



Algona Family YMCA Childcare 2018-2019

Registration Day
July 25th, 2018

Registration Due
August 1, 2018

Contact Information

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YMCA Childcare!

Y Childcare is a licensed child care program offered through the Algona Family YMCA for children age 3 through 5th grade at two sites. (Children must be potty trained to be enrolled in the program). This program is a fun convenient way for children to spend their free time while families are at work. Children are supervised by positive role models who focus on developing the YMCA character values of Honesty, Caring, Respect and Responsibility.

Location

Care is available year round. Our 3 and 4 year olds are housed at Bertha Godfrey Elementary school (affectionately called the "Little Y") and the school age kids are at the YMCA (The "Big Y"). Please use the Southeast entrance at Bertha Godfrey and North East door at the YMCA—doors are labeled "YMCA Childcare Entrance". Care is available on all teacher in-service days, and early outs and late starts due to inclement weather.

Time

Our program is licensed by the State of Iowa from 6:00am to 6:00pm Monday—Friday
3 & 4 year olds: 6:00am to 6:00 pm with a transportation option to Bertha Godfrey Preschool and Kindergarten Prep Program.

School age: 6:00am to 8:00am and 3:30pm to 6:00pm. Bussing will be provided to the school. At 8:00am the YMCA bus will stop at Seton, Bryant, Lucia Wallace, and Bertha Godfrey. At 3:30 pm the YMCA bus will pick up at the mix master (Algona High School).

During the summer, care is provided from 6:00 a.m. to 6:00 p.m. at both sites.

Fees

The Y childcare is an hourly based program.

\$3.70/hour per child (with a one hour minimum per child per attendance)

\$1.00/day snack fee—this includes all snacks and drinks given during the day
Optional charges; \$2.40 Lunch & \$1.40 Breakfast



Activities

We strive to provide a safe, fun and happy environment for pre-school and elementary school children by providing a wide variety of age-appropriate activities to promote self-confidence, cooperation and teambuilding skills.

Activities include: arts & crafts, indoor & outdoor active play, games, swimming in the Y pool, music, nature, drama, simple cooking projects and more.

We also escort your child to and from any on-site YMCA activity. ie. swim lessons, youth sports, etc.

Snacks

A nutritious snack is provided each morning and afternoon at both sites during the summer. During the school year a nutritious snack is provided at the little Y in the morning and afternoon and at the big Y a snack is provided after school.

Your Child's Success

Your child can have a positive successful childcare experience if

- 1 - They can relate well in an environment of 10 youth to 1 adult,
- 2- They can function well at school without a full time aide.

In order to serve your child, we need to know if they have specific medical conditions, (seizures, diabetes, allergies, etc.) By knowing this information in advance, we can make the staff aware of this condition and be prepared to help your child if any emergency should arise.

Registration Information

Registration is on a first come/first served basis. A \$30/per child non-refundable registration fee is due at the time of registration.

Paperwork

All children participating in the YMCA Childcare program must have all paperwork turned in prior to the first day of attendance. This includes the registration form, medical forms and payment information.

Payments

The Algona Family YMCA Childcare program requires weekly payments. Billing statements will be available each Monday by noon. The recommended form of payment is automatic deduction via bank or credit card. If participant is not signed up for this service a payment must be made before the child may return to the program. State payments are accepted. The YMCA no longer bills the Department of Health and Human Services for registration fees. Parents are required to pay the \$30 registration fee to hold a child's spot. Please provide the YMCA with proof of state funded authorization at the time of registration. Caregiver will be responsible for all other fees incurred (snacks & meals, late fees, etc.) Please note—Weekly payments will be required until written notification is received from the state.

Program assistance is available, please stop at the front desk for an application. Please allow 2 weeks for processing.



School Age Parent Health Assessment Form

Child's Full Name _____

Birth Date _____

Child's Full Name _____

Birth Date _____

Any significant Health concerns: **Yes or No**

Any health related needs of child (allergies, medications, injuries): **Yes or No**

If yes, please explain: _____

Check all that apply for your child:

Vision deficit Hearing impairment Speech concerns

Is your child have any condition limiting him/her in physical play: **Yes or No**

If yes, please explain: _____

Is your child subject to any mental or physical condition which he/she should remain under periodic medical observation? **Yes or No**

If yes, Please explain: _____

Any other information you would like to share:

Parent Signature: _____ Date: _____



REGISTRATION & CHILD INFORMATION FORM

Child's First and Last Name (Print): _____

Male Female Age: _____ Grade: _____ Date of Birth: _____

Please circle the school and time of day your child is attending:

Bertha AM & PM Only M & TR 3 year old	Bertha AM 4 year old	Seton 3 year old	Bertha Godfrey Grade: _____	Seton Grade: _____
Bertha AM & PM Only T/FR 3 year old	Bertha PM 4 year old	Seton 4 year old	Bryant Grade: _____	
	Bertha K-Prep AM or PM	Seton Prep	Lucia Wallace Grade: _____	

Child's First and Last Name (Print): _____

Male Female Age: _____ Grade: _____ Date of Birth: _____

Please circle the school and time of day your child is attending:

Bertha AM & PM Only M & TR 3 year old	Bertha AM 4 year old	Seton 3 year old	Bertha Godfrey Grade: _____	Seton Grade: _____
Bertha AM & PM Only T/FR 3 year old	Bertha PM 4 year old	Seton 4 year old	Bryant Grade: _____	
	Bertha K-Prep AM or PM	Seton Prep	Lucia Wallace Grade: _____	

Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married
Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

Mother/Legal Guardian Information:

First & Last Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-Mail Address: _____

Father/Legal Guardian Information:

First & Last Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-Mail Address: _____

Emergency Contacts and Information

Emergency Contacts in Case of Emergency and Parent/Guardian cannot be reached:

Name: _____

Relationship to Child: _____

Home/Cell Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Home/Cell Phone: _____

Work Phone: _____

Child Information:

Authorized Escorts Other than Parent/Guardian or Emergency Contacts: (NA if not applicable)

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Contacts:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Health History: Child's name _____ : please check all that apply

Asthma Seizures Allergies (specify below) Diabetes

Heart Problems Physical Limitations or Concerns

Additional medical information or special requests: _____

Immunization History

Iowa State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND CHILDCARE. Please enclose a photocopy of your child's up-to-date immunization history. Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive pneumococcal disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

Permission Form:

Yes No I give staff permission to transport my child for the purpose of program activities.

Yes No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.

Yes No I give permission for the YMCA to arrange for emergency treatment and to contact our family health care provider if parent/guardian cannot be reached and it is necessary to preserve the health of my child until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**** Please note,** The Algona Family YMCA may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the Algona Family YMCA to use these photographs and/or video in its marketing and public relations efforts.

By signing below I give permission for my child to participate in program activities. I understand that the YMCA does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent Signature: _____ Date: _____

Algona Family YMCA

2101 E. McGregor St.

Algona, IA 50511

(515)295-7701

www.algonaymca.org



Algona Family YMCA Authorization Agreement for Childcare Payments

I hereby authorize the YMCA to initiate payments via my Debit/
Credit Card to pay for weekly charges to the Algona Family YMCA
Childcare Program. Only Credit Card/ Debit Cards are able to be
processed at this time.

Parent/Caregiver Name: _____

Childcare Member Name(s): _____

Account Type (Circle One): Credit Card Debit Card

Credit/Debit Card #: _____

Card Expiration Date: _____

Effective Start Date: _____ (Month), 20 ____

*Payments will be processed each MONDAY for the charges from the
previous week. In there event there is no billing on a Monday (Due
to a holiday or unforeseen circumstances) the same process will
happen on Tuesday. Please be aware that the amount will fluctuate
depending on the amount of time the child has attended.

A copy of the weekly bill, receipt from the childcare software, and
the credit card receipt will be in you child's file each week.

Signed: _____ Date: _____