



SCOTTSBLUFF FAMILY YMCA SCHOOL AGE PROGRAMS 2024 REGISTRATION

Child's Name:	
Age:	Date of Birth:
Grade in Fall:	<input type="radio"/> Male <input type="radio"/> Female
Address:	
City/State/Zip:	
Phone Number:	
Required Medications:	
Severe Allergies:	
Details of Reaction:	
Steps if Exposed:	
Any Behavioral or Special Considerations/Needs:	

ADDITIONAL REQUIREMENTS

- Completed ACH Card OR DHHS Authorization Form

SCHOLARSHIP OPPORTUNITIES

- 1) Child Care Subsidy is accepted at the Gering location. Requires DHHS Authorization Form. Provider #: Gering: 45359366
- 2) Gering students can qualify for a C4K Scholarship. Fill out a C4K Application.

AFTER SCHOOL PROGRAM

LINCOLN ELEMENTARY (GERING PK - 5TH)

- MONDAY THROUGH FRIDAY**
HOURS: 3:30 PM - 5:30 PM
\$55/WEEK (save with 20% sibling discount)
- WEDNESDAYS ONLY**
HOURS: 2:00 PM - 5:30 PM
\$17/DAY

SCHOOL'S OUT PROGRAM

HOURS: 7:30 AM - 5:30 PM

20% off each additional child in household

BIDDY BEARCAT DAYCAMP (PK-5TH): WESTMOOR ELEMENTARY

PER DAY: \$30/CHILD

PER SEMESTER: \$210 | PER YEAR: \$420

- | | |
|---|---|
| <input type="checkbox"/> FULL 1ST SEMESTER | <input type="checkbox"/> FULL 2ND SEMESTER |
| <input type="checkbox"/> AUG 30 | <input type="checkbox"/> JAN 6 |
| <input type="checkbox"/> SEP 27 | <input type="checkbox"/> JAN 31 |
| <input type="checkbox"/> SEP 30 | <input type="checkbox"/> FEB 17 |
| <input type="checkbox"/> OCT 18 | <input type="checkbox"/> FEB 18 |
| <input type="checkbox"/> OCT 24 | <input type="checkbox"/> MAR 7 |
| <input type="checkbox"/> NOV 15 | <input type="checkbox"/> MAR 14 |
| <input type="checkbox"/> DEC 2 | <input type="checkbox"/> MAR 20 |
| | <input type="checkbox"/> MAY 5 |

BIDDY BULLDOG DAYCAMP (PK-5TH): LINCOLN ELEMENTARY

PER DAY: \$25/CHILD

PER SEMESTER: \$225 | PER YEAR: \$450

- | | |
|---|---|
| <input type="checkbox"/> FULL 1ST SEMESTER | <input type="checkbox"/> FULL 2ND SEMESTER |
| <input type="checkbox"/> SEP 16 | <input type="checkbox"/> JAN 2 |
| <input type="checkbox"/> OCT 16 | <input type="checkbox"/> JAN 3 |
| <input type="checkbox"/> OCT 17 | <input type="checkbox"/> JAN 6 |
| <input type="checkbox"/> OCT 18 | <input type="checkbox"/> FEB 14 |
| <input type="checkbox"/> OCT 25 | <input type="checkbox"/> FEB 17 |
| <input type="checkbox"/> DEC 23 | <input type="checkbox"/> FEB 21 |
| <input type="checkbox"/> DEC 26 | <input type="checkbox"/> MAR 12 |
| <input type="checkbox"/> DEC 27 | <input type="checkbox"/> MAR 14 |
| <input type="checkbox"/> DEC 30 | <input type="checkbox"/> MAR 21 |
| | <input type="checkbox"/> APR 4 |

Primary Parent/Guardian Name:		Date of Birth:
Relation to Child: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other:		<input type="radio"/> Male <input type="radio"/> Female
Address, City/State/Zip:		
Phone Number:		Email:
Custodial Parent? <input type="radio"/> Yes <input type="radio"/> No	May we release to non-custodial parent? <input type="radio"/> Yes <input type="radio"/> No	

Secondary Parent/Guardian Name:		Date of Birth:
Relation to Child: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other:		<input type="radio"/> Male <input type="radio"/> Female
Address, City/State/Zip:		
Phone Number:		Email:



In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:
 (At least one name must be given. Please list names in order you would like them to be called.)

Name of Emergency Contact 1:	
Relation to Child:	Phone:

Name of Emergency Contact 2:	
Relation to Child:	Phone:

Name of Emergency Contact 3:	
Relation to Child:	Phone:



Authorized Person(s) to take child from the site:
 (Children can ONLY be released to LISTED parents/guardians, emergency contacts, or authorized persons)

Name of Authorized Person 1:	
Relation to Child:	Phone:

Name of Authorized Person 2:	
Relation to Child:	Phone:

Name of Authorized Person 3:	
Relation to Child:	Phone:

Please list any additional names on an additional sheet of paper.
Please speak with the Director if there is a person that is NOT authorized to pick up or see the child.

YMCA Staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information on this document.

Name of Family Doctor:	
Address:	
City/State/Zip:	Phone:

Name of Family Dentist:	
Address:	
City/State/Zip:	Phone:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I expect to be notified at once in the case of accident or illness to my child; I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, I authorize the YMCA to contact:

Dr. _____ at _____
PREFERRED MEDICAL FACILITY PHONE

or the nearest hospital for emergency medical treatment. Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children/staff in the YMCA Program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MEDICATION PERMISSION AND COMPETENCY

I, _____, have determined that the YMCA staff is competent to give or apply medication to my child. I understand that the YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



SUNSCREEN PERMISSION SLIP

We ask that you send your child with sunscreen. It must be labeled with your child's name. For our School Age Programs, spray form is required. No lotions of any kind. If sunscreen is not provided and labeled, the YMCA may provide sunscreen SPF 30 or higher (brands may vary). We will apply sunscreen before going outside for an extended period of time and will reapply if out longer than one hour.

The YMCA has permission to apply SPF 30 sunscreen or higher (brands may vary) as needed to my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

In the event that your child has an allergic reaction, please notify staff immediately.

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at the time of registration. Must provide the YMCA with debit/credit card information or bank account information for Weekly Payments. Payments will be withdrawn automatically on Fridays prior to the week(s) attending.

Payment Options (select all that apply):

Weekly Automatic Withdrawal DHHS Subsidy Gering C4K Scholarship

Corresponding Paperwork MUST BE INCLUDED (must match the options selected above):

Signed ACH Card Authorization Form Scholarship Application

Please Note:

Returned payments will be assessed a \$25 return payment fee and may be electronically collected. Camp Fees not collected may be referred to an outside collection agency.

Child Care Subsidy:

Families who receive State Assistance will be responsible for all copays or fees if authorization expires. Proof of Authorization must be provided to the YMCA before the child can be registered. Copays are due on Fridays prior to the week(s) attending.

Attendance:

I understand that I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks filled on a first come, first serve basis.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PERMISSIONS, ADMISSIONS, AUTHORIZATIONS

(Check all that apply)

- My child has permission to swim during camp.
 My child has permission to swim in the deep end **IF they pass a deep water test administered by guards.**

Swimming ability: Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

- I give my child permission to participate in field trips during camp.

Field trips will include both walking and bus transportation.

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



ACH AUTHORIZATION FORM

I (we) hereby authorize the Scottsbluff Family YMCA to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Scottsbluff Family YMCA is notified by me (us) in writing to cancel it in such time as to afford the Scottsbluff Family YMCA and the financial institution a reasonable opportunity to act on it.

NAME - PLEASE PRINT

ADDRESS - PLEASE PRINT

SIGNATURE

DATE

SET AMOUNT: _____ **OR** MAXIMUM AMOUNT: _____

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION - BRANCH, CITY, STATE, & ZIP

ROUTING NUMBER

ACCOUNT NUMBER

OR

CREDIT/DEBIT CARD TYPE

CARD NUMBER

EXPIRATION DATE

SCOTTSBLUFF FAMILY YMCA SCHOOL AGE PROGRAMS CODE OF CONDUCT

Our goal is to provide the highest quality program in a safe environment for all participants. Please assist us in maintaining a safe and enjoyable environment by following the Code of Conduct.

- Be respectful of the feelings and properties of others by treating them the same way that you would want to be treated, treating others with courtesy and consideration.
- Know and follow the rules.
- Show respect to staff and cooperate with their instructions and rules.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking rules will be:

1st & 2nd Offence:

The inappropriate behavior will be discussed with the child as well as positive alternatives by teacher/counselor.

3rd Offence:

The inappropriate behavior will again be discussed with the child as well as positive alternatives. Then, a time out will be enforced--one minute for every year they are old--by their teacher/counselor or the Director.

4th Offence:

A meeting will be scheduled with the child's teacher/counselor, Director, and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion, and Reinstatement process will be used. Please see your program Director for more information.

The YMCA reserves the right to discontinue childcare services at any time per the School Age Programs Handbook.

I have read and understand the above policy, as well as having received a copy of the School Age Programs Parent Handbook or have access to it online at www.ymcaofscottsbuff.org. I assume the responsibility for ensuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CHILD/PARTICIPANT SIGNATURE: _____ DATE: _____



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School–Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**