



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Youth Development: Enrollment Checklist

YMCA OF SILICON VALLEY

Child's Name Child's Start Date

Child Care Site

PLEASE INITIAL EACH ITEM AFTER COMPLETING THE PACKET

FORMS: AFTER SCHOOL (ALL)	PARENT'S INITIALS	COMPLETED (STAFF)
Registration Contract & Admission Agreement		
Health History/Child Release and Consent Form		
Getting To Know You		
Student Behavior Management Procedures		
Release and Waiver of Liability and Indemnity Agreement		
Consent to Participate in Program Evaluation		
Photo, Video & Audio Recording Release		
Youth Development Policies and Procedures		
Youth Development Family Handbook (www.ymcasv.org/pdfs/ymhandbook.pdf)		
Credit Card/Bank Draft Authorization Form		
FORMS: AFTER SCHOOL (CA STATE LICENSED-SCHOOL AGE & PRESCHOOL)		
LIC 613A - Personal Rights		
LIC 995 - Notification of Parents Rights Caregiver Check		
LIC 995E - Caregiver Background Check Process		
LIC 701 - Physician's Report (Preschool Participants Only)		
FORMS: AFTER SCHOOL (GRANT FUNDED)		
Early Release Policy (School District Form)		
Transportation/Walk Home Release		
Middle School Participation (Middle School Participants Only)		

ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received, read, and sought clarification of any questions I have about the contents of the YMCA School Age Child Care enrollment packet.

Parent/Guardian Signature Date



YMCA OF SILICON VALLEY

After School Licensed Registration Contract & Admission Agreement

Member Number	Begin Enrollment Date		
.....		
School Year	Grade in Fall This School Year		
.....		
Child's Full Name			
.....			
Birthdate	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Ethnic Origin
.....
Address	City	ZIP	Home Phone
.....
Parent/Guardian Legal Name	Birthdate		
.....		
Parent/Guardian Legal Name	Birthdate		
.....		
Email	Child Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:		
.....		

<p>PLEASE REFER TO FEE SHEET FOR PRICING AND PROGRAM CHOICES</p> <p>Branch</p> <p>Center</p> <p>Termination Conditions: If you wish to cancel your child's enrollment please submit written notification using our Change & Cancellation form at least 2 weeks in advance. Forms are located at the program.</p>	<p>Program Choice(s)</p> <p>1)</p> <p>2)</p> <p>3)</p>	<p>Check applicable day(s) of the week</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>I understand my monthly tuition is \$</p> <p>for (choose one) Plan <input type="checkbox"/> No Plan</p>		

PAYMENT OPTIONS (check one)

<input type="checkbox"/> Full Payment for the year Due at registration	<input type="checkbox"/> Monthly Payments Due by the 20 th prior to service	<input type="checkbox"/> Bank Draft Due by the 3 rd or 20 th prior to service	<input type="checkbox"/> Credit Card Transfer Due by the 3 rd or 20 th prior to service
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Third Party Agency Yes No

PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read the tuition and payment policy of the YMCA of Silicon Valley Child Care Centers, the Admissions Agreement located on the back of this form, and the Family Handbook. My child and I have also read and signed the YMCA's School Age Student Behavior Management Procedures. I understand all fees are due on the 20th of the month prior to service. A \$35 late fee will be assessed for any payment received after the 1st of the month (\$35 limit per family). If payment is not received by the 5th, childcare services may be suspended. If payment is the responsibility of more than one parent, two signatures are required. **I also understand that a \$100 non-refundable registration fee is required for each child enrolling in a Child Care program.**

I/we understand that I/we are jointly responsible for the payment of our child's child care fees at your center as well as any changes made to the registration packet and that the YMCA is authorized to discuss payment status with either/both of us. I/we also agree to share all related child care documents with either/both of us.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Please send all payments to:
 YMCA of Silicon Valley, Member Support Department
 80 Saratoga Avenue, Santa Clara CA 95051

Staff Signature Date COPIES: White-Member Support, Yellow-Site, Pink-Parent/Guardian



YMCA OF SILICON VALLEY After School Licensed Registration Contract & Admission Agreement

YMCA of Silicon Valley Child Care is a licensed program for school aged and preschool children. Hours and fees vary between locations, please check your center's schedule. The basic fee schedule covers the days that the children are in school including minimum days. Winter, Spring, other school breaks and summer vacation days are not calculated in the basic plan. You may choose a fee plan that does cover these days or pay the additional rate as the need arises, providing space is available.

1. **The YMCA School Aged Child Care and Preschool program Family Handbook serves as a part of this Admission Agreement. Please understand that it is your responsibility to read and understand the policies set forth in the Family Handbook.**
2. **You can choose to pay your fees by:** Check, Automatic bank draft or Automatic credit card payments.
 - **If you choose to pay by check,** mail your check to:
YMCA of Silicon Valley, Member Support Department, 80 Saratoga Avenue, Santa Clara CA 95051
Please make checks payable to the "YMCA" and be sure to note your child's name in the memo section of the check.
If your check is returned for insufficient funds, a \$20 service charge will be added to your account.
 - **If you choose to pay by bank draft (checking) or credit card,** we automatically draft your account on the 3rd or 20th prior to service. If your bank draft/credit card payment is rejected, a \$20 service charge will be added to your account. Please provide any changes to your bank draft/credit card in writing to our billing office 15 days in advance. Payments received after the 1st day of the month of service will be assessed a \$35 late fee. If payment is not received after the 5th day of the month of service, your enrollment may be suspended.
 - **All children must be picked up by the end of their contracted program time.** If you arrive after the end of your contracted program time, you will be charged \$1 per minute per child.
3. **Before or on the 20th prior to service:** Fees must be paid by the 20th prior to service. (For example, September's fee needs to be paid no later than August 20th.)
4. **After the 1st of the month:** Payments received after the 1st day of the month of service will be assessed a \$35 late fee.
5. **After the 5th day of the month:** If payment is not received after the 5th day of the month of service, your enrollment will be suspended.
6. **Fee Changes:** We will give you a 30-day written notice in advance of any fee changes.
7. **Refund conditions:** All fees are charged on the basis of enrollment, not attendance. Refunds/prorates cannot be granted for absences due to illness or vacation. When you enroll, you are reserving time, space, staffing and provisions, whether or not your child attends. Refunds will be given for overpayment of fees or paid time after your two week cancellation notice has elapsed. Refunds will not be given if your child is suspended or terminated from the program.
8. If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.
9. Please understand that the YMCA of Silicon Valley is mandated by the State of California to report any suspected form of child abuse.
10. We periodically take pictures of participants in YMCA programs/activities. Please understand that these pictures may be displayed, used in fliers, brochures, videos or other YMCA promotional material. If you prefer your child's picture not be used in any of the above, please inform the YMCA staff in writing.
11. The State of California General Licensing Requirements Section 101195 states: Department of Licensing shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interviews with any child(ren) or staff members; and the examination of all records relating to the operation of the facility. The Department of Licensing shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional examine the child(ren).
12. We reserve the right to end your child's enrollment for the following reasons:
 - If you fail to pick up your child by the end of your contracted program time on three consecutive days.
 - If you fail to pay your fees on a timely basis for two consecutive months.
 - If there are repeated occurrences of absences without notification.
 - If there are disciplinary problems with your child that put other children at risk physically and/or emotionally.
13. **Optional Services:** At times, the YMCA will provide optional services to children in the child care centers. These services may take the form of a food program, youth sports league, enrichment course, or similar program. These services are strictly optional, and information about fees and schedules is available on each service on a separate form or flyer.
14. The YMCA of Silicon Valley is a non-profit organization. Our Federal Tax ID # is 94-1156318.

YMCA CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

Child's Name: First: _____ Last: _____ Gender: M F

Address: _____ Home Phone: _____

Birthdate: / / School: _____ Grade (in the Fall of this year): _____ Age: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Birthmarks/scars: _____

Caucasian Asian/Pacific Islander Hispanic African American Native American Other

Parent/Guardian Legal Name 1: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____

Parent/Guardian Legal Name 2: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP CHILD

In the case of an emergency, we will always contact the parent/guardian first. In the event a parent/guardian cannot be reached, we will contact other friends/relatives. No adults other than the parent/guardian or people listed below can pick up your child from our program without a legibly written, dated and signed note from the parent/guardian.

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician: _____ Preferred Hospital: _____

Doctor's Phone: _____ Doctor's Address: _____

Family Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Medical Insurance Company: _____ Policy #: _____

*Immunization History: Tetanus: (MONTH/YEAR) Tuberculin (TB) Test: (MONTH/YEAR) MMR: (MONTH/YEAR) DPT: (MONTH/YEAR)

If you **do not** immunize your child, please sign here: _____

If you **do not** have medical insurance for your child, please sign here: _____

* **PRESCHOOL PARTICIPANTS: A copy of your child's current immunization record is required.**
PRESCHOOL PARTICIPANTS: A health examination is required by a licensed physician on a LIC 701 form within 30 days after enrollment.
YMCA CAMP CAMPBELL PARTICIPANTS: A copy of your child's current immunization record is required. A health examination is required by a licensed physician within 12 months of attending camp.

MEDICAL HISTORY

- ADD/ADHD Asthma Bed Wetting Bleeding/Clotting Disorder Celiac Disease
- Chicken Pox Currently under Dr. Care Diabetes Ear Infection German Measles
- Head Lice Heart Defect/Disease Measles Migraines Psychological Conditions
- Recent Hospitalization Seizures Sleepwalking Tuberculosis

List Other Medical History Here: _____

Allergies:

- Pollen Penicillin Poison Oak Bee Stings Bee Sting Kit
- Foods Hay Fever Other Insect Stings Other Drugs Other Allergies?

List Other Allergies Here: _____

List Dietary Restrictions Here: _____

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? YES NO

If yes, please explain:

List any past serious medical treatment such as operations, injuries or restrictions on physical activities:

Is your child currently involved in therapy? YES NO Please explain:

Does your child require special accommodations? YES NO Please explain:

If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.

MEDICATION DISBURSEMENT AUTHORIZATION

If your child is currently taking prescription medications, complete this section. For your child's protection, our staff cannot administer medication without this form. Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition:

Medication: _____ Amount to be given: _____ When: _____

Comments or Instructions:

Parent/Guardian Signature: _____ Date: _____

YMCA Camp Campbell Participants and Family Resident Campers:

I authorize the following over-the-counter medications to be administered as needed:

- | | | | | |
|------------------------------------|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Chloraseptic | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Claritin, Antihistamine |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Neosporin | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Other: |

List current medications purpose:

SWIMMING/SUNSCREEN INFORMATION

Some YMCA programs may include swimming activities with certified lifeguards on duty. For your child's safety, every child with permission to swim, regardless of swimming ability, will have to take a YMCA swimming test prior to swimming.

My child has permission to participate in YMCA swimming activities. YES NO

The **YMCA staff may apply sunscreen** to my child's exposed skin (not covered by clothing/swimsuit), as needed. YES NO

PHOTO/VIDEO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and video which have been taken of my child for the promotional purposes of the YMCA, or anyone authorized by the YMCA. I understand I receive no reimbursement for allowing my child's photo or video to be taken and the use of the photo or video.

MEDICAL RELEASE

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of Silicon Valley assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X-rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form. All immunizations required for school are up to date unless I have signed that I do not immunize my child.

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

YMCA of Silicon Valley reserves the right and will send anyone home (at parents'/guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardian's signature is required on the Photo Release, Medical Release and agreement to follow YMCA policies and guidelines in order for your child to participate in the YMCA program.

PARENT/GUARDIAN/CUSTODIAL ADULT SIGNATURE: **X**

DATE: _____



YMCA OF SILICON VALLEY
Getting to Know You

Thank you for letting your child spend time with us. Our goal is to help each child learn, grow and thrive. We'd like to start off by asking you to tell us a little about your child that we can share with our staff:

Child's Name (Nickname): _____ Date: _____

Parent/Guardian: _____

School: _____

1. Please tell us about your child. List special gifts, skills, talents, likes, dislikes and hobbies that you've noticed.

2. On a weekend or during vacation, what do you and your child/family like to do together?

3. Are there programs and activities you want to see your child take part in as part of the Y program? If so, what are they?
(For example, sports, learning better study habits, etc.)

4. By the end of this school year, what do you hope your child will have learned or how will your child have grown because of this program?

5. Is there anything else you would like us to know?

Please feel free to discuss this form as a family. You can give it to any staff, or bring it in and discuss it one-on-one with a staff member. Thank you again for letting us share in the development of your child.



YMCA OF SILICON VALLEY

Student Behavior Management Procedures

It is the goal of the YMCA of Silicon Valley to provide a healthy, safe, and secure environment for all School Age Child Care and After School Program participants. The YMCA teaches the core values of Respect, Responsibility, Honesty and Caring. Children attending the program are expected to follow the behavior guidelines and appropriately interact in a group setting.

PROGRAM BEHAVIOR GUIDELINES

- People are RESPONSIBLE for their actions.
- RESPECT each other and the environment.
- HONESTY will be the basis for all relationships and interactions.
- We will CARE for ourselves and those around us.

WHEN A CHILD DOES NOT FOLLOW THE BEHAVIOR GUIDELINES, THE FOLLOWING STEPS WILL BE TAKEN

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. The parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
5. A conference with the parent and staff will occur to determine the appropriate action.
6. A progress check or follow up will occur.
7. If the problem persists, a conference will occur with the parent, child, staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
8. If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent will be notified and expected to pick up the child immediately.
9. If a problem persists and/or a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
10. Expulsion from the program will be considered in situations involving violent acts or after all alternatives have been attempted to resolve the problem.

SUSPENSION* FOR THE REMAINDER OF THE CURRENT DAY AND THE NEXT DAY

- Children suspended from school are not permitted to attend the School Age Child Care and After School Program for the duration of the suspension.
- Children expelled from school are not permitted to attend the School Age Child Care and After School Program unless notified by the school authorities.
- Endangering the health and safety of the children and/or staff.
- Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- Theft or damage to YMCA, school, or personal property.
- Leaving the program without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.

(* If any of the behaviors listed above persists, a second suspension may occur pending expulsion.)

IMMEDIATE EXPULSION

- Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.
- Inappropriate interaction by parents, tutors or family towards other parents, participants or staff. (example: fights, hostile, etc.)

PARENT/GUARDIAN SIGNATURE REQUIRED

I have reviewed the Behavior Management Procedures with my child. I understand and agree to all of the terms presented in this document.

Parent/Guardian Signature

Date

Child Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SILICON VALLEY

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.



IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

	_____	_____	_____	_____
Signature of Applicant/Parent	Date	Print Name of Child in Program	Date	
_____	_____	_____	_____	_____
Print Name of Applicant/Parent	Date	Print Name of Child in Program	Date	
	_____	_____	_____	_____
Signature of Applicant/Parent	Date	Print Name of Child in Program	Date	
_____	_____	_____	_____	_____
Print Name of Applicant/Parent	Date	Print Name of Child in Program	Date	



YMCA OF SILICON VALLEY Consent to Participate in Program Evaluation

Your local YMCA and YMCA of the USA evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the children we serve are benefitting from this program.

Part of the evaluation involves collecting information from program participants. Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. Your child's participation in the program will not be affected. If you choose to participate in the evaluation, your privacy and your child's privacy will be protected. We will not use your child's name in any report or publication. Individual responses will not be made public. Your child's information will be secured. As required for evaluation purposes, we may share your child's information with our evaluation partners, who we require to protect your child's privacy and confidentiality.

For evaluation purposes, we ask your permission to:

- Collect demographic information on your child
- Track your child's attendance in this program

Where applicable, we also ask your permission to:

- Survey your child about his/her program experience
- Interview your child about his/her program experience
- Receive the results of assessments your child takes as part of the program
- Observe your child participating in the program
- Receive academic data from your child's school in accordance with applicable state and federal laws

Please review the program-specific information sheet to see what information is collected in your child's program.

- YES**, I agree to allow my child's information to be used as part of the program evaluation. I understand that this evaluation is part of the program my child is receiving and that my child's participation is voluntary.
- NO**, I choose not to allow my child's information to be used as part of the program evaluation.

If you sign below but do not check either box, we will assume you have agreed to the use of your child's information in the evaluation. This agreement remains in effect until you withdraw your permission.

Child's Name

Parent/Guardian Signature Date



Photo and Video/Audio Recording Release

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA of Silicon Valley, I hereby give my permission and consent, now and for all time, to YMCA of Silicon Valley, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities at YMCA of Silicon Valley, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Silicon Valley, I authorize, according to this Release, shall belong to YMCA of Silicon Valley, YMCA of the USA and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Silicon Valley;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Silicon Valley will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Silicon Valley, YMCA of the USA and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA;
- YMCA of Silicon Valley, YMCA of the USA and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Silicon Valley; and
- YMCA of Silicon Valley, YMCA of the USA and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Silicon Valley for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Silicon Valley, YMCA of the USA and third parties collaborating with YMCA of Silicon Valley and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Silicon Valley as described herein.

X
 Signature Print Name Date
 Address Age

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

X
 Signature of Mother/Father/Legal Guardian Date



YMCA OF SILICON VALLEY

Youth Development Policies and Procedures

Welcome to our Y programs. We consider parents/guardians as our partners in protecting children in our programs. Below is a summary of our key policies and procedures. We welcome your feedback and participation in our most critical and important job – providing quality care and ensuring your child’s safety at all times.

At the Y, we promise a sense of belonging, creating programs and services where all children feel welcomed and valued. The Y will make reasonable accommodation to fully include every child in activities.

- 1. Hiring and screening process:**
 - a. All new hire candidates are interviewed in person by multiple Y supervisors.
 - b. A minimum of three references are checked before an offer is made.
 - c. All Y staff are fingerprinted and cleared through the Department of Justice (DOJ). The Y will be notified immediately if there is an arrest of any employee thereafter.
 - d. In addition, all Y staff working on a school campus are fingerprinted and cleared through the Federal Bureau of Investigation (FBI).
 - e. No staff members may start work until their fingerprints are cleared.
- 2. Guidelines for staff - children will be supervised at all times by YMCA staff unless self-supervision for middle school (see #4) is in place:**
 - a. At no time during a Y program will a staff person be alone with a single child or two children where he or she cannot be observed by others.
 - b. Two staff members working in program could each supervise their own group of three or more children in separate spaces.
 - c. When a staff member is supervising a group of children in a building or classroom, he/she must have doors and window blinds open.
- 3. We will meet our ratio requirements and there will be a minimum of two staff working at all times – no exceptions.**
 - a. In the event that one staff member arrives late or is absent for unforeseen circumstances, the other scheduled staff will open all doors and blinds and remain near the doorway in full sight (while still supervising the child). He/she will immediately call a supervisor for a substitute.
- 4. There are self-supervision practices in place for middle school and high school youth on very specific field trips. YMCA staff are on site and have specific check-in protocols and procedures.**
 - a. Self-supervision is planned ahead and only permitted when a parent signs a permission slip.
- 5. Restroom supervision:**
 - a. Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities.
 - b. Staff will stand in the open doorway of the restroom while children are using the restroom. This allows for audio supervision of children, privacy for children and protection for staff (not placing them in the position of being alone with a child).
 - c. In case a younger child needs assistance, doors to the facility must remain open and a second staff is asked to be present.
 - d. No child, regardless of age, should ever enter a bathroom alone on a school campus, field trip or at another off-site location. Children must always be sent in threes (known as the rule of three) with a staff member.
- 6. Other than diapering, medical emergencies, or in parent approved special needs situations, children are not to be touched on areas of their bodies that would be covered by a swimsuit (the majority of the torso). Staff is trained how to deliver appropriate touch (as long as the child is comfortable) including high fives, a gentle hand on a shoulder, or a shoulder-to-shoulder side hug, if a hug is initiated by the child, etc.**

- 7.** Y staff may not be in contact with participating children outside of the program for any reason.
- 8.** Y staff may not babysit participating children outside of the program. Please support this policy by not asking Y staff to care for your child outside of the program.
- 9.** Y staff members are not allowed to communicate or engage with participating students via Facebook or any other form of social media.
- 10.** Y staff may not take photos of children under 18 in our programs on any personal electronic devices.
 - a. If a staff member wants to take participant photos for Y communications, the camera must be owned by the Y (or a professional photographer may be engaged).
 - b. Staff will check for the photo/video release on the signed Health History form.
- 11.** Staff may not sit in seats with students on field trip buses.
 - a. Staff either sit together or by themselves.
 - b. Staff will spread out on the bus for supervision.
 - c. Staff will visually supervise students at all times.
- 12.** Cleaning practices
 - a. End-of-day facility cleaning may only be done by staff that are not supervising children.
 - b. On-going cleaning (i.e. wiping a table before and after snack) may continue to be conducted over the course of the day as long as supervisory responsibilities are not interrupted.
- 13.** There will be a designated program supervisor on campus at all times.
- 14.** Parents/guardians of our program participants are invited and encouraged to observe our operations at any time, ask questions, provide feedback and suggest improvements as appropriate.

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing San Jose Regional Office

ADDRESS

2580 N. First Street, Suite 300

CITY

San Jose

ZIP CODE

CA

AREA CODE/TELEPHONE NUMBER

95131

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 2580 N. First Street, St. 300, San Jose, CA 95131

Licensing Office Telephone #: 408-324-2148

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: *This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.*

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.



Youth Development Credit Card/Bank Draft

A. PERSONAL INFORMATION – PLEASE PRINT LEGIBLY

Primary Member First Name Last Name

E-mail Address Member Number (if applicable)

B. CREDIT CARD ACCOUNT INFORMATION

Card Type: Visa OR Master Card

Card Issuer (e.g. Bank of America):

Card Number: Expiration Date: / /

Name on Account (Please Print)

C. BANK ACCOUNT INFORMATION

A voided check is needed to complete bank draft transactions. I understand that if my bank account has an NSF (sufficient funds not available) my account will be drafted at the next available draft. **(ATTACH A VOIDED CHECK)**

Name on Account (Please Print) Date Account Holder's Signature

Beginning on the 3rd OR 20th of (Enter Month) the following charges will be continuously drafted:

*For Child Care programs, drafts will occur on the 3rd or 20th prior to service.

MEMBER / PARTICIPANT	PROGRAM ACTIVITY	DRAFT AMOUNT

I authorize the YMCA of Silicon Valley to deduct a monthly charge to my credit card/financial institution in the amount listed above. I agree to give a 15-BUSINESS DAY WRITTEN NOTICE prior to my WITHDRAWAL DATE. I understand that if my credit card is declined or my bank draft is rejected, a \$20 service charge will be applied to my account. I also understand that if I do not cancel my Child Care or After School program within 15-business days prior to my draft date, my account will be drafted for the full amount and there will be no refunds.

Member Signature Date

FOR STAFF USE ONLY

Staff Name Child Care / After School Participant New Member Change

Branch: CN EC EPA EV MM NW PA RW SEQ SW SV (Circle one)