Guardians
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?
Ensure that they follow their coach’s rules for safety and the rules of the sport.
Encourage them to practice good sportsmanship at all times.
Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?
1. SEEK MEDICAL ATTENTION RIGHT AWAY.
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.
Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.
Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.
For more information visit www.cdc.gov/Concussion
¿QUÉ ES LA CONMOCIÓN CEREBRAL?
Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁL ES LA CONMOCIÓN CEREBRAL?

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?
Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.

Invitelo a mantener el espíritu deportivo en todo momento.

Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUE DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

1. Busque atención médica de inmediato. Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.

2. No permita que su hijo siga jugando. Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.

3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente. Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Síntomas que reporta el atleta
- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o gorgui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

Es preferible perderse un juego que toda la temporada.

Para obtener más información visite www.cdc.gov/ConcussionInYouthSports
After The Bell
Registration Form 2016/17

Child’s Name ___________________________ Grade (Fall ’16) ______
Parent’s Name ____________________________ Is Child’s Primary language English? Yes No
If “No” Do they speak English? Yes No
Please Circle Days of Attendance: Monday Tuesday Wednesday Thursday Friday

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<th>Programs and Rates (MONTHLY)</th>
<th>AFTER ONLY</th>
<th>BEFORE AND AFTER</th>
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<td>PROGRAM MEMBERS</td>
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Desired Start Date: ______________________________

Selected Rate: 10% Sibling Discount (if applicable) = 
Program Membership $30 (if applicable) =
TOTAL DUE AT REGISTRATION =

Payment Policy:
1. A program or family membership is required for all participants.
2. Payments will be made by EFT or credit card draft ONLY. Cash and check payments will only be accepted for full year payment.
3. I have received a copy of the parent handbook and agree to the policies contained within.
4. I agree to the payment policies contained within this registration packet.

Parent Signature ___________________________________________ Date ______

Office use only: MEM #: __________ Payment: $ _________ Date ______/_____/____ Initial: ________ Copy: ________ Letter: ________
CHANNEL ISLANDS YMCA
EMERGENCY/HEALTH INFORMATION HISTORY FORM

General Information (please print)
Child’s Name ___________________________________________ Age __________ M______ F_____ Grade in Sept 2016___________
Address _______________________________________________ City ____________________________ Zip _________________
Home Phone ____________________________ School_______________________ Birthdate ____/_____/______

Parent #1 Name ___________________________________________ Birthdate ____/_____/______
(Thank you for agreeing to receive our periodic email communications. We never share or sell email addresses.)
Work Phone: ____________________________ Cell Phone ____________________________
E-Mail Address ____________________________________________

Parent #2 Name ___________________________________________ Birthdate ____/_____/______
Work Phone: ____________________________ Cell Phone ____________________________
E-Mail Address ____________________________________________
(Thank you for agreeing to receive our periodic email communications. We never share or sell email addresses.)

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 ____________________________________________
Food Allergies?  □ Yes  □ No  If yes, list ____________________________________________
Medication Allergies?  □ Yes  □ No  If yes, explain: ____________________________________________
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: ____________
Name: ____________________________ Phone: ____________________________ Relationship: ____________

I hereby give permission to Channel Islands YMCA and its 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/Legal Guardian’s Signature ____________________________________________ Date:__________
Restrictions: (The following restrictions apply to this individual)

- 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/doe the participant:

1. Had any recent injury, illness or infectious disease? □ Yes □ No
2. Have a chronic or recurring illness/condition? □ Yes □ No
3. Ever been hospitalized? □ Yes □ No
4. Ever had surgery? □ Yes □ No
5. Have frequent headaches? □ Yes □ No
6. Ever had a head injury? □ Yes □ No
7. Ever been knocked unconscious? □ Yes □ No
8. Wear glasses, contacts or protective eye wear? □ Yes □ No
9. Ever had frequent ear infections? □ Yes □ No
10. Ever passed out during or after exercise? □ Yes □ No
11. Ever been dizzy during or after exercise? □ Yes □ No
12. Ever had seizures? □ Yes □ No
13. Ever had chest pain during or after exercise? □ Yes □ No
14. Ever had high blood pressure? □ Yes □ No
15. Ever been diagnosed with a heart murmur? □ Yes □ No

16. Ever had back problems? □ Yes □ No
17. Ever had problems with joints (i.e., knees, ankles)? □ Yes □ No
18. Have an orthodontic appliance being bought to camp? □ Yes □ No
19. Have any skin problems (i.e., itching, rash, acne)? □ Yes □ No
20. Have Diabetes? □ Yes □ No
21. Have Asthma? □ Yes □ No
22. Have mononucleosis in the past 12 months? □ Yes □ No
23. Have problems with diarrhea or constipation? □ Yes □ No
24. Have problems with sleepwalking? □ Yes □ No
25. If female, have an abnormal menstrual history? □ Yes □ No
26. Have a history of bed wetting? □ Yes □ No
27. Ever had an eating disorder? □ Yes □ No
28. Ever had emotional difficulties for which professional help was sought? □ 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:

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<th>Vaccine;</th>
<th>Dates Mo/Yr</th>
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<td>TD (tetanus/diphtheria)</td>
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<td>Hepatitis A</td>
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<td>Varicella [Chicken Pox]</td>
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TB Mantoux Text
Date of last test
Result: □ Positive □ Negative

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 Authorization: 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.

Signature of parent or guardian: 

If, for religious reasons, you cannot provide this information, contact camp for a waiver which must be signed before camp.
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 The 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 I: 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, 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) Rocky Mountain Sunscreen SPF 35

I understand that I am required to provide 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/Legal Guardian’s Signature __________________________

Date __________________________

Printed Name __________________________
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:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENCES 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.

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.

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: ____________________________
Name of Child in Program: ____________________________
Name of Child in Program: ____________________________
Name of Child in Program: ____________________________
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:  State Dept. Of Social Services
   Licensing Office Address:  6500 Holister Ave, Goleta, CA
   Licensing Office Telephone #:  605-562-0400

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

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
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:

NAME
COMMUNITY CARE LICENSING
ADDRESS
6500 HOLISTER AVE STE 200
CITY
GOLETA
ZIP CODE
93117
AREA CODE/TELEPHONE NUMBER
805.562.0400

DETACH HERE
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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

ACKNOWLEDGMENT: 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)

(LIC 6/3A (8/08))
CHANNEL ISLANDS YMCA
MEDICATION RELEASE

Child’s First Name_______________________________________  Last Name__________________________________________________

Date of Birth ________/______/________  Age _______________

Reason for camper needing medication:
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

I give my permission to the Channel Islands YMCA and its designated leaders to dispense medication to my son/daughter
_________________________ (child name).

As the legal guardian/parent/caregiver of the camp participant, I hereby agree to assume the risks associated with improperly packaged and marked medication. In consideration for the acceptance by Channel Islands YMCA of the Participant in the camp and related camp activities, the undersigned do hereby release, forever discharge and waive any claims, causes of action, demands, debts, lawsuits and liabilities which may arise against CIYMCA and its officers, directors, employees, agents and representatives, and other camp related persons acting with permission of CIYMCA (collectively its “Agents”), directly or indirectly, for injury to Participant’s person, during his/her involvement with or activities at camp and in particular related to claims for personal injury or death resulting from the Participant being administered medication that was improperly packaged or marked (collectively a “Loss”); and the undersigned further do agree and covenant to indemnify and hold harmless, and not to sue, ESN and their Agents from and against any Loss on account of any action which may be brought against any of them by the undersigned, or any person on behalf of the undersigned or the Participant for the purpose of enforcing or collecting any Loss.

_____________________________________________________                                _____________________________________
Parent/Guardian Authorized Signature                        Date

_____________________________________________________                                ______________________________________
Parent or Guardian Printed Name                                Parent Guardian Phone Number
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<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Night/Bedtime</th>
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Channel Islands YMCA branch:
- Camarillo
- Lompoc
- Montecito
- Santa Barbara
- Santa Ynez
- Ventura

Child's Name:

Parent/Guardian Authorized Signature: _____________________________ Date: _____________________________

Parent or Guardian Printed Name: _____________________________ Parent Guardian Phone Number: _____________________________
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.

______________________________________________________  ______________________________
Parent/Legal Guardian’s Signature                  Date
ELECTRONIC PAYMENT AUTHORIZATION FORM

MEMBERSHIP - PROGRAM - CAMP - CHILD CARE - DONATIONS

ACCOUNT HOLDER

First Name  Last Name  Member Number

☐ Camarillo Family YMCA  ☐ Montecito Family YMCA  ☐ Stuart C. Gildred Family YMCA
☐ Lompoc Family YMCA  ☐ Santa Barbara Family YMCA  ☐ Ventura Family YMCA
☐ Haley Street Youth and Family Center

BANK ACCOUNT OPTION  PLEASE CHECK ONE:  ☐ CHECKING  ☐ SAVINGS
Routing Number (9 digits)  Account Number

CREDIT CARD ACCOUNT OPTION  PLEASE CHECK ONE:  ☐ VISA  ☐ MC  ☐ AMEX  ☐ DISCOVER
Account Number  Expiration Date (MM/YYYY)
Card Issuer / Bank

By signing this form I hereby authorize the Channel Islands YMCA to initiate debits to the bank account/credit card listed above. The YMCA processes recurring payments monthly based on your membership or program join date. If we are unable to debit your account for any reason we may automatically re-attempt to collect the fees. If redrafting is unsuccessful, certain fees may apply and the YMCA reserves the right to terminate any membership/program if a payment cannot be collected.

Please update the YMCA about any credit cards reported lost or stolen, expiration date changes, and address changes. Updates both in person and online must be received 10 days prior to the month of the draft to allow for processing time.

I acknowledge that there is a 30-day notice period before a cancellation is put into effect. Therefore, I must provide a 30-day notice of cancellation prior to your next draft day by signing the appropriate cancellation form in person at the Welcome Center. I understand it is my responsibility to check my account for YMCA transactions. I will notify the YMCA within 60 days of the transaction date of any transaction that appears to be in error. The transaction will be investigated and corrected if necessary.

I understand that I am agreeing to the terms listed in the cancellation policy of the Channel Islands YMCA.

Account Holder’s Signature  Date

FOR OFFICE USE ONLY

Date  Activity  Entered by