

# Instructions for Filling Out the Enrollment Form

## Summer Camp 2023

### ENROLLMENT FORM FRONT

#### Child's Information

There cannot be any blanks in this section. All information must be filled in. The PARENT VERIFICATION PIN & AUTHORIZED PICK-UP PIN must be 4-8 digits in length and will act as a back up form of ID in the event ID is not available. The parent's pin must not be given to anyone other than parents, please use the authorized pick-up pin for anyone else that may pick-up the child.

#### Parent/Legal Guardian 1

This is the first parent we will contact for any reason in which a parent needs to be called. All information must be filled in. Including the address with the city and zipcode.  
If this parent does not work, N/A must be filled in for PLACE OF WORK. If the parent does work, it is extremely important that we have this information in the event we cannot get a hold of this parent on their cell.  
This person will be allowed to pick-up the child with a photo ID.

#### Parent/Legal Guardian 2

If unable to reach PARENT 1, this parent will be our second phone call for any reason in which a parent must be called. All information needs to be filled in just as you did for PARENT 1.  
This person will be allowed to pick-up the child with a photo ID. If no Parent 2 please leave it blank, do NOT cross it out.

#### Emergency Contact

If PARENT 1 and/or PARENT 2 does not answer, this person will be contacted anytime we need the child to be picked-up. Must be different than parent 1 and 2. Phone calls for pick-up could include, but are not limited to, illness, emergencies, and behavior concerns. This person will be allowed to pick-up the child with a photo ID.

#### Authorized Pick-Up Persons

These people will be our last phone call in the event a child needs to be picked-up for any of the issues addressed above.  
This person will be allowed to pick-up the child with a photo ID.

### ENROLLMENT FORM BACK

#### Health Information

Per our State of Texas Licensing regulations, all parents must either have their child's immunization record filed at their child's school or on file at the childcare in which they attend. If your child attends any elementary or Head Start please circle the school or write it in the OTHER space. If they do not, we must have a copy of your child's current, up-to-date shot record. In the event of a medical emergency your child will be sent to the hospital, please check which medical facility you would like us to contact.

Please list all allergens your child has with the exception of seasonal allergies. Ensure you have an ALLERGY FORM signed by a physician if your child has ANY food allergies. Please bring your child's Epi-pen on their first day of camp.

#### Behavioral Information

In order for your child to attend your camp, you must circle YES to the question regarding ratios. If your child cannot participate in our ratios, they cannot attend our camp.

For the rest of the YES or NO questions, it is important to answer these honestly and ensure all answers are circled for every question.

Additional Information about your child could help us in the discipline and interaction with your child. Please fill out anything in this section in which you feel a staff person should be aware.

#### Policy Acknowledgements

This section must only be signed by the parent or legal guardian. If you are not either of these, you must leave this section blank and tell the parent to come up to the YMCA to sign the enrollment form prior to camp starting.

## **DOES YOUR CHILD HAVE A FOOD ALLERGY?**

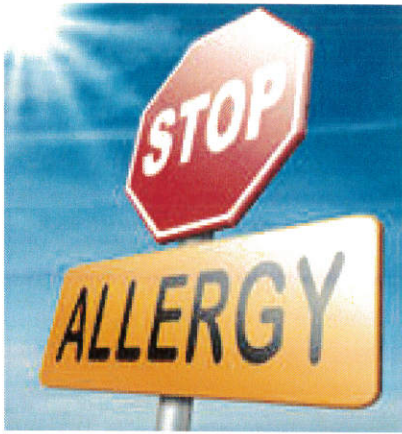
If YES – please have the accompanying **Food Allergy Emergency Plan** form completed and signed by your child's doctor. You may register **after** that form is complete.

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# San Angelo YMCA

Emergency Preparedness Plan for:

## FOOD ALLERGIES ONLY

Physician's Name:

--

Child Name:

--

DOB:

--

Food Allergies:

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Can the child be in the physical area of the food?	YES	or	NO
Does the child own an Epinephrine Pen for the food allergy?	YES	or	NO
Should the Epi-Pen be placed at the childcare center?	YES	or	NO

Action plan if the child is in the physical area of the food:

<hr/> <hr/> <hr/> <hr/>
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Action plan if the child consumes the food:

<hr/> <hr/> <hr/> <hr/>
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Physician's Signature: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of San Angelo

## 2023 Summer Day Camp

### Important Dates

Camp Start Date: **May 31, 2023**

Camp End Date: **August 2, 2023**

\*SAISD starts back to school: **8/17/2023**

Camp Holiday Closures: **July 3-4, 2023**

\*Accounts will be prorated for weeks in which the Y only offers a part week of care.

### Cost

YMCA Members: \$108 per week

Non-Members: \$121 per week

**\*Ask about YOUTH ANNUAL MEMBERSHIPS\***

**SCHOLARSHIPS AVAILABLE**

#### DUE AT REGISTRATION-

Deposits: \$15 per week  
of care needed  
per child

Shirt Fee: \$25 per child

Registration fee: \$20 per child

### Meals

SAISD: For School Age Programs  
YMCA provides snack all summer

**YMCA provides Breakfast in July/August**  
**Parents provide Lunch in July/August**  
**Lunch for School Age Programs-TBD**  
**Will be Notified through Remind Texting**

**Head Starts: Breakfast provided by the YMCA**  
**Parents provide lunch everyday**

Headstart is not associated with SAISD so they don't provide meals for headstart

### Additional information

Shirts:

Children will be required to wear their YMCA shirt everyday of camp. These shirt help us to identify your child quickly. If shirt is not worn a YMCA jersey will be provided at a fee of \$3.00.

### Cut-Off Time:

**Cut-Off time for all sites will be @ 9:00AM**  
**without a doctors note.**

### \*\*NEW REQUIREMENT\*\* PIN NUMBERS:

Two sets of pin numbers will be created by the parent. The first will be an 8-digit Parent Verification Pin Number. The parent will be the only one to utilize number which can be used to make any changes on child's enrollment form/pick up. The second is an 8-digit Authorized Pick-Up Pin Number. Only authorized pick-up persons will be able to utilize this pin #/ or ID to be able to pick up child.

**DO NOT SHARE PIN NUMBERS**

### \* REMIND TEXTING SYSTEM \*

**DON'T FORGET TO SIGN-UP FOR OUR**  
**REMIND TEXTING SYSTEM, WE USE THIS TO**  
**COMMUNICATE ALL IMPORTANT**  
**INFORMATION ABOUT SUMMER CAMP.**

## \*Sign In/Sign Out REMINDER\*

**1. Person must be listed as an authorized pick up.**

**2. Must provide A PHOTO ID / PICK-UP PIN NUMBER**

Refusal to provide Photo ID/ Pin number will result in  
suspension / termination from the program.

## \*PAYMENT REMINDER\*

**Payments are due by 8:45 AM Monday morning for the current week of care.**

**Before dropping off child at location.**

**Account not current for the current week will result in child not being able to attend.**

Example: Payment for the week of June 12th-16th is due on or by 8:45 AM June 12th.

Payments can be made over the phone, at the Y's front desk, Daxko app, at camp on Fridays (with check or money order)



# 2023 Summer Day Camp

## Headstart Location

Age: 3 YEARS TO ENTERING KINDER

Program Start Date: \_\_\_\_\_

### Child's Information

First AND Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Gender: Male or Female School: \_\_\_\_\_

Child lives with: MOTHER, FATHER, BOTH, OTHER: \_\_\_\_\_

### PARENT VERIFICATION PIN #

Parent Verification Pin Number (must be 4-8 digits)

# \_\_\_\_\_

**\*\*PIN NUMBERS MUST BE DIFFERENT\*\***

Authorized Pick-Up Pin Number (must be 4-8 digits)

# \_\_\_\_\_

### Parent/Legal Guardian 1

First AND Last Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parents/Legal guardians listed above will be sent a text to sign up for the Remind texting system to receive alerts pertaining to information regarding your child, field trips, and your account during summer camp.**

### Parent/Legal Guardian 2

First AND Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Work #: \_\_\_\_\_

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

### Emergency Contact

**Additional person in case of emergency. DO NOT list parent/legal guardians.**

First AND Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Work #: \_\_\_\_\_

### Authorized Pick-Up Persons

**Additional persons to pick-up my child other than those listed above.**

First AND Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

First AND Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

First AND Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

First AND Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's first AND last name: \_\_\_\_\_

## Health Information

Immunization must be on file at the child's school (if not on file, must bring copy to the YMCA before child's start date)

Please **CIRCLE** your child's school in which their immunization records are on file:

**OTHER:**

<b>ALTA LOMA:</b> 1700 N Garfield, (325) 947-3914	<b>CROCKETT:</b> 2104 Johnson Ave, (325) 947-3925	<b>LAMAR:</b> 3444 School House Dr, (325) 947-3900	School Name: _____
<b>AUSTIN:</b> 700 N Van Buren St, (325) 659-3636	<b>DAY:</b> 3026 N Oakes St, (325) 481-3395	<b>MCGILL:</b> 201 Millspaugh St, (325) 947-3934	_____
<b>BELAIRE:</b> 700 Stephens St, (325) 659-3639	<b>FANNIN:</b> 1702 Wilson St, (325) 947-3930	<b>REAGAN:</b> 1600 Volney St, (325) 659-3666	Address: _____
<b>BONHAM:</b> 4630 Southland Blvd, (325) 947-3917	<b>FT CONCHO:</b> 310 W Washington Dr, (325) 659-3654	<b>RIO VISTA:</b> 2800 Ben Ficklin Rd, (325) 659-3670	_____
<b>BOWIE:</b> 3700 Forest Trl, (325) 947-3921	<b>GLENMORE:</b> 323 Penrose St, (325) 659-3657	<b>SAN SAJINTO:</b> 800 Spaulding St, (325) 659-3675	_____
<b>BLACKSHEAR:</b> 2223 Brown St, (325) 658-7442	<b>GOLIAD:</b> 3902 Goliad St, (325) 659-3660	<b>SANTA RITA:</b> 615 S Madison St, (325) 659-3672	_____
<b>BRADFORD:</b> 1202 E 22nd St, (325) 659-3645	<b>GRAPE CREEK:</b> 9633 Grape Creek Rd, (325) 655-1735	<b>TLCA:</b> 126 S Jackson, (325) 653-3200	Phone: _____
<b>CORNERSTONE:</b> 1502 N Jefferson, (325) 655-3439	<b>HOLIMAN:</b> 1900 Ricks Dr, (325) 659-3663	<b>WALL:</b> 8065 Loop 570 Wall TX, (325) 651-7522	_____

**In the event of an emergency and the parent/legal guardian is not available, your designated hospital will be contacted for emergency/medical transportation and/or treatment. Please check the hospital in which you would like us to contact.**

<b>Check One:</b>	<input type="checkbox"/> Shannon South 3501 Knickerbocker Road San Angelo, TX 76904 325-949-9511	<input type="checkbox"/> Shannon Hospital 120 E. Harris Ave San Angelo, TX 76903 325-653-6741	<input type="checkbox"/> Concho Valley ER 5709 Sherwood Way San Angelo, TX 76901 325-703-6900
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## Food Allergies

**\*\*all children with food allergies must have an Allergy Form on file at the YMCA before their start date\*\***

List Foods: \_\_\_\_\_

## Non-Food Related Allergies

List Allergies: \_\_\_\_\_

## Behavioral Information

Behavioral Issues:

Can your child participate in a 2:16 ratio? 2 staff per group of 16 children (If NO, child cannot attend)	YES	NO
Does your child run from adults? (If YES, please explain under Additional Information)	YES	NO
Is your child prone to severe breakdowns or fits? (If YES, please explain under Additional Information)	YES	NO
Will the child require medication to be given at the summer location?	YES	NO
Does your child have an epi-pen for allergies?	YES	NO
Does your child need a change into a pull-up during nap? (If so, please provide)	YES	NO
Does your child have a behavioral diagnosis?	YES	NO

Please list and explain: \_\_\_\_\_

What strategies work best if your child gets upset? \_\_\_\_\_

What are your child's limitations? \_\_\_\_\_

## Additional Information:

In order to best meet your child's needs, we require that you list any other special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries/hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of.

## Policy Acknowledgements

By enrolling my child in the program, I understand and agree to follow all policies outlined in the parent handbook (provided to you at registration). By signing, you give your child permission for the following: To be photographed/videotaped for YMCA or United Way purposes (no names will be released). To participate in water activities, including swimming (life jackets will be provided to those who need them). To be treated medically by a physician and transported to a hospital (in the event of an emergency). To be transported by YMCA buses for field trips. I hereby, for my self and child, waive and release any and all rights and claims, which I may have, or which may accrue against the YMCA of San Angelo, its perspective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in these activities. I hereby acknowledge that this program provides no insurance coverage, and my own insurance will be used in case of any accident.

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

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



## SAN ANGELO YMCA SUMMER CAMP BANK DRAFT

Account Holders Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Holders Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's/Children's Name & DOB: \_\_\_\_\_

### Bank Draft

Type of Account: ☐ Checking (A voided check must be attached.)

☐ Saving (A savings deposit slip must be attached.)

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Draft Date: ☐ Weekly on Friday ☐ ☐

Draft will begin on: \_\_\_\_\_ the \_\_\_\_ at the rate of \$\_\_\_\_\_ per week.

### Debit/Credit Card:

Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder Name(as shown on card): \_\_\_\_\_ (must match ID)

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_ CSV: \_\_\_\_\_

Draft Date ☐ Weekly on Friday ☐ ☐

Draft will begin on: \_\_\_\_\_ the \_\_\_\_ at the rate of \$\_\_\_\_\_ per week.

1. I understand this transfer will happen weekly on Fridays from my checking or savings account listed above.
2. I understand that should I choose to terminate or change Bank Accounts, bank, Account Types, or child care plans in any way; I must provide the Y with at least two weeks' written notice before my transfer date.
3. I understand the information above will be used to transfer payment from my account.
4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason I may be charged \$25 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
5. I understand that if my account has a late pick-up fee or a late payment fee, the amount will be drafted from my account on the next draft date.
6. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.
7. I hereby request and authorize the Y to withdraw from my account to pay my program fees.

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Demographics

## 2023 Summer Camp

While this section is optional, the information collected will help us understand the families who use our program and assist us in applying for funding support. Failure to complete this section will not affect the service your child receives. This page will be separated from your child's enrollment form for confidentiality.

Child Information			
Gender:		Age:	How many years has your child attended our Summer camp program?:
School child attends:		Grade for 2023-2024 school year:	Does your child receive free/reduced lunch at school?
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/ Guardian #1			
Gender:		Age:	Highest education level:
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial

Parent/ Guardian #2			
Gender:		Age:	Highest education level:
Race	American Indian	Asian or Pacific Islander	Black or African American
	Hispanic/Latino/Latina	White or Caucasian	Multi-racial





# FP Assistance

Feeding the Future

## Enrollment Form

Center Name: \_\_\_\_\_ Site Code: \_\_\_\_\_

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

Admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Classroom: \_\_\_\_\_

1. Circle the days that your child will normally attend the center:

Mon      Tue      Wed      Thu      Fri      Sat      Sun

2. Circle the meals normally served to your child in the center:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

3. What hours will your child normally be in the center:

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino    ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian    ☐ American Indian or Alaska Native  
☐ White    ☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

**INSTRUCTIONS FOR  
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM  
(CHILD CARE)**

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have an eligibility number, skip this part.

**Part 3:** **Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

<b>Part 1. All Household Members</b>				
<b>Name of Enrolled Child(ren):</b> _____				
<b>Names of all household members</b> (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
 Check here if no eligibility number ☐

**Part 4. Total Household Gross Income—You must tell us how much and how often**

<b>A. Name</b> (List <b>only</b> household members with income)  (Example) Jane Smith	<b>B. Gross income and how often it was received</b> <b>Note:</b> Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \_ \* \_ \* - \_ \* \_ - \_ \_ \_ \_ ☐ I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

### Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Tier I \_\_\_\_ Tier II \_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

### Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Summer Day Camp Parent/Participant Handbook

San Angelo YMCA

**Summer 2023**



353 S. Randolph St.  
San Angelo, TX  
[www.ymcasanangelo.org](http://www.ymcasanangelo.org)

Most recent update: February 2023  
This version replaces all previous versions of the handbook.



## **About This Handbook**

This handbook was developed to describe the policies, programs, and benefits available to participant's parents. It is important to read, understand, and comply with all provisions of the handbook.

This handbook supersedes and replaces all previously existing policies, handbooks, manuals, guidelines, correspondence, rules and oral or written representations previously given or advised by the Y. Participants Parents are required, as a condition of their child's participation, to read this Summer Day Camp Handbook and sign the Acknowledgement Form provided to them in the enrollment form. Y management will interpret and amend these guidelines as necessary and communicate changes accordingly.

## **Mission Statement**

The mission of the San Angelo Y is to serve the people in the San Angelo community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind and body through its programs, staff, facilities and the community.

## **Our Commitment Is to Social Good**

The San Angelo Y is an independent 501(c)(3) tax-exempt organization under the IRS code, which means that donations to the Y are tax deductible. It is the goal of the Y to provide programs and services regardless of an individual's or family's financial ability to pay for participation. Every day, the Y brings together people of all ages and from all walks of life with a shared commitment to ensuring that everyone has the opportunity to live life to its fullest.

## **Handbook Review and Update Process**

This handbook will be reviewed annually and updated as needed. Parents will be notified when changes are made and will be required to sign a new handbook/addendum agreement reflecting the changes.

## **Purpose of the Summer Day Camp Program**

The purpose of the program is to provide safe, affordable care to families in our community. We strive to integrate the Core Values of the YMCA into the program: Honesty, Caring, Respect, and Responsibility. Additionally, we have a responsibility to provide activities and programs components that encourage healthy lifestyle for the children in our care. The following components have been implemented into the program to create impactful experiences for our camp participants, healthy breakfast, healthy lunch, healthy snacks, educational support activities, and special events.

## **Program goals**

The goals of the program are to create an environment where the children we serve can develop a sense of belonging, achievement and build relationships.

## Philosophy

The YMCA strives to maintain a positive approach to managing children's behavior at all times. The YMCA teaches positive discipline as the process of teaching how to become responsible, respectful and resourceful members of our community.

## Program staff

Staff are a crucial component to the success of our program. The Y values the partnership between program directors and Parents/guardians, and strive to ensure open communication.

Youth Service Director	Dustin Estes
Afterschool and Day Camp Director	Gabriela Angel
Afterschool and Day Camp Director	Naila Caraballo
Afterschool and Day Camp Director	Christy Villarreal
Childcare Accounts Coordinator	Arlene Pagan

The San Angelo YMCA maintains the standards set forth in the Minimum Standards for Child-Care Centers. You may review the child-care minimum standards and the most recent Licensing inspection report at your child's site or at the YMCA. You may contact the local Licensing agency by calling 325-657-7406, the Protective and Regulatory Services child-abuse hotline at 1-800-252-5400, and the protective and Regulatory Services website at [www.tdprs.state.tx.us/](http://www.tdprs.state.tx.us/). Each location is inspected, at a minimum, annually by a licensing representative. Licensing representative ensures our program is in compliance with the minimum standards.

The quality and effectiveness of YMCA services for children are directly related to the skills and personal characteristics of the staff. Recruiting, selecting, training and supporting the staff are essential, interrelated processes in ensuring the success and integrity of children's programs. The leaders are required to have knowledge of child and youth milestones, knowledge of recreation activities, demonstrate the character values, and must possess positive role-model qualities in order to serve as a caregiver for the children.

Staff members are selected for having personality characteristics such as warming, sympathetic, and the ability to relate positively with children, which correlates with the YMCA's 4 core values, caring, honest, respect and responsibility.

Employees are screened, background checks are conducted upon hiring, and employee members who have contact with children receive training in recognizing, reporting, and preventing child abuse. Some of the guidelines for employees are as follows:

- At no time during a Y program may an employee person be alone with a single child where he or she cannot be observed by others. Employees should position themselves in such a way that other staff can see them.
- A child may not be left unsupervised.
- Employees shall not abuse or mistreat children in any way, including
  - physical abuse-striking, spanking, shaking, slapping, etc.
  - verbal abuse-humiliating, degrading, threatening, etc.
  - sexual abuse-touching or speaking inappropriately
  - mental abuse-shaming, withholding kindness, being cruel, etc.
  - neglect-withholding food, water, restroom access, or basic care.
- Employees members may not transport children in their own vehicles.
- Profanity, inappropriate jokes, displays of intimate affection, sharing intimate details of one's personal life, and



any kind of harassment in the presence of children, parents, volunteers, or other employee is prohibited.

- Outside of the Y, employee members may not be alone with children whom they meet in Y programs. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Not following the policy will be grounds for termination of employee and participant.
  - Employees may not single out children for favored attention and may not give gifts to youth or their parents.
  - Program rules and boundaries must be followed, including appropriate touch guidelines. Children may be informed, in an age-appropriate manner, of their right to set their own "touching" limits for personal safety.
  - Children may not be disciplined by use of physical punishment, such as running laps, push-ups, etc. Additionally, employees may not withhold the necessities of care, including food, water, rest and access to restroom facilities.
  - Group based consequences may not be used as a result of individual youth's behaviors.
  - Food may not be used as an incentive or consequence for behaviors.
  - Employees may not date program participants who are under the age of 18.
  - Under no circumstances should staff members release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (authorization on file with the Y).
- 
- Staff members are to report anyone who violates any of these child abuse rules to their supervisor or next level of supervision.
  - Staff members are required to read and sign all policies related to identifying, documenting, and reporting child abuse and to attend trainings on the subject, as instructed by management.
  - Staff members are required to fully cooperate with any investigation by the Y, any law enforcement agency or any other authorized outside agency. Failure to do so is considered misconduct and will result in termination.
  - Staff members are to make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff members will stand in the doorway of the rest room while children are using the rest room. This policy allows privacy for the children and protection for the staff members (i.e., not being alone with a child). If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Always send children in threes (known as the rule of three) and, whenever possible, with staff.
  - No staff member will ever strike, swear at, abuse, or threaten with physical intimidation either a child or a parent/guardian.
  - No staff member will allow a child to be stricken, sworn at, abused, or physically intimidated by anyone else in the program.
  - No child will be allowed to continue in the program that becomes a safety hazard to him/her or others.
  - The YMCA has a **ZERO BULLYING** policy and will take swift action if a staff has been made aware of any child participating in bullying acts.
  - No staff members will ever solicit or accept gratuities in consideration for any treatment of a child.

## Program Admission Criteria

**Ages 3-5:** Children must be 3 years of age on or before the first day of camp. **Children attending the program must be fully toilet trained and able to manage their own self-care; we do understand that accidents occur occasionally and children must be assisted. If a child does not have extra clothing the parent must be at the site within 30 minutes of program staff, contact call/request of extra clothes.**

Preschool/head start children enrolled in the summer day camp program will require to bring a blanket and pillow to camp every Monday, the items will remain at the location and will be sent home with the child every Friday.

**School Age:** Children must be 5 -12 years of age and enrolled in elementary school to be accepted.

Parents/guardians must complete, in its entirety, the San Angelo YMCA summer day camp program enrollment form at time of enrollment and prior to the first day of participation in the child care program. A \$20 registration fee, a weekly \$15 deposit for each week that child will be enrolled and the first installment payment is due at time of enrollment.

## Program Fees

YMCA Members	\$108 per week	\$25 for 5 t-shirts
Non-YMCA Members	\$121 per week	\$3 daily rental of a jersey
To purchase extra t-shirts		\$5 per t-shirt

**Registration Fee:** \$20 per child

**Weekly Deposit:** A weekly \$15 deposit for each week that the child will be enrolled in camp is required at the time of registration. Deposits are applied to the weekly fees, and **deposits are non-refundable**. Scholarships apply to the deposit. CCS families do not pay a deposit.

**Weekly Fees:** Weekly fees are due every Friday for the upcoming week, minus the \$15 weekly deposit. Additionally, if a day of camp is out for holidays, the week will be pro-rated.

**Late Payments:** Payments must be made by 8:45 AM Monday morning for the current week of care before drop off. Spot will only be reserved by making payment and keeping account current only. **NO EXCEPTIONS**

**Accounts must be maintained current:** Children will not be allowed to attend the program on Monday morning after 8:45 am and thereafter, until the account is current and paid in full. Payments must be kept current. Accounts with one week past due will result in participant being unable to attend program or participate in any YMCA program.

For example, if your child is going to be attending the week of June 15-19, your payment must be made on or before 8:45 AM June 15<sup>th</sup> to hold your child's Day Camp spot.

## Payment Method Options

We offer multiple payment method options for parent's convenience.

**YMCA:** Payments are accepted at the YMCA Welcome Center during normal YMCA operation hours. Cash, check, or debit/credit card payments are accepted.

**Phone:** Phone payments are accepted at the YMCA Welcome Center during normal operation hours. Debit/credit card payments are accepted.

**Online:** Payments may be done online thru our website [ymcasanangelo.org](http://ymcasanangelo.org). instructions available at the Welcome Center.

**Bank draft/auto draft:** Weekly payments due every Friday may be set up to auto draft from a checking account. A complete bank draft form must be filled out at time of enrollment, a copy of a voided check must be attached to form. A 7-10day advance notice must be turned in to cancel a checking account automatic draft.,

**Day Camp Site:** Payments made by check/money order are accepted at the Day Camp sites on Fridays and Mondays no later than 9 am for upcoming week. No cash payments are accepted at the sites.

Failure to make payments by 8:45 am on Monday morning before drop off will result in participant being unable to attend the Summer Day Camp program.

## Program Assistance

The San Angelo YMCA is committed to serving families, and offers a scholarship assistance program to families who qualify. Awards are determined based on the total income and number of dependents in the home.

Families requesting assistance must apply 7–10 business days in advance to enrollment and payment due date. To ensure the quickest response time applicant must provide current income verification and other supporting documentation along with complete scholarship/program assistance application. The child care program reserves scholarships/program assistance for families with parents/guardians who are working or going to school. Scholarships awarded for the summer day camp program will be honored for the upcoming current school year. All scholarships/program assistance approvals are honored for 1 year from date of approval.

## Face Coverings/Social Distancing

To help lower the risk of COVID-19 exposure and reduce the spread during day camps, masks will be highly recommended to be worn by staff, parents, and participants. YMCA will clean and disinfect frequently touched surfaces daily, or between uses as much as possible. Use of shared objects and equipment will be limited, or cleaned between use by each individual if possible. Due to COVID-19 regulations, parents will not be able to visit sites during the Summer Day Camp program hours of operation., YMCA child care program will follow CDC and Minimum Standards for Child-Care Centers COVID-19 guidelines/quarantine (see CDC website for guidelines)

## Day Camp Daily Schedule

The program begins at 7:00 a.m. until 6:00 p.m. Monday-Friday during the 10 weeks of summer day camp program. Cut off time for drop off will be at 9 am (Cut off time is necessary for food program planning). unless other arrangements have been approved by Youth Service Director. Full day schedules vary with planned activities.

- |                           |                                 |
|---------------------------|---------------------------------|
| • 7:00a.m. – 8:00 a.m.    | Board Games                     |
| • 8:00 a.m. – 9:30 am     | Morning Snack                   |
| • 9:30 am - 11:00 a.m.    | Centers: crafts, games, sports, |
| • 11:00 a.m. - 12:00 p.m. | Lunch                           |
| • 12:00 p.m. – 1:00 pm    | Indoor and outdoor activities   |
| • 1:00 p.m. - 3:00 p.m.   | Centers: Crafts, games, sports  |
| • 3:00 pm – 3:30 pm       | Afternoon Snack                 |
| • 3:00 p.m. - 4:00 p.m.   | Group activities                |
| • 4:00 p.m. - 6:00 p.m.   | Games in Gym                    |

## Cancellation Policy

If you need to withdraw your child or cancel registration, a 3day written cancelation is required, and can be emailed to Childcare Accounts Coordinator Arlene Pagan at [apagan@ymcasanangelo.org](mailto:apagan@ymcasanangelo.org). Email must be received Monday thru Friday to qualify for the 3day written cancellation policy.

### CCS Cancellation Policy

CCS parents must follow the CCS program cancellation policy (refer to the CCS policy book). Written notification of cancellation must be given to the childcare account coordinator and the CCS caseworker. Notification given to program staff or Welcome Center staff does not fulfill the notification obligation.

## Refund Policy

The Y does not issue refunds or credits for scheduled days the Summer Day camp program cannot operate due to unforeseen environmental, inclement weather, or other situational emergency circumstances. **There are no refunds or credits for days or weeks missed due to illness, illness related to COVID-19, disciplinary action or any other circumstance.** Weekly \$15 Deposits are nonrefundable and nontransferable; these deposits are made to secure the child's place in the Summer Day Camp. Withdrawing/cancelling a week of enrollment before and in the duration of the program will forfeit your weekly deposit.

## Holiday Schedules

The Child Care Program does not operate on the following days:  
Monday, 3<sup>rd</sup> of July and 4<sup>th</sup> of July in observance of 4<sup>th</sup> of July.

## Bad Weather/Emergency Closure

If the Summer Day Camp program site must evacuate due to an emergency, staff will lead children to the places listed on the posted, "Emergency Care and Disaster Plan." The alternate location for a toxic fume evacuation is the Judge Edd B. Keyes Building, 113 W Beauregard Ave San Angelo, TX.

## Absentee Policy

If your child is going to be absent, it is **VERY IMPORTANT** that you call the YMCA before 8:45 a.m., the day of the absence. If the childcare accounts department is not available, you may leave a message for your convenience. CCS parents must follow the program absentee policy and notify CCS caseworker of absences, you risk losing CCS services if you fail to notify the caseworker. Notification given to program staff or Welcome Center staff does not fulfill the notification obligation.

## Release of Children

Parents and authorized persons are expected to be prepared to show identification or know the appropriate pin number every time they pick up a child. Child will not be released to anyone without proper identification/ authorization/pin #. Child will not be released to anyone other than a parent/guardian or a person designated as an authorized pick up in writing by the parent/guardian. If someone other than those persons authorized on the registration form is to pick up a child, parent/guardian must notify the site director and provide proper identification such as ID/PIN#. The staff is required to ask for identification to verify with the authorization pickup list; staff will record a driver's license number if necessary. Primary parents/guardian have the option to have a copy of photo ID to be attached to child's enrollment form.

**Refusal to show identification or utilizing the PIN# when picking up a child will be grounds for suspension/termination from the program.**

For any restricted individuals, orders must be in place in court, a copy attached to enrollment form and Youth Service Director must have a copy on file. Be advised that without a legal document of custody, we cannot deny the other parent's pick up rights. Parents / guardians are responsible for notifying Youth Service Director of any changes.

## Custody Issues

The San Angelo YMCA child care program will follow any court order provided to us regarding child custody and release. A copy of the court order/order is in place must be provided at time of enrollment or before 1<sup>st</sup> day of camp. For further explanation or information in regards child custody concerns or procedures please contact Youth Service Director, Dustin Estes at 325-617-4990.

## Required Sign-in and Sign-out Procedures

Children must be signed in and out by a parent/guardian/authorized person utilizing our pin # system or providing identification to program staff. Program staff will be at the entrance to welcome and sign in child and for pick up call the attending site and staff will bring child to your vehicle to sign out.

## Late Pick Up

YMCA licensed child care ends at 6:00 p.m., and our staff is scheduled to leave. However, please notify the program director if you anticipate being late; this will ensure the comfort of your child.

**Late fee charges are as follows:**

**6:00 – 6:05     \$1.00**

**6:06 – 6:10     \$2.00**

**6:11- and later \$2.00 plus \$1.00 for each additional minute**

Parents/guardians who have not notified the program center that they will be late can expect the following sequence of events to occur. These steps are necessary to ensure the safety of the child as well as YMCA program staff.

5:55 p.m.     Courtesy call will be made to the parents.

6:00 p.m.     Program closes, and staff member calls Childcare Director in charge.

6:05 p.m.     Program staff in charge begins calling parent/guardian personal and work number(s) to make contact. If contact is not made, emergency contact listed on the enrollment form will be called.

6:30 p.m.     Program staff in charge contacts local authorities to determine if any problem related to the parent/guardian has been reported.

7:00 p.m. Contact the YMCA at 655-9106 for location of child. If there is no contact from the parent/guardian/emergency contact and no other authorized persons to pick up child, CPS will be contacted and the child may be turned over to the Tom Green County Sheriff's Department (or local Police).

You risk dismissal from the program if:

- You fail to pay the late pick-up fee.
- You are late in picking up your child(ren) three (3) times from the program.

**\*\* Parents/guardians any changes to personal and work phone numbers, home address, emergency contacts, authorized pick up persons or any other changes to enrollment form. Must be made at the child's summer day camp program site by asking the site director for your child's enrollment form and reviewing it for changes. \*\***

## Notice to Parents/Guardians

When you sign out your child each day, please check for any up-to-date information or notices at the parent/guardian information area. Please check any posters and brochures for other information pertaining to YMCA activities.

## Remind Texting System

**Remind registration is a requirement of program participation.** Primary parent/guardian listed on the enrollment form will be registered for REMIND texting system at time of enrollment. The primary parent will then receive text messages with information about the childcare program, account information, Kids Night Out, and camps. You have the option on your child's enrollment form to allow the secondary parent and emergency contact to receive these messages as well. You may check for the secondary parent and/or emergency contact to receive only childcare program information or allow them to receive account information as well. It is the parent's responsibility to call and update the childcare accounts manager when a phone number is changed.

## Illness Before/ During Program Hours

If a child has a temperature of 100 degrees/101 degrees' oral temperature, is vomiting, or shows signs of illness, s/he may not attend the summer day camp program. Any child who is showing symptoms of COVID-19 may not attend the program and must follow CDC guidelines.

If your child becomes ill during program hours, s/he will be isolated from other children and you will be contacted to pick him/her up. If parent/legal guardian cannot be reached, the YMCA will contact the emergency contact.

If your child is injured during program hours, the staff member in charge will take the proper steps deemed necessary to obtain emergency medical care as warranted. These steps may include but are not limited to:

- Providing immediate first aid or CPR;
- Attempting to contact a parent or guardian;
- Attempting to contact others listed on your registration forms;
- In case of serious injury, contacting appropriate emergency medical assistance;
- Ensure supervision of other children in the group.

Parents must be contacted in the event of any head injury, 911 will be contacted immediately following a child becoming unconscious, followed by a call to the child's parents.

## **Medication Taken During the Program**

Any medication which needs to be administered during program hours must:

- Be accompanied by a complete medication authorization form and must be signed by the parent with clear written instructions regarding dosage and time that medication is to be given (forms are available from Site Director).;
- Be brought directly to the Site Director in its original container with the child's full name, physician's name, expiration date, and drug name on the container; medication will not be accepted without the original packaging and prescription label: and
- Have specific written instruction for amounts, times, etc.

Additional rules:

- Staff will only administer medication as indicated on the label instructions.
- No over-the-counter medication, including aspirin, cough medicine, etc. will be given without a doctor's order.
- Staff cannot split pills or administer amounts other than specified on bottle.
- Staff cannot administer expired medications.

It is the parent's responsibility to ensure the site has an adequate supply of medication on hand for the child. The parent must request any unused medication be returned on the child's last day of program. Medication not picked up will be discarded/destroyed.

## **Immunization Requirements/Hearing and Vision Screening Requirements**

Immunization records must be current and on file at the school the child attends. Children must also have a vision and hearing screening on file at the child's school. If current immunization record is not on file with SAISD, a copy of current immunization record/exemption affidavit must be provided to the program director before child can attend camp.

## **Lice Protocol**

Children identified with live lice/nits will be sent home and participate in the summer day camp program until treatment is completed by the parents or guardians. Children who are sent home for head lice infestation must be free of live lice and all nits must be removed from the hair before the student may return to the summer day camp Program. Upon a student's returns to the program, the student shall be re-examined. If live lice/nits are found, the student will be sent home. The previous procedure will be followed until the student is free of live lice and all nits.

Parent may contact their child's physician for treatment options or purchase a FDA approved, over-the-counter lice/nit treatment product. It is important that a lice comb is used to remove the nits and dead lice. Retreatment is recommended in 7-10 days.

## Meals and Food Practices

The summer day camp program for school age participant will provide a morning breakfast snack, lunch, and an afternoon snack for the month of June. The Summer Day Camp program for school age participants will provide a morning breakfast snack and afternoon snack for the months of July and August, parents will be required to provide a sack lunch during the months of July and August. **The summer day camp program for Headstart age participants, parents will be required to provide a sack lunch.** Children will not have access to a microwave or refrigerator during these times. The meal menu is posted in the white notebook and accessible to parents at all times. Parents are welcome to supplement or provide alternate meals for their child.

**The above statement subject to change based on SAISD Summer Food Program being available.**

**Food Allergies:** A Food Allergy Plan of Action Form signed by a doctor or physician must be provided prior to the child beginning camp.

## Attire/Dress Code

Clothing should be clean, neat, and comfortable. Children will be required to wear a YMCA t-shirt (purchased at time of enrollment). The t-shirt will identify the child by color as to what group he/she is enrolled in, it will provide the YMCA program contact information. If a child is not wearing a YMCA jersey, one will be provided at a fee of \$3.00 a day. The following guidelines must be observed while attending the YMCA Summer Day Camp:

- Students must wear their YMCA summer day camp t-shirt upon arriving to the camp location.
- Hats may be worn for outside activities. Baseball caps are permitted; however, they do not provide adequate protection for head, neck, and ears. A wide brimmed hat would offer better protection from the sun's rays.
- No oversized clothing. This will include shorts and shirts. Shorts should fit properly in length and at the waist. Sagging is not allowed.
- Shorts may be worn, but a desired degree of modesty must be maintained. Shorts must not be shorter in length than the child's extended fingertips.
- Vulgar, suggestive, profane, or violence-oriented slogans or pictures on clothing or personal items will not be permitted.
- Clothing or personal items that promotes products or activities inappropriate for children such as alcohol or tobacco-related advertisements may not be worn.
- Shoes must be worn with socks and be comfortable for walking as well as athletic activity. Sports sandals are acceptable as long as they securely fasten to the child's feet. **Flip Flops are NOT acceptable**, unless during swim time. You may pack flip flops in your child's swim bag for them to wear to the pool.
- All swim attire must properly fit the child. Swim attire including towels that promote products or activities inappropriate for children such as alcohol or tobacco-related advertisements are not permitted.
- We strongly advise that parents properly label all of the child's possessions, including lunch boxes, towels, goggles, back packs, water bottles, etc.

The director shall determine if any item, not covered by this dress code, is disruptive to the environment or creates a safety concern. It shall be addressed on an individual basis



## Lost and Found

Please mark all your child's belongings (e.g., lunch boxes, jackets, coats, backpacks, etc.)

Electronics and toys may be brought on days designated by program staff on the activity schedule. Please do not allow your child to bring these items on non-designated days. The YMCA will not be responsible for lost, damaged, or stolen articles. Please do not send valuables.

**USE OF A PERSONAL CELL PHONES DURING THE PROGRAM IS NOT ALLOWED.** We understand the importance of children having a phone to communicate to parents, while in the summer day camp program hours, parent may contact the site phone number to check on child. Failure to comply with no cell phone policy could result in suspension/termination from the program.

## Transportation

During the summer day camp program children may be bused from various locations for care or field trips. We utilize YMCA busses, other outside transportation, or SAISD transportation to go swimming, bowling, skating, and various other field trips.

## Field Trips

Parents will be notified a minimum of 24 hours in advance of planned field trip. Children not participating in the field trip will need to have alternative care provided on that day.

## Water Activities

Permission is required for children to participate in water activities during the summer day camp programs; permission is authorized by parent when signing the enrollment form statement at time of registration. A reminder will be given of water activities at time of sign in /sign out.

## Questions and Concerns

Your site director will be able to answer most questions related to your child's site. Questions about schedule changes, behavior concerns, program concerns, policies and procedures or program ideas can be directed to the **Afterschool and Day Camp Director**. If you have any questions or concerns about the account balance, please contact the childcare accounting department at the YMCA.

Please speak with the site director at your child's site if you have any concerns. If you feel that your child's needs are not being met, please call the YMCA to speak with the program directors.

## Grievance Procedure

The San Angelo YMCA encourages parents/participants to resolve minor disputes with the help of a department supervisor or department director. If the informal complaint is not *fairly and constructively resolved* within 7 business days, the parent may file a formal grievance with the human resource department.

## Visiting Your Child's Site

Visiting your child's site during normal operating hours to observe your child, the site's operation, and program activities without prior approval from the Youth Service Director will not be available.

## Participating at Your Child's Site

Due to supervision concerns, parents are not allowed to attend or participate in program field trips. Emergency Contacts and Authorized Pick Ups may not visit or participate in the program outside of picking up the child.

## Inclusion of Children with Medical Disabilities

YMCA welcomes children with medical disabilities into our program. Please identify any health/medical concerns your child may have when enrolling child in the summer day camp, so that our staff can determine together with you to provide a stimulating and positive experience in the program and determine what accommodations your child may need to be successfully included. If you have any questions or concerns, please do not hesitate to contact Dustin Estes, Youth Service Director.

## Parent/Guardian Conferences

Parent/guardian conferences will be schedule to review parent/staff concerns, disciplinary actions, and any other needs. Please speak with the Site Director at your child's site if you have any concerns. If you feel that your child's needs are not being met, please call the YMCA to speak with the Youth Service Director to schedule a parent/guardian conference.

## Participant Code of Conduct

The San Angelo YMCA takes seriously the importance of the protection and safety of the children enrolled in programs. It is our intent that each child enjoys the planned activities by understanding that s/he is responsible for his or her actions. Child must be made aware of how to exercise self-discipline [and to understand] that we are here to assist her or him and that we expect them to succeed. YMCA house rules are posted at every YMCA program center. Character development is an important part of our program.

As a participant in the YMCA Summer Day Camp Program, I agree to:

1. Keep my personal belongings in my storage area during the Program.
2. Remain seated and quiet during roll call and announcements and answer only for myself.
3. Follow all Program rules during free play, snack time, activity time, and emergency drills.
4. Follow all instructions given by the Program staff.
5. Tell the Program staff if I am sick or hurt.
6. Follow the timeout instructions of the Program.
7. Respect all other children and the Program Counselors at all times. (Foul, abusive, or threatening language or behavior directed toward any YMCA staff, this includes counselors, directors, Welcome Center staff and children will not be tolerated, and will be grounds for dismissal from the program.)

8. **Respect all Program supplies, equipment, and property. (including school property.)**
9. Respect all personal belongings of other children.
10. Help clean up after myself following all activities.
11. Never leave the Program site without permission or authorized Program Staff.
12. When on the bus, remain seated and quiet and keep body parts inside the bus. Obey all instructions of the bus driver.

## Parent's Behavior Expectations and Social Media

Parents are expected to behave in a professional and respectful manner when at the YMCA site. Foul, abusive, or threatening language or behavior directed toward any YMCA staff, this includes counselors, directors, Welcome Center staff and children will not be tolerated, and will be grounds for child's dismissal from the program. In an effort to protect the privacy of our children and staff, no public discussions are to be held or comments made on social media sites regarding the after school/camp children or staff (except appropriate use for marketing and fund raising events). Any posts that could be construed to have any impact on the YMCA's childcare reputation or any post that would offend a child, parent or staff will be evaluated by the Youth Services Director and if deemed necessary, the person responsible for the post may risk termination from the program.

## Parent's Statement of Understanding

1. I understand that I am not to leave my child at the YMCA site unless a YMCA staff member is present.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff.
3. Should I or another authorized person appear to be under the influence of drugs or alcohol and seek to sign out your child, staff are empowered to contact local law enforcement authorities and place my child in their custody. **Please do not place staff in a position to make this judgment.**
4. 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. The Child Abuse Hotline is 1-800-252-5400.
5. I understand that I will be charged Late Fees if I fail to pick-up my child by the agreed upon stated time.
6. I understand that YMCA staff is not allowed to baby-sit or transport children outside of program hours.
7. I understand I may request a meeting with the Site Director and Program Director to ask questions about the childcare centers policies and procedures. You are encouraged to contact the Child Care Department at 325-655-9106 any time you have a concern or comment about the operation of this site.
8. Please make note of the TDFPS Local contact phone number 325-657-8833. You may also visit TDFPS at their web site [www.dfps.state.tx.us](http://www.dfps.state.tx.us).
9. A copy of the TDFPS Site Inspection Report is posted on the site bulletin board.
10. A copy of the Minimum Standard Rules for Licensed Child-Care Centers is available at the site in the Posted Book located at the sign-in, sign-out table.

11. I UNDERSTAND THAT I MUST SUBMIT A 24 HOUR WRITTEN NOTICE IN ADVANCE TO THE YMCA CHILD CARE ACCOUNTING DEPARTMENT WHEN WITHDRAWING MY CHILD(REN) FROM THE SUMMER DAY CAMP PROGRAM.

## Discipline

The Y strives to use constructive discipline processes that build and reinforce positive relationships. This discipline process serves only as a guideline and the Y reserves the right to skip any or all steps in the process at the sole discretion of the program director. Disciplinary action may include the following:

1. **Reasoning:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
2. **Removal from the Specific Activity:** When reasoning has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The denied activity should be related to the misbehavior and the removal should not exceed 15 minutes. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
3. **Child/Director Communication:** If inappropriate behaviors continue, the child and staff will have a discussion regarding the behavior and possible solutions. The child will be engaged in finding ways to correct their behavior and supported in making necessary changes.
4. **Parent Communication:** Parent communication in both verbal and written forms will be used to make the parent aware of behavior issues and how they are being addressed. If necessary, the program staff, child and parent may meet together to discuss the behavior and find solutions to correcting the issue.
5. **Program Suspension:** When the previous methods do not achieve a satisfactory correction of inappropriate behaviors, the child may be suspended from the program. The duration of the suspension will be determined by the program directors, and is designed to give the parent and child time to discuss and commit to improving the behavior.
6. **Program Termination:** In the event that the behavior is not corrected, the program directors may determine a program termination is necessary.

Every effort will be made to follow this discipline process. Behavior that harms the child, another person, or property, or places the child in danger will be dealt with swiftly and may skip steps outlined in this process. Examples of these behaviors may be harming another person or property, or running away from the program.

The safety of a child is the highest priority for setting behavior management procedures.

- When a child has a serious discipline problem (on any ONE occasion), the parent/guardian may be called by staff and asked to pick up the child within thirty minutes of the call. (Biting or injuring another child or staff member, or damaging property are examples of a serious discipline problem.)
- Should it be decided by YMCA directors that a child poses a serious discipline problem the child may be suspended from the program or may be removed from the program entirely.

By signing the Summer Day Camp enrollment form, I hereby acknowledge the following:

- I have received a copy of the San Angelo Y Parent/participant Handbook. I understand that it is my responsibility to read and understand the policies, rules, and benefits described in the Parent/Participant Handbook.
- I understand that if I have any questions regarding this information I should consult the childcare department, Youth Service Director, or human resources department.
- I understand that the Y has the right to change these policies, rules, and benefits without notice.
- I understand that future changes in policies and procedures may modify, suspend, supersede, or cancel those found in this handbook, in whole or part, and that I and other employees typically will be notified of such changes through normal communication channels.
- I understand that the benefits information in this handbook is only a brief summary and that I can find more information on these plans in informational material and plan documents. If any discrepancies occur between information in this handbook and the actual plan documents, I understand that the plan documents will prevail.
- I understand that any written or oral statements by a supervisor contrary to this handbook are invalid and should not be relied upon.
- I expressly understand that this handbook is provided as a guide and that it does not constitute a contract of service.
- I understand and agree that I will read and comply with the policies and information contained in this handbook and that my continued participation in the program is contingent on my following these policies.