

# **Brown County YMCA After School Care**



## **Program Manual 2017-2018**



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

# Welcome to Brown County YMCA's After School Program!

**After School Care** is offered Monday through Friday from the time school is dismissed until 6:00 p.m. on regular school days. (This does not include school vacation days, school delay days, early dismissals and school closing days). This program is designed for children in grades K- 6<sup>th</sup>.

Students will ride a shuttle bus from Helmsburg Elementary or Brown County Intermediate School directly to the YMCA.

## **Program Enrollment Procedures:**

**Step 1:** Parents complete one set of the program enrollments forms in this Handbook for each child they wish to enroll in After School Care.

**Step 2:** Parents must return all enrollment forms to the YMCA front desk prior to attending After School Care.

## **Payment of Fees for After School Care:**

After School Care	
Full price meal families	\$5.00 per child
Free/ reduced meal families	\$4.00 per child

**Payments** are to be made based on daily or weekly participation.

**Program enrollment** (including payment) must be completed by **6pm the Friday** prior to program attendance.

**Participation** will be terminated at the discretion of the YMCA for non-payment of fees.

## **Accepted Methods of Payment:**

- **Cash Payments:** Make all cash payments to the front desk at the YMCA.  
Please do not send cash in the mail.
- **Check Payments:** Make all checks payable to ***Brown County YMCA***.  
Checks are to be given to the front desk at the YMCA.
- **Credit or Debit Card** payments are to be made to the front desk at the YMCA.
- **Late Pick-up Fees of \$1.00 per one minute for each child** picked up after our scheduled closing of 6:00 p.m. will be charged to your account and must be paid in full at time of pick up.

**If an ACCOUNT IS OVERDUE by more than two weeks**, the child may no longer attend After School Care until the account is rectified. The family will be made aware of past due accounts on a weekly basis.

**If an account is NOT rectified by the end of the school year**, the student may not be enrolled in After School Care for the following school year until the account has been paid in full.

**Financial Assistance:**

Assistance in the form of reduction of fees is available. Persons applying are subject to qualification of personal need, enrollment limitations, and financial resources. Please contact the YMCA to apply. In order for financial assistance to be granted, a free and reduced form must be on file and approved.

**Program Description:**

**After School Care operates** from after school until 6:00 p.m. Brown County Schools will provide a shuttle bus to the YMCA, BCIS arriving approximately 3:10 and HES arriving 3:45pm. Program Supervisor or assistant will meet the children at the shuttle bus and the YMCA will start after school care.

**Late Pick-Up Policy for After School Care:** If your child is picked up late three times he/she will be removed from the program. If your child has not been picked up by 6:30 p.m. and no authorized person has been reached, the local police will be notified and the child will be turned over to the authority.

**All children must be signed OUT of After School Care on a daily basis by an adult** (18 years or older). No child will be released to an adult whose name does not appear on his/her registration form. Please have your driver's license or other picture ID ready at pick-up time for the first few weeks until your Program Supervisor becomes familiar with your face

**The Staff will not release any child to an adult who appears to be intoxicated or under influence of drugs.** The local authorities will be contacted if such a situation should arise. Please label anything your child brings to the After School site with his/her FULL name in permanent ink.

**All children are expected to be in the After School room immediately following drop off and/or the dismissal of school.** It is extremely important that parents instruct their children to go immediately to the After School location to check in to be shuttled to the YMCA. Please inform your child's teacher (in writing) that your child is attending the After School Care, and they will assist in getting them to the proper location on time.

**Students will engage in activities at the YMCA** during After School Care for at least a portion of the day. These activities may include swimming, rock wall climbing and organized games in the gym. Please make sure children bring a swim suit and towel on pool day.

**After School Care will not operate when schools are closed due to inclement weather.** If school is dismissed early due to worsening weather conditions, we WILL NOT provide the After School Program. We will follow parental instructions on the emergency closing form at the school. However, this excludes potential day camps and other programs provided by the YMCA the program.

**Homework time is offered.** Our staff will remind your child about homework time/reading time but please keep in mind we can only encourage your child to get his/her work done. We will offer a minimum of 30 minutes per day for children to work on homework and/ or study. We encourage parents to share their expectation of reading independently and completing homework with their child.

**Discipline Policy:**

**Children learn self-control for behaving appropriately and responsibly** when adults treat them with dignity. Program rules will align with the basic school/playground rules. "Time Out" is used as a method of behavior management. If this does not solve the inappropriate behavior, a behavior report will also be written and discussed with the parents.

**If a child receives three written behavior reports in any school year, the child will be suspended at the end of the day the third report is given.** The suspension will be for a period of one week (five school days), during which time the child, the parent, the Program Supervisor, and the Program Director will meet in a conference setting to determine conditions for reinstatement. Parents are responsible for setting up this conference, and the child will not be reinstated into the program until the conference is held. If an agreement cannot be reached, reinstatement into the program may be denied. If the severity of a problem is great enough, removal from the programs will be effective at any time. School principal will be notified of suspension as well.

**Medical Emergencies:**

**In the event of a medical emergency** or accident requiring a doctor's treatment, we will make contact with the parent immediately. If we cannot make contact with the parent immediately, the child will be taken to the emergency room by emergency medical personnel via an ambulance.

**Medication Policy:**

Consistent with the YMCA policy and state regulations, any medication given to a child in the program must be in its original container with the child's name on it. **A medical release form** must be completed and signed by the parent with the following information:

- |                                      |                     |
|--------------------------------------|---------------------|
| 1. Child's Name                      | 5. Time to be given |
| 2. Type of Medication                | 6. Physician's name |
| 3. Number of days to be administered | 7. Side effects     |
| 4. Amount to be given                |                     |

**Snacks:**

The After School Program will provide a wholesome snack for the children. Please fill out an allergy form if the child has any known food allergies.

**Question:**

Contact Kim Robinson 812-988-9622 or [KimRobinson@browncountyyymca.org](mailto:KimRobinson@browncountyyymca.org)

Or Dawn Barnett at [dseidle-barnett@browncountyschools.com](mailto:dseidle-barnett@browncountyschools.com)

**Parent/Guardian Agreement**

- I have read the information** in the Brown County YMCA After School Care Manual and agree to follow the guidelines therein.
- I understand that** I must complete the required paperwork in full and on time and make my payments as scheduled.
- I understand that** I must notify the elementary school that my child plans to attend.
- I understand that** my child will not be able to attend the After School Care if his/her behavior is inappropriate.
- I understand that** it is my responsibility to pay for my student's attendance at the After School Care and if the payments are not made, my children may no longer attend.

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

\_\_\_\_\_  
Date

**Brown County YMCA  
After School Care**

**I give my permission** for my child to use all of the play equipment and participate in all activities of the program.

**I give my permission** for the Program Supervisor or Acting Program Supervisor to take whatever steps may be necessary to obtain emergency medical care, if warranted, as stated on Brown County School Emergency Medical Card.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren)'s Name(s)

\_\_\_\_\_  
School

## AFTER SCHOOL REGISTRATION

Please read the following agreement and initial **each condition before signing**. The conditions of this agreement provide protection for you.

\_\_\_\_\_ I will complete all necessary paperwork for enrollment in the program.

\_\_\_\_\_ I will pay the weekly fee by the date and time designated by the YMCA After School Care. I agree to pay the designated late fee for any payments made after this time.

\_\_\_\_\_ When I pick up my child, I will make sure that a staff person is aware of my arrival and/or departure **and I will sign my child out**.

\_\_\_\_\_ I understand that I will be **charged a fee of \$1.00 per minute starting at 6:05 p.m.** This fee is per child. I understand that in the event my child is not picked up by 6:30 p.m., and all emergency contact attempts have been exhausted, the local police will be notified and my child will be immediately terminated from the program.

\_\_\_\_\_ I understand that it is my responsibility to read the parent manual and be familiar with the policies and procedures of the After School Care.

\_\_\_\_\_ For any returned check, I will immediately pay a **\$20.00 fee**, and I will be required to pay all future fees in cash or money order.

\_\_\_\_\_ I will allow my child to participate in all phases of the program, including, but not limited to the following: Use of all indoor/ outdoor play equipment and swimming pool.

\_\_\_\_\_ Should my child's Program Supervisor and the YMCA director determine that my child is unable to adjust to the program, I will remove my child from the program, and this agreement will be terminated.

\_\_\_\_\_ I am choosing the following option for payment and will abide by requirement of this option:

\_\_\_\_\_ Weekly

\_\_\_\_\_ Daily

## AFTER SCHOOL REGISTRATION FORM

Please list all persons authorized to pick up your child. For your child's safety, he/she will not be released to anyone else. **NO CHANGES WILL BE MADE BY PHONE!**

1. Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**AFTER SCHOOL REGISTRATION**

My child will regularly attend the program: (Check all that apply)

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

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

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

Program Supervisor Name \_\_\_\_\_

**STUDENT INFORMATION**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City/State Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date Starting Program: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY