

Welcome to Tiger Kids!!

Fall 2005-2006

We at the Sandusky YMCA are proud to sponsor this program for the residents of Huron. We offer early morning and after school child care for the students of Huron schools.

Our day begins at 6:30 am until 8:40 when the children are dismissed to their respective classrooms. We continue with after school care once the bell rings until 5:30 pm. We do provide care for 5th graders if you should require the service. Ask one of the Y members how your child is transported from and to Woodland Elementary, if necessary. In the mornings we try to spend some time with the children in an organized activity. The afternoons are spent completing homework, or in free play depending upon the needs of the children and the wishes of the parents.

The registration fee for the program is \$30.00. This is a one time fee which covers the entire school year and you DO NOT have to be a member of the Sandusky YMCA to use this program. The morning fee is \$5.00 for the first child and \$3.00 for the additional children. The afternoon fee is \$7.00 for the first child and \$5.00 for the additional children. There is breakfast provided in the morning by the cafeteria staff (it is charged to the individual child's school account and starts after Labor Day), and a snack provided by the Y in the afternoon. The YMCA will provide breakfast for the first weeks of school. There is an additional charge of \$5.00 for every 10 minutes after 5:30 a parent is late. We have generally asked for the payment of your care to be up front. However, we have found that payment on the last day of use for the week works as well. We can work it out with you.

The State of Ohio requires us to have a parent's signature when a child is either dropped off or picked up. So if you have used us in the past, this may be a change for some of you. You are under no obligation to commit to a specific schedule. We have many parents who use us only periodically throughout the school year. They find us very convenient, and our staff is always willing to accommodate your needs. Just ask us how we can help.

Should you choose to use our service, please complete the enclosed packet of information COMPLETELY!! If you were registered last year, we just need the packet filled in with changes. Be sure to give us **emergency phone numbers** and specific information where appropriate. You may copy your child's shot records from their school registration instead of getting another form completed. As long as the information is current we can use it. Drop this, with your registration fee, in the basket at the school or take it to the YMCA in Sandusky which ever is more convenient for you.

Still have questions?? Please feel free to call the Y at (419) 621-9622, ask for Meg or leave her a message. OR leave a message at the school for us. We will also be available the night of Open House to answer any additional questions and collect your registration fees.

We look forward to working with you during this school year!!
The Tiger Kids Staff

Registration Fee \$30.00 (first child)

Site (Check one):

Date Paid _____

Before school _____ After school _____

Receipt # _____

Preschool _____

Full Day Preschool _____

First Week Pmnt. \$ _____ # days _____

Woodlands _____

St. Peters _____

Sandusky Area YMCA Childcare Quick Reference Registration Form

Child's Name _____ Address _____

School _____ Grade _____ Age _____ Birth Date _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Place _____ Work Place _____

Work Phone _____ Work Phone _____

Work Hrs: From _____ To _____ Work Hrs: From _____ To _____

Emergency contacts, other than parents. (Local name and number, please):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Persons authorized to pick up child (Other than parent):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Parent or Guardian Signature _____ Date _____

Any additional pertinent information may be written on the back of this form.

AGREEMENTS

- A) The provider and I have agreed on a plan for continuing communication regarding my child development, behavior etc.
- B) When my child is ill, it is understood and agreed that she/he may not be accepted for care.
- C) I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- D) I have been informed that a copy of the Licensing Rules for Group Day Care Homes/Licensing Rules for Child Day Care Centers in Ohio is available at this facility for review.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Parent Check List:

- ___ Immunization Record Enclosed / Medical form completed (not required for children enrolled in elementary school)
- ___ Medical from Physician (not required for children enrolled in elementary school)
- ___ Field Trip / transportation / swimming / photography permission form filled out
- ___ Registration Fee or payment arrangements made
- ___ School contacted to communicate transportation (if in Sandusky or Perkins) and enrollment in Y afterschool care
- ___ Child release forms

Some information is duplicated, however we need all forms completed. Thank you!

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Child Enrollment and Health Information - Page 1

First day at the center

Child's Name		Date form completed/ updated	
Date of Birth	Home address	City, State, Zip Code	Home Telephone Number
Parent/Guardian Name	Relationship to Child	Parent/Guardian Name	Relationship to Child
Home Address	Employer/ School	Home Address	Employer/ School
City, State, Zip Code	Address & City	City, State, Zip Code	Address & City
How can you be reached: Home telephone #: Cell phone:		How can you be reached: Home telephone #: Cell phone:	
Work/ School telephone #: Pager:		Work/ School telephone #: Pager:	
Where can you be reached most of the time when your child is at this program:		Where can you be reached most of the time when your child is at this program:	
Emergency contacts: List the names of family, local, or other persons you wish to be contacted in the event of an emergency. Do not list persons who are not to be contacted. List persons who should be able to assist in locating the parent/guardian. Do not list persons who are unable to be reached. List the child's address where the parent/guardian cannot be located.			
Name	Name		
City/ State	City/ State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child

Emergency Transportation
(Complete only 1 OR 2)

<p>1. Give Permission to Transport</p> <p>I give (Center/Type A Home Name) _____ my permission to have my child _____ transported to (Hospital, Clinic) _____ for emergency medical care or to (Dentist- if applicable) _____ for emergency dental care, or to the nearest available source of assistance.</p>	<p>2. Do not give Permission to Transport</p> <p>I do not give (Center/Type A Home Name) _____ my permission to have my child _____ transported for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action be taken _____</p> <p>_____</p> <p>_____</p>		
Parent/ Guardian 's signature	Date	Parent/ Guardian's signature	Date

Name of Physician or Clinic/ Hospital		Name of Dentist (recommended for children over 18 months of age)	
Street Address		Street Address	
City, State	Telephone Number	City, State	Telephone Number

Note: This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be completed and on file at the center or type A home on or before the child's first day of attendance.

Child Health and Enrollment Information - Page 2

Child's Name	Date form completed, updated
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Health Information

Check if not applicable

Allergies (food, medication, & environmental) and precautions, reactions, and treatment:	
Medications, food supplements, modified diet currently being administered:	
Chronic Physical Problems:	
History of Hospitalization:	
History of diseases the child has had:	
Any additional health or enrollment information you feel we should know about your child:	

Immunization Record

Not required to be completed for school age children
(Indicate Dates by entering: month/day/year for each immunization)

Immunizations:	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Pertussis, Tetanus (DPT)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella (chicken pox)					
Hepatitis A					

Parent Roster

YES	NO	
I agree to have my name and telephone number included on the center, type a home's parent roster which will be made available upon request to any parent whose child is enrolled in the center or type a home.		
Parent/Guardian Signature		Date

This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be filed and on file at the center or type A home on or before the child's first day of attendance.
34 (Rev. 7/2003)

Child Release Form

The following people MAY pick up my child _____
from the Sandusky Area YMCA. (name of child)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

No one other than those listed above will be permitted to take this child out of the center without written permission of the parents/guardian signed below.

(Signature of Parents/Guardian)

(Date)

Special Concerns:

Sandusky Area YMCA
Child Care

Swimming and Water Safety

_____ has my permission to participate in
swimming.

_____ Swimmer

_____ Non-Swimmer

_____ Date)

_____ Signature of Parent/Guardian

Transportation and Field Trip Safety

_____ has my permission to travel in the YMCA
vehicles to _____ (Destination).

_____ Date)

_____ Signature Parent/Guardian

Photographs

I, _____ of the Sandusky Area YMCA has my permission to use photographs
of _____ (child's name) in local newspapers,
YMCA brochures or National YMCA promotions.

_____ Date)

_____ Signature Parent/Guardian

**Sandusky Area YMCA
2004/2005 School Age Child Care**

FEE AGREEMENT

I agree to accept full responsibility for all fees required for my child/children attending the YMCA 2004/2005 School Age Child Care program less of missed days or holidays. I understand the YMCA requires me to submit payment directly to the site director no later than the Friday a my child's following week of care. I understand the Sandusky Area YMCA's Child Care program runs no later than 5:30PM and that a late up fee of \$5.00 is charged for every 5 minutes after 5:30 PM that a child is picked-up, REGARDLESS OF WHY. I understand that a \$5.00 per late fee will automatically be added to any delinquent account. In the event that I default on my payments, I understand my child may be dis- ed from the program and that I will be responsible for any cost of collection.

PLEASE RETURN THIS AGREEMENT WITH ENROLLMENT FORMS TO EACH RESPECTIVE SCHOOL DIRECTOR.

Attendance/Withdrawal Policy

I understand I must inform the Site Director if my child will not be attending on days registered. This notification must be given at least 24 hours in- nce. I understand I must inform the Site Director of any changes in registration. I understand that 2 weeks notice is required to terminate- liment and for any unpaid balance to be cleared. I understand there are no refunds for nonrefundable deposits or registration payments or for- nces due to sickness, mishaps, or holidays. Children will be enrolled in our program 24 hours after receipt of registration payment and- pleted registration forms. I further understand the YMCA reserves the right to dis-enroll any child who poses a constant disciplinary- lem or who is otherwise disruptive to the program.

I HEREBY TO ACCEPT THE CONDITIONS SPELLED OUT IN THE FEE AGREEMENT AND THE ATTENDANCE/WITHDRAWAL- JICY AND I HAVE RECEIVED, READ AND UNDERSTAND THE SCHOOL AGE CHILD CARE PARENT HANDBOOK. I AGREE- ABIDE BY THE POLICIES SET FORTH HEREIN.

Parent or Guardian Signature _____

Date _____

PLEASE RETURN THIS AGREEMENT WITH ENROLLMENT FORMS TO EACH RESPECTIVE SCHOOL DIRECTOR.

Parent Statement of Verification

I have received written information from the Sandusky Area YMCA's Day Care Administrator concerning the center's licensing, programming, policies and procedures and the administrator has reviewed this information with me.

Parent/Guardian Signature

Date

Administrator's Signature

Date

Dear Parents and Guardians,

The Sandusky Area YMCA Child Care Center observes the following discipline policy as stated in our parents handbook.

It is recognized that a well-planned and supervised classroom will prevent many Discipline problems. One of our objectives is the development of self-control and self-esteem. Children will be disciplined with love and care.

"Time Out" is an appropriate means of discipline. Time Out is a seat away from other children, but within sight of a staff, where a child may rest and think before rejoining his/her classmates.

To create an environment that prevents discipline problems, the following methods will be used:

1. Children exhibiting discipline problems will have their focus and attention redirect to another task or area.
2. Children next will be separated from the situation. Time Out may be given, and shall be no longer than one minute per year of age of the child. (A three-year-old could not be in time out for longer than 3 min.)
3. Children will be praised for exhibiting appropriate behavior.

We expect children in our center to observe the golden rule and to treat all staff and other children the way they would like to be treated.

We will not tolerate behavior that interferes with the happiness and safety of the children and/or staff. Behavior which will not be tolerated includes, but is not limited to....

1. Biting
2. Hitting
3. Kicking
4. Failure to obey safety rules
5. Abusive or Foul Language
6. Rough Play
7. Failure to follow teacher/staff requests

If such behavior occurs, parents or guardians will be notified with a discipline report and a verbal conference with the child care director.

A high number of discipline reports may result in your child being suspended or dismissed from the program.

Please discuss with your children, the appropriate way to behave with staff members and other children before bringing your children into the center each day.

I have read and understand the above stated discipline policy.

Date

Signature of Parent/Guardian

Child's Medical Statement

Child's Name _____ Date of Birth _____ Sex _____
 Child's Address: _____ Phone Number: _____
 Parent's Name: _____ Date of Exam: _____
 Has this child participated in Help Me Grow? _____

Immunizations (enter month, day and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella (chicken pox)					
Hepatitis A					

Medical History

Allergies: _____
 Diet Restrictions: _____
 Current medications (dosage and frequency): _____
 Known health conditions: (if seizures, describe type and frequency) _____

Currently under treatment for: _____

LAB Tests: Hgb/Hct : _____ Date: _____ Iron Supplement? _____ PPD: _____ Date: _____ Sickle Cell Screening Results: _____ Date: _____ OR Patient born in Ohio and newborn Sickle Cell Screening was negative: Lead Screen Results: _____ Date: _____ Physical Examination: Height _____ In. Weight _____ lb. Blood Pressure: _____ Visual Acuity: R _____ / _____ L _____ / _____ OU _____ / _____ OR Vision screening not available at this office. Hearing: R _____ db L _____ db OR Hearing screening not available at this office.
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Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care. In addition, this child has had the immunizations required by Section 3313.671 of the Revised Code for admission to school or has had the immunizations required by the State Department of Health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions)

Physician's Signature _____ Date: _____
 Office Address: _____ Office Phone: _____

Office Use Only

Date HAC received information _____
 Follow up Completed _____