

GOOD FUN IN GOOD HANDS

Childcare Enrollment 2018-2019

This enrollment packet is intended to be completed for children who have never enrolled in the Joplin Family YMCA childcare programs, as well as ALL children ages 6 & below. For re-enrollments, only a change form & financial authorization are needed.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JOPLIN FAMILY YMCA

3404 W. McIntosh Circle Dr.
Joplin, MO 64804
417 781 9622

Serving the communities
of Joplin, Webb City,
& Carl Junction!

www.joplinfamilyy.org | Find us on  & 



JOPLIN FAMILY YMCA CHILDCARE WELCOME TO THE FAMILY

ENROLLMENT PACKET CHECKLIST

To ensure your enrollment packet is completed in its entirety, please check each item you have either signed or provided. A completed checklist equates to a completed enrollment packet.

- Child Care Enrollment Form (2pgs.)
- Parent's Health Statement
- Medication Authorization
(For any medication needed while in care)
- Individual Plan for Specialized Care
- Behavior Management
- Release of Liability
- Media Release
- Permission for Child to Leave Facility
(Needed for Camp Programs)
- Financial Agreement / Autopayment
- *Provide current immunization records.**
(Needed for ALL Programs)

***Please attach a copy of your child's most recent immunization records.**

PROGRAM SELECTION

- School Plus Afterschool Care (Please write in school name): _____
- Joplin YMCA Summer Day Camp (WEEKLY)
- Joplin YMCA Summer Day Camp (DROP)
- Joplin YMCA Spring Break Camp
- Joplin YMCA Winter Break Camp

If at any time you have questions or concerns, or if there is something we can do to better serve you, please contact us using the information below, or stop by to speak with us in person. We are here for you!

JOPLIN FAMILY YMCA
3404 W. McIntosh Circle Dr.
Joplin, MO 64804
417 781 9622



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION / BUREAU COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

FATHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
 (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		
NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

COMMENTS ON CHILD'S DEVELOPMENT

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM.	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM.	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

CACFP REQUIREMENT

PLEASE ALSO COMPLETE PAGE 2.

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY		
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVE SNACK <input type="checkbox"/> NONE		
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY		
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND 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 NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE			
 _____ DAY CARE CENTER OR HOME PROVIDER			
TO CONTACT THE FOLLOWING:			
PHYSICIAN OR CLINIC			
NAME			PHONE
PREFERRED HOSPITAL			
NAME			PHONE
ACKNOWLEDGEMENTS			
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.	PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED	PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD	PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE
▶			
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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HEALTH STATEMENT (CHECK ONE)

- My child is in good health, is able to participate in group care, has no special health or medical requirements.

- My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
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DOSAGE	TIME(S) OF DAY
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POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
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RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME



Missouri Department of Health and Senior Services
Section for Child Care Regulation
INDIVIDUAL PLAN FOR SPECIALIZED CARE

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

AREA OF CONCERN

ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE

MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS

If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?

SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY

PHYSICIAN/SPECIALIST SIGNATURE

DATE

X



JOPLIN FAMILY YMCA BEHAVIOR MANAGEMENT

It is our goal to provide a healthy, safe, and secure environment for all program participants. Children who attend this program are expected to follow the YMCA's behavior guidelines, which are based on the Y's four core values of caring, honesty, responsibility and respect, and to interact appropriately in a group setting:

- We will care for ourselves and for those around us.
- Honesty will be the basis for all relationships and interactions.
- People are responsible for their actions.
- We respect each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

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. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem still persists, staff will schedule a conference that includes the parent, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor/teacher may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations. If a child is expelled mid-week, child care fees for the week are non-refundable.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or program rules
- Using profanity, vulgarity, or obscenity
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

PARENT SIGNATURE REQUIRED:

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

Parent's signature

Date

Child's signature (School Age Programs Only)

Date



JOPLIN FAMILY YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heir, 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 programs 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.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participation in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability damage, or cost they incur due to the presence of the undersigned 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or 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 by the law of the State of Missouri 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

date ____/____/____ participant's signature _____

date ____/____/____ parent's/guardian's signature _____



JOPLIN FAMILY YMCA
MEDIA RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the YMCA, its legal representatives, successors and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use and publish photographs and attached story in any and all media, of or concerning _____ (participant's name), in whole, in part, or in composite, for purposes of YMCA art, advertising, education or promotion, or for any other purposes consistent with the YMCA mission.

I agree that the photograph and story becomes the exclusive property of the YMCA, and I waive all rights there to. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

I represent that I am of the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives and assigns.

No modifications of the agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement.

Please check one:

Yes, my child may be photographed. No, my child may NOT be photographed.

Date: _____ Parent/Guardian Signature: _____

Address: _____

Phone: _____

JOPLIN FAMILY YMCA



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	
DATE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	
DATE	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JOPLIN FAMILY YMCA
**FINANCIAL AGREEMENT &
AUTHORIZATION FOR
AUTOPAYMENT**

Child's Name _____ Date of Birth _____

Responsible Party's Information

Name _____
First MI Last
 Address _____
Street Apt # City State Zip
 Home Phone # _____ Cell Phone # _____ Work # _____
 Social Security # _____ Relationship to child _____ Email _____
 Preferred method of contact: Phone _____ Email _____

- Automatic bank and credit card drafts for the enrolled child's tuition are processed at 9am on Monday mornings, regardless of bank holidays, unless the Joplin Family YMCA billing office is closed.
- Weekly tuition is billed at a flat weekly rate. No other discounts will be provided based on closures or absences for holidays, illness, weather or any other unforeseeable events. I understand I will be charged the same rate every week whether the enrolled child attends the program or not.
 - I understand I am only allowed ONE excused week of absences per calendar year.
 - A written notice must be submitted to Childcare Billing Office a week prior or no later than the Friday prior to any additions/changes to the enrolled child's record/account. Add/Change Forms are available at the site or online for me to use as written notice for cancellation out of the program and for additions/changes. If I do not provide advance written notice, I will be charged the regular weekly rate.
- If the child is enrolled into the activity days or drop program, my payments are due in advance and must be received before the child attends the program. Proof of payment will be required at drop off. If payment is not made before the enrolled child attends, I will incur a \$10 late fee. If I do not make my payment in full by close of business Friday, my balance will be automatically deducted from my bank account or charged to my credit card the following Monday.
- A ONE TIME and PERMANENT switch from the weekly program to the daily drop program (and vice versa) is allowed. Written notice of the switch must be submitted by a week or Friday prior to the planned week of change.
- I am fully responsible for updating changes to my credit/debit card number, expiration and security code or my bank checking/savings information a week or the Friday prior to my next bank draft date.
- If my payment for my tuition or balance is returned or declined, I will be notified immediately and will be assessed a \$25 return-payment fee, and my payment will be due immediately.
- If I do not make my payment in full by close of business Friday, the enrolled child will not be allowed to attend the program until payment is made.
- If I receive assistance through a third party agency, I am fully responsible for the remaining balance the third party does not pay.
- If the enrolled child is not allowed to attend the program due to non-payment and I do not make payment, I will be referred to a third-party collection agency.

BANK DRAFT (Attach a voided check to this form)

Name on Bank Account _____
 Name of Bank _____
 Routing # _____
 Account # _____
 Checking Savings

CREDIT CARD DRAFT

Name on Card _____
 Card Type _____
 Card # _____
 Expiration Date _____
 Security Code _____

I have given authority to the above bank or credit card company to honor all preauthorized ACH drafts on my account for childcare payment and/or outstanding balance due for the current program my child is enrolled.

I understand that by signing this form I assume all financial responsibility for this child and agree to abide by all policies in the parent handbook (included with the enrollment packet).

Parent/Guardian Signature: _____ Date: _____



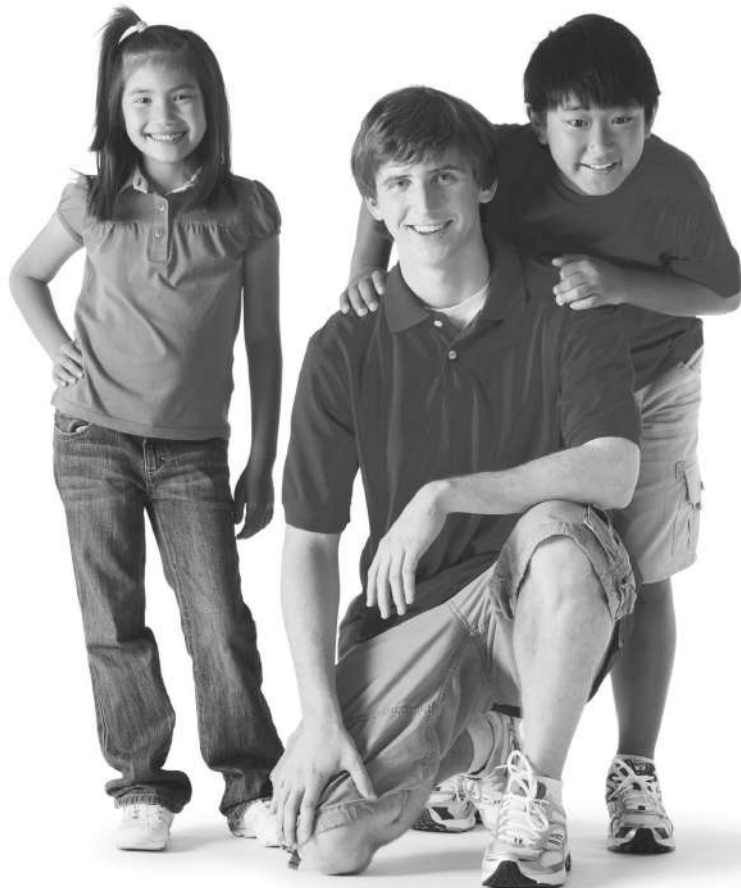
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A GREAT END TO EVERY SCHOOL DAY

School Plus Afterschool Care JOPLIN FAMILY YMCA

Available at these area schools:

Carl Junction
Carterville
Cecil Floyd
Columbia
Eastmorland
Harry S. Truman
Irving
Jefferson
Kelsey Norman
Madge T. James
Mark Twain
McKinley
Royal Heights
Soaring Heights
Stapleton
Webb City Middle School
West Central



JOPLIN FAMILY YMCA

3404 W. McIntosh Circle Dr., Joplin, MO (P) 417 781 YMCA (F) 417 625 2503 joplinfamilyy.org

The Joplin Family YMCA's School Plus Program is an after-school care and activity program designed to provide a safe, nurturing environment for children in elementary school. It is held on site at participating schools and is supervised by Joplin Family YMCA staff. For safety and your peace of mind, all members of our staff are CPR-certified and have undergone background checks. Each site director has specific training in education.

If an emergency situation should arise, please contact the Joplin Family YMCA at 417 781 9622 between the hours of 2:45pm and 6:00pm.

SCHOOL	PHONE NUMBER
Carl Junction	417 629 8122
Cartersville	417 673 6080
Cecil Floyd	417 629 8124
Columbia	417 625 5325
Eastmorland	417 625 5340
Harry S. Truman	417 673 6085
Irving	417 629 8123
Jefferson	417 625 5355
Kelsey Norman	417 625 5360
Madge T. James	417 673 6075
Mark Twain	417 673 6050
McKinley	417 625 5365
Royal Heights	417 629 8128
Soaring Heights	417 625 5330
Stapleton	417 629 8127
Webb City Middle School	417 673 6045
West Central	417 625 5380

PROCEDURES

Each site is its own licensed facility; at each site, the children meet in the cafeteria immediately after school is dismissed and stay in the site's gym. (Carl Junction's site is in the Instructional Services Center; K/1 children will meet in the cafeteria and will be walked over to the Instructional Services Center with a staff person from the Joplin Family YMCA. Grades 2-5 students will need to meet in the foyer in front of the auditorium and will walk to the Instructional Services building with a staff person from the Joplin Family YMCA.)

You will be oriented with our School Plus Program when you register at the Joplin Family YMCA. You will be asked to read through and sign the policies and fill out an enrollment form.

In addition to completing the enrollment information, you will also need to supply us with a copy of your child's current immunization record.

TIMES AND HOURS OF OPERATION

The Joplin Family YMCA School Plus Program will be offered Monday through Friday **whenever school is in session.** Hours of operation are from immediately after school until 6:00pm.

For families who will be utilizing the State Assistance Child-care Program, the following DVN numbers are listed for your caseworkers. The numbers are also the license number for each site.

SCHOOL	DVN NUMBER
Carl Junction	001994865
Cartersville	002325817
Cecil Floyd	000284099
Columbia	000359099
Eastmorland	000359106
Harry S. Truman	002319128
Irving	002303439
Jefferson	000310309
Kelsey Norman	000284124
Madge T. James	002319226
Mark Twain	002319217
McKinley	002155706
Royal Heights	000310318
Soaring Heights	002444840
Stapleton	000284115
Webb City Middle School	002699834
West Central	002155699

DAILY SCHEDULE

Every School Plus site offers a unique and special experience for all children. All School Plus programs will offer the same style of activities, quality of snack and the same policies and procedures. Samples of daily schedules are shown below:

JOPLIN AND WEBB CITY SCHEDULE

2:45pm	Arrival Time/Roll Call
3:00pm	Restroom Break
3:15pm	Snack Time
3:45pm	Homework/Arts & Humanities/ Health, Wellness & Fitness
4:30pm	Free Time/Outdoor Play
5:15pm	Indoor Activities
6:00pm	School Plus Closing Time

CARL JUNCTION SCHEDULE

3:20pm	Arrival Time
3:30pm	Combine Groups/Roll Call
4:00pm	Snack Time
4:30pm	Homework/Arts & Humanities/ Health, Wellness & Fitness
5:00pm	Free Time/Outdoor Play
5:30pm	Indoor Activities
6:00pm	School Plus Closing Time

PAYMENT INFORMATION

Each child is considered to have his/her own account, and tuition is due IN ADVANCE weekly for each child. We will not become involved in disputes between parents as to who will pay the necessary fees. If a parent has not paid the fee, the child's account will be considered unpaid, resulting in the child not being able to attend. Services will be suspended for accounts that become seven days past due.

FEES

- \$39 per week per child
- No discounts will be given for partial weeks attended due to conferences, in-service programs, illness, school cancellations or days parents choose not to send their child.
- Every participant also must pay at \$25.00 non-refundable enrollment fee due at the time of enrollment.

PAYMENT: Program payments are made through weekly auto bank draft with credit or debit card or through a checking or savings account. Auto-bank drafts are processed at 9:00am on Monday mornings, regardless of bank holidays, unless the Joplin Family YMCA is closed. NO EXCEPTIONS.

Scholarships are available through our Open Doors program. Please see the Joplin Family YMCA Welcome Center for information. Families who have received assistance previously must re-apply each year. Parents are responsible for the balance owed after third-party payments.

If a bank draft is returned or declined, you will be notified immediately and will be assessed a \$25 returned-payment fee, and your payment will be due immediately. If you do not make your payment in full by close of business on Friday, your child will be suspended from the program until payment is made. If your child is suspended from the program due to non-payment and you do not make payment, you will be referred to a third-party collection agency.

End-of-year tax statements can be requested from the Child Care Billing Office the last week of January. We distribute tax information for the School Plus and Day Camp Programs only.

CHILDREN NOT PICKED UP BY 6:00PM

Children must be picked up by 6:00pm. There is a 10-minute grace period during which a fee will not be charged. However, after 6:10pm, parents will be charged \$1.00 for each minute that the parent is late, according to the school clock. If the 10-minute grace period is abused, as determined by the site director, parents will be notified, and charged \$1.00 per minute after 6:00pm. After three late-fee charges, your child will be dismissed from the program.

After all attempts to contact parents and emergency contacts have failed, a child who is picked up by 8:00pm will be considered abandoned. The police department and the Division of Family Services will then be called.

SIGNING IN/OUT PROCEDURE

It is mandatory that you or someone approved on your child's enrollment form sign your child out of the program each day. A child can only be released to persons listed on the enrollment form. Persons who do not regularly pick up your child will be asked to show a picture ID. You also may be asked for ID on occasion. Only individuals 15 years of age or older may pick up a child from the program. There will be no exceptions.

SNACKS

Children will be provided a daily, healthy snack. Notify staff of any food allergies. If your child does have food allergies, we will have to have a doctor's letter on file.

CURRICULUM

Every School Plus site has its own unique style of programming. Each site director utilizes proved educational principles to enhance child development. Children will be given time to work on their homework, or have time to themselves to draw or color. We will do group games, play on the outdoor equipment and have time for free play with a large variety of board games, card games, building blocks, and more.

PARENT/GUARDIAN VISITATION

Parents/guardians are welcome to visit the program at any time. We would love to have you share your job skills or hobbies with us. Please check with your site director for a date if you wish to share your skills/hobbies with the School Plus program. If at any time your visitation disrupts the program, you will be asked to leave.

PERSONAL PROPERTY

The Joplin Family YMCA is not responsible for any personal property brought to the School Plus site. Please label your child's belongings. If any property is brought to a program site that may cause a disruption, you will be asked to remove the property. Check with your site director about rules concerning items such as hand-held game devices, trading cards, etc.



ILL CHILDREN

A child may NOT enter the School Plus Program if he/she is experiencing any of the symptoms below:

- Fever of 100 degrees Fahrenheit or higher
- A rash that may be considered contagious
- Vomiting or diarrhea twice or more on the same day of the program
- Head lice (including nits or eggs)
- Any other illness that is deemed contagious

Children who are suspected of having a contagious illness SHALL NOT BE ACCEPTED INTO CARE. If a child becomes ill while in the School Plus Program, parents/guardians are requested to come for their child at once. Should the ill child have a fever of 100 degrees Fahrenheit or above, or visible symptoms of an illness, such as a rash, the child will be isolated from the other children and will be monitored by a staff person until the parent/guardian arrives. Any neglect of this policy may result in your child being permanently released from the program.

MEDICATION POLICY

Please list on your child's enrollment form all medications taken regularly. If an accident occurs, it is very important to know what medications are taken at home. A child may not receive medication of any type during the School Plus Program unless absolutely necessary and required by the doctor to be given during the program. If this is the case, we require parents/guardians to please follow these procedures:

Fill out a School Age Child Care medication form, advising the site director of the amount and frequency of dosage.

The medication must be in its original container, with the pharmacist's label marked with the prescription name, date, child's name and physician's name. (Your pharmacist will provide an additional container for this purpose.)

At the end of the medication period parents should take home any unused medication. The School Plus Program is separate from the school. We cannot accept or assume instructions from the school concerning medication, **ONLY FROM YOU.**

HEAD LICE

If your child contracts head lice, he/she may not stay in the program. If we find evidence of head lice on your child, you will be called to pick your child up immediately. He/she may not return until treated and upon our staff finding no evidence of eggs or lice. Head lice is highly contagious. We cannot put other children at risk. If we do find a case, we will examine the other children for head lice and notify all parents whose children have head lice.

ACCIDENTS

The Joplin Family YMCA is not responsible for any injury incurred while children are at the School Plus Program. Parents/guardians will assume responsibility for all medical costs while their children are attending Joplin Family YMCA programs.

SPECIAL CARE PLANS

If your child has special needs as defined by the Missouri Department of Health, you will be required to complete a Special Care Plan. This form will allow us to better serve the needs of your child. All YMCA child care programs try to accommodate children's needs as much as possible. Unfortunately, there are times our programs cannot meet the needs of all children. In such cases we will be glad to offer suggestions for appropriate care through other programs.

CHILD CUSTODY CASES

You must present legal documents if for some reason your child cannot legally be picked up by one parent or the other (i.e., divorce papers, ex parte). You are required to complete all parents' information on the enrollment form. We cannot refuse a parent if he/she wants to pick his/her child up if that parent is on the enrollment form. If a legal parent can produce proof of his/her legal relationship to the child, we must allow him/her to take the child. **WE MUST HAVE COURT PAPERS TO PROHIBIT A LEGAL PARENT FROM TAKING HIS/HER CHILD.** Our School Plus staff will stay neutral to the best of their ability in all cases involving child custody.

DISCIPLINE

Children count on the wisdom of adults to set reasonable limits for them. Limits are necessary to maintain safety, protect health and guard the rights of others. Only constructive methods of discipline shall be used to promote a child's self-discipline and good behavior. Discipline differs from punishment. Discipline focuses on the expected, appropriate behavior rather than on negative, inappropriate behavior. The attitude of the staff is to instruct rather than to condemn. Discipline is a process of teaching, learning and positive reinforcement. Group control is necessary, but discipline is addressed on an individual basis. You may schedule an appointment with the School Age Services Team Leader at any time to discuss any issue relevant to your child's progress in the program.

A write-up will be used any time a situation has occurred with a child in which a certain behavior has disrupted the program, harmed or potentially harmed any child involved or has caused concern from staff that the behavior could serve to diminish the program. The first write-up will serve as a warning to the student and will be discussed with the parent/guardian. A second write-up can result in a 1- to 5-day suspension from the program. A third write-up can result in expulsion from the program until the following school year. **IF A SEVERE BEHAVIOR INCIDENT OCCURS, YOUR CHILD MAY BE SUSPENDED OR EXPELLED IMMEDIATELY.**

The Joplin Family YMCA makes every effort to ensure the safety of all children. That is why we will not tolerate any violent or aggressive behavior. The steps above can and will be superseded, and we will move to an immediate suspension or expulsion, if the behavior displayed by your child is deemed by the Joplin Family YMCA to be severe enough to potentially put your child or other children in danger. Bringing any potentially dangerous objects to the program (knives, smoke bombs, firecrackers, guns, etc.) is strictly prohibited.

