

# YWCA

# SUMMER

# CAMP

## PARENT REMINDERS

### DO

- Pay your weekly fee on time!
- Sign your child in and out on a daily basis
- Call ahead when your child will be absent
- Bring a doctor's note if your child has food allergies and/or special dietary needs
- Bring medication and inhalers in their original container with a prescription
- Bring sunscreen for your child
- Bring bathing suits, flip flops, and towels for swimming
- Bring covered shoes for your child, flip flops, and towels for swimming
- Bring water bottles

### DON'T

- Bring outside food unless a doctor has prescribed it
- Bring portable gaming devices, CD players, ipods or cell phones (the YWCA will not be held responsible if items are lost/stolen)
- Allow child to bring large sums of money
- Allow your child to keep their medication, such as inhalers, with them. (All medication must be checked in with YWCA staff)

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**Signature**

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**Date**

# Children's Programs Enrollment Form

Name: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Additional Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_

- |                               |                                   |                               |                                 |
|-------------------------------|-----------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Cell | <input type="checkbox"/> Text Ok? | <input type="checkbox"/> Home | <input type="checkbox"/> Office |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Text Ok? | <input type="checkbox"/> Home | <input type="checkbox"/> Office |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Text Ok? | <input type="checkbox"/> Home | <input type="checkbox"/> Office |

EPCC  Student  Faculty or Staff  UTEP  Student  Faculty or Staff

The YWCA applies for grants and contributions as part of our effort to keep program fees affordable. Many such applications require YWCA to state demographics about the individuals we serve. Please help us by checking the appropriate boxes below so you can be counted. Demographic information is used/reported only in summary form as is not tied to individual members.

- |   |  |  |
|---|--|--|
| <b>Ethnicity</b>                                  | <b>Race</b>  | <b>Annual Household Income</b>               |
| <input type="checkbox"/> Hispanic or latino       | <input type="checkbox"/> Native American or Alaskan Native   | <input type="checkbox"/> \$0-\$18,999        |
| <input type="checkbox"/> Non - Hispanic or Latino | <input type="checkbox"/> Asian                               | <input type="checkbox"/> \$19,000 - \$29,000 |
| <input type="checkbox"/> Multi-Ethnic             | <input type="checkbox"/> Black or African American           | <input type="checkbox"/> \$30,000 - \$49,000 |
|   | <input type="checkbox"/> Multi-Racial                        | <input type="checkbox"/> \$40,000 - \$49,000 |
|   | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> \$50,000 or over    |
|   | <input type="checkbox"/> White                               |  |

Please provide us with the following information for the children being served in the YWCA's Program.

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

Child's Name	Date of Birth	Daily Fee	Weekly Fee	Monthly Fee
		<b>Total Daily Fee:</b>	<b>Total Weekly Fee:</b>	<b>Total Monthly Fee:</b>

How did you hear about this YWCA program?  print  radio  tv  social media  YWCA website  school  friend  other

**Fees must be paid before services are provided per signed agreement and are due the Friday before each week your child attends care.**

**Please initial next to each statement The following has been discussed with parent, and parent accepts responsibility:**

- \_\_\_\_\_ Parents must notify the program director by 10:00AM each day that the child will not be attending the program.
- \_\_\_\_\_ Children must be picked up by program closing time or a late fee of \$5.00 will be charged for every 15 minutes that parent is late until 30 minutes after closing. Thirty minutes after closing, the child will be placed in the custody of the Texas Department of Family and Protective Services.
- \_\_\_\_\_ The YWCA will not assume responsibility for any child until that child is signed in or after the child has been signed out.
- \_\_\_\_\_ Parent is responsible for paying fees as per YWCA policies and signed contract.
- \_\_\_\_\_ Parent is responsible for full amount if a subsidized fee contract is terminated or parent fails to re-certify.
- \_\_\_\_\_ A 48- hour notice is required if a child will not attend for the following week or is terminating services.
- \_\_\_\_\_ In the event of an emergency closing, parents will be notified to pick up their child from the Program site.
- \_\_\_\_\_ Fees will not be prorated for partial weeks.
- \_\_\_\_\_ No credits or refunds will be offered if a drop in fee is not used within 90 days.
- \_\_\_\_\_ Payment credits not used within 90 days are forfeited.

I certify that I have legal custody of the respective child, or I am designated by the court as managing conservator and/or legal guardian. I agree to indemnify, defend and hold the YWCA harmless for and against any and all liabilities, claims, causes of action or expenses, including attorney's fees which may result from the inadvertent or forced release of a child to any person not specifically authorized or approved to call for said child, as listed above.

Printed name \_\_\_\_\_ Parent Signature \_\_\_\_\_

YWCA representative \_\_\_\_\_ Date \_\_\_\_\_

## ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parents' or Guardians' Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

**CHECK ALL THAT APPLY:** I hereby  give  do not give – consent for my child to be transported and supervised by the operation's employees:

1.  **TRANSPORTATION:**  
       Walk home  for emergency care  on field trips  to and from home  to and from school

2.  **FIELD TRIPS:** I hereby  give  do not give – my consent for my child to participate in Field Trips:  
 Parent's Comments:

3.  **WATER ACTIVITIES:** I hereby  give  do not give – my consent for my child to participate in Water Activities:  
 sprinkler play  splashing/wading pools  swimming pools  water table play

4.  **RECEIPT OF WRITTEN OPERATIONAL PROCEDURES:**  
 I acknowledge receipt of the facility's operational procedures including those for discipline and guidance.

5.  **PICTURES AND VIDEOTAPING:**  
 I hereby give  do not give  permission to have my child's picture taken or videotaped while at the YWCA program.

6.  I hereby, for myself and my child, waive and release all rights and claims for damages I may have against the YWCA, directors, or staff for any injuries suffered by my child as a participant in any YWCA program, except those arising out of gross negligence or intentional acts.

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**  
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL AGE CHILDREN:**  
 My child attends the following school: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

<input type="checkbox"/> His/her immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current. Vision and Hearing screening records are also on file.	My child has permission to: <input type="checkbox"/> walk to or from school or home, <input type="checkbox"/> ride a bus, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
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Name of sibling(s): \_\_\_\_\_

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**YWCA School Age  
Food Allergy Emergency Plan**

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

Child's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

List all known food allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible symptoms if exposed to a food on the list:

\_\_\_\_\_  
\_\_\_\_\_

Steps to take if child has an allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
YWCA Representative

\_\_\_\_\_  
Date

# ywca child care/school age policy

## behavioral expectations

Children participating in any YWCA child care program, including day care centers, after-school programs and summer camp are expected to behave in an age-appropriate manner, to be respectful of themselves and others, and demonstrate a pattern that promotes a positive and safe environment for all. Normal and expected standards include, but are not limited to:

- Respect for teachers, recreation staff, and other adults who are responsible for the safety and well-being of all of the children,
- Respect for peers and other children, displaying of appropriate interactions with others, demonstrating tolerance for, and appreciation of, individual differences, and resolving conflicts using non-aggressive methods,
- Respect for physical property, regardless of owner.

Children are encouraged and free to discuss any specific rules with their teachers or activity leaders.

Should a child choose not to adhere to these basic standards, the following steps will be taken:

- 1) The child will be removed from any situation that may result in an unsafe environment,
- 2) The adult supervisor may explain why the child is being separated from the other children and engage in a discussion with the child; the discussion will not include yelling, inappropriate language, or other disrespectful behavior;
- 3) The child may be asked to play or work separately from other children if deemed necessary or advisable by the adult supervisor.

If the inappropriate behavior is isolated, the child may be allowed to rejoin the group if the adult supervisor has reason to believe that the behavior will not be repeated. Should the inappropriate behavior be repeated, the child will remain separate from the other children and the child's parent or guardian will be contacted.

If, despite the efforts of parents and adult supervisors, the child's behavior continues to jeopardize either his or her own safety and well being, or that of any other person involved with the YWCA program, the following options are available:

- 1) The child will be suspended from the program for one week. If, upon return, the behavior continues to jeopardize his or hers wellbeing, or the well being of other children or YWCA staff, the child will be permanently dismissed from the program.
- 2) The child may return to the program only if the legal parent or guardian is in attendance at all times, for a period of three days. If the child's behavior improves so that his or her behavior no longer jeopardizes the safety and well being of his or her self and/or the other participants, the child may continue to attend without the parent or guardian in attendance. If, in the opinion of the adult supervisors, the child's behavior is not considered to be appropriate, the child will be dismissed from the program. Every effort will be made to provide parents with a one-week notification of this action.

The child's legal parent or guardian may request a meeting with the Child Development Center Director, School Age Director and/or the Summer Camp Director. Please refer to the Operational Procedures provided to you at the time of enrollment for additional information.

**I have read, understood, and agree to the policy stated above:**

\_\_\_\_\_  
Name or parent/guardian (printed)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of YWCA representative

## Discipline and Guidance Policy for \_\_\_\_\_

Name of Operation

- Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

- Parent       Employee/Caregiver       Household member of child-care home

# PARTICIPANT FORM

New member     Update member information

## PRIMARY ACCOUNT HOLDER

HOUSEHOLD #: \_\_\_\_\_

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	EMAIL
ADDRESS			CITY	STATE	ZIP CODE

## SECONDARY ACCOUNT HOLDER

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	EMAIL

Primary Telephone: \_\_\_\_\_  Cell     Home     Office  
 Secondary Telephone: \_\_\_\_\_  Cell     Home     Office  
 Additional Telephone: \_\_\_\_\_  Cell     Home     Office

## DEPENDENT INFORMATION

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER

### How did you hear about YWCA?

- Friend or family member     Online Advertisement     Radio Commercial     Newspaper Ad  
 Social Media     Television Advertisement     Magazine Ad     Other: \_\_\_\_\_

### Employer or College attending?

- EPCC     SISD     Clint ISD     Other  
 UTEP     EPISD     Canutillo ISD

### Are you...

- Student     N/A  
 Faculty or Staff

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### Ethnicity/Race of Household Members (Check all that apply)

- Hispanic or Latino     Native American or American Indian  
 African-American or Black     Asian or Pacific Islander  
 Caucasian or White     Multi-ethnic or Multi-racial

### Household Income:

- \$0 - \$18,999     \$40,000 - \$49,999  
 \$19,000 - \$29,999     \$50,000 and over  
 \$30,000 - \$39,999

By signing this form, I hereby authorize YWCA El Paso del Norte Region to publish photographs taken of me, my name and likeness, for use in YWCA El Paso del Norte's print, online and video-based marketing materials, as well as other Company publications.

Release of Liability: I am willingly and voluntarily participating in the activities offered by YWCA El Paso del Norte Region (YWCA), I, the undersigned hereby release YWCA, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or right of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. If I am signing on behalf of a minor child as Parent/Guardian, I also give full permission for any person connected with YWCA El Paso del Norte Region to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

-----If the participant is under the age of 18-----

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# TEXT MESSAGING & E-MAIL CONSENT FORM

FULL NAME	PREFERRED BRANCH
	<b>HOUSEHOLD NUMBER</b>

**Please check all that apply:**

- YWCA STAFF    EARLY LEARNING ACADEMY    HEALTH & WELLNESS    AFTER SCHOOL PROGRAM

## TEXT MESSAGES

I would like to receive text messages to my mobile telephone number from YWCA.

I understand that the content may relate to any aspect of the branch including: pool closures, important over-all agency updates, new class information, emergencies, etc. Text messages will be limited to two per month aside from emergency communications.

Should I wish to withdraw from the text messaging service, I understand that I need to either provide either a written notice to the Customer Service Staff at the Branch or follow the opt out instructions from the text messaging provider. Once you opt out the same phone number and e-mail cannot be re-entered.

I will advise the Customer Service Staff at the Branch if I change my mobile number and I understand that a new consent form will be required.

I am aware that I am responsible for text messaging fees associated with the incoming text messaging sent by the YWCA. I also understand that the YWCA will not share my personal cell phone number with any third party organizations.

## EMAIL

- Yes, I would also like to receive updates about the YWCA via email.
- No, I would not like to receive updates about the YWCA via email.

MOBILE NUMBER	EMAIL ADDRESS

**I confirm and agree to the above statements.**

Print full name: \_\_\_\_\_

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