



YMCA of Catawba Valley Child Development Centers

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

Office Use Only:

Date Application Completed or Updated _____
Date of Enrollment _____ Classroom _____
Reg. Fee Amount _____ Weekly Rate _____
Branch: _____ Hickory _____
Shuford _____

CHILD INFORMATION: School Attending: _____ 2020-21 Grade: _____

Full Name _____ Date of Birth: _____ Age: _____ Sex: _____
Last First Middle Nickname

Race: _____ Asian/Pacific Islander _____ African American/Black _____ Alaskan Native _____ Hispanic _____ Native American _____ Caucasian/White _____ Other

Child's Physical Address: _____ City _____ State _____ Zip _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ D/O/B _____ Mother/Guardian's Name _____ D/O/B _____

Address (if different from child's): _____ Address (if different from child's): _____

City _____ State _____ Zip _____ Phone Number _____ City _____ State _____ Zip _____ Phone Number _____

Place of Work _____ Work Phone _____ Place of Work _____ Work Phone _____

Email address: _____ Email address: _____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
------	--------------	---------	--------------

Name	Relationship	Address	Phone Number
------	--------------	---------	--------------

Name	Relationship	Address	Phone Number
------	--------------	---------	--------------

Name	Relationship	Address	Phone Number
------	--------------	---------	--------------

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes___ No___

*List any allergies and the symptoms and type of response required for allergic reactions: _____

*List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: _____

*List any particular fears or unique behavior characteristics the child has: _____

*List any types of medication taken for health care needs: _____

*Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Parent/Guardian Signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator: _____ Date _____

Please read and sign: WAIVER OF LIABILITY: I fully assume and understand the risks of my child participating in the child development program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry medical insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my child's participation in this program or the instruction received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. I authorize the YMCA to transport my child and to play outside the fenced in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent/Guardian Signature _____ Date _____

Child Immunization History

Child's Name _____ Date of Birth _____

Instructions: Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record. G.S. 130A-155(b) requires child care facilities to file this information. Please refer to page 2 for the Minimum State Vaccine Requirements for Child Care Entry and the additional Vaccines Recommended by the Advisory Committee on Immunization Practices.

Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Vaccines	1	2	3	4	5
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOI	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax Hib **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prevnar, Pneumovax***						

Legend:
 *Required by state law for children born on or after 7/1/2015.
 ** 3 shots of Pedvax Hib are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.
 ***Pneumovax is a different vaccine than Prevnar and may be seen in high risk children.
 Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (and in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP), But NOT Required

Vaccine Type	Vaccine Abbreviation	Trade Name	Recommended Schedule	1	2	3	4	5
Rotavirus	RV Rota	Roteteq Rotarix	2 months, 4 months, 6 months					
Hepatitis A	Hep A	Havrix Vaqta	12-23 months, then another dose within 6-18 months					
Influenza	Flu	Fluzone Fluarix FluLaval Fluvirin FluMist Afluria	Annually after 6 months of age					

Child's Name _____ **Enrollment Date** _____

Enrollment Policy

At YMCA Child Development Centers, we believe our centers should have an organized enrollment criteria that all families must adhere to in order to obtain all necessary data we need to care for your child on a daily basis.

Plan:

Prior to the child's attendance, a conference with the parent or legal guardian and the child, is required to acquaint each new family with the environment, staff and schedule for childcare. During the visit, the parent or legal guardian will have a personal interview with the Director and/or Assistant Director and an opportunity to review the Parent Handbook.

The following forms will be completed and submitted to the Director, Assistant Director or Administrative Assistant prior to the child's first day of attendance.

1. Application forms-completed by parent or legal guardian. Please provide detailed emergency contact information and keep Director, Assistant Director and/or Administrative Assistant updated as to any changes. Please provide detailed health insurance information.
2. Child Care Health Assessment-Please attach an updated record of immunizations. This information must be up-to-date; therefore, provide a copy of each updated immunization record to the center to be kept in each child's file.

All incomplete forms will be returned to the parent or legal guardian for completion prior to the child's first day of attendance. If upon review of a child's health record it is determined that a significant health service has not been done, the Director, Assistant Director or Administrative Assistant will notify the parent or guardian. Health care referrals will be provided when requested or needed. The parent or guardian will be given 30 days to obtain the required health services before the child is considered for exclusion from the center.

I, _____ have read and understand the following policies and procedures:
(Parent/Guardian)

- **Enrollment/Center Operational Policies**
- **Hand Washing Policy for Children and Staff**
- **Exclusion Policy**
- **Child Abuse & Neglect/Mandatory Reporting**
- **Smoking and Tobacco Restriction**
- **Parent Participation Plan**

Parents/Guardian Signature _____ **Date** _____

I, _____ the parent/guardian of _____
have read, understand and agree with the center's policy handbook and have received a copy of the handbook and a Summary of NC Child Care Laws and Rules.

Parents/Guardian Signature _____ **Date** _____

Child's Name _____ Enrollment Date _____

Exclusion for Illness Policy

At the YMCA CDC's, we believe our center should promote healthy behaviors as well as prevent the spread of contagious diseases. In order to do this, we must temporarily exclude sick children from our center so that the health and safety of other children in our care is not comprised.

Therefore, we will exclude children if:

1. The child's illness prevents the child from participating in activities that our program offers for well children or mildly ill children.
2. The illness requires more care than the childcare staff is able to provide without compromising the needs of the other children in the program.
3. Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact with.
4. If the child exhibits the following signs or symptoms:
 - Fever, sore throat, rash, vomiting, diarrhea, earache, irritability, lethargy, or confusion. Fever is defined as having a temperature of 100F or higher taken under the arm, 101F taken orally, or 102F taken rectally.
 - Diarrhea-runny, watery or bloody stools
 - Vomiting-two or more times in a 24 hour period
 - Body rash, undiagnosed
 - Sore throat with fever or swollen glands
 - Severe coughing
 - Untreated infestation such as nits, lice, or scabies
 - Eye discharge-thick mucus or pus draining from the eye, or pink eye
 - Yellowish skin or eyes
 - Child is irritable, continuously crying, or requires more attention than staff can provide without harming the health and safety of other children in their care.

If the child care staff is uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a primary care provider notifies the child care program through telephone conversation or note that the child may attend. Before a child may return to the center after being excluded for a contagious illness, approval from a medical professional must be obtained by the parent stating the child is no longer contagious and may return to the center. A child who does not meet any of these conditions listed above does not need to be excluded. For further information regarding exclusion, please see the Exclusion Criteria Form.

Parents/Guardian Signature _____ Date _____

Child's Name _____

Enrollment Date _____

YMCA Child Development Center Discipline & Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

WE:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences for their behavior.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out": ("time-out" is described below).
12. DO stay consistent in our behavior management program.

WE:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny for or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

While in the care of our center, we teach children to respect themselves, their friends and teachers, their environment and materials. Most of the time, small behavior issues and concerns are communicated to the parents through routine interactions at drop off and pick up times. In some instances, children who are disruptive or continuously aggressive may need a behavioral plan put in place. A parent meeting will be requested if a behavioral plan needs to be put in place for any child.

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, the YMCA will not be able to tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child's behavior continuously takes away from the care and safety of the others, enrollment termination might be required. However, in most cases, the following processes will be followed:

Child's Name _____ Enrollment Date _____

- Teachers will document behavior issues in a classroom notebook and will notify parents of such behaviors. Parents are expected to further address the issue with their child at home. In some instances, follow up with a professional for an evaluation may be recommended. If so, parents will be expected to cooperate for continued enrollment.
- If a child exhibits violent or aggressive behavior, the child will be excluded from group activities for a period of time. Depending on the age of the child and the severity of the incident, the child may be allowed to return to the group after the situation is diffused. (This will be allowed no more than two times in one day.)
- If a child's aggressive behavior continues the same day the parent will be called. The parent will be expected to make arrangements to pick up the child **immediately**. If the child is not picked up within an hour, he/she will be excluded from care the next operating day.
- If a child is sent home more than 3 times due to aggressive behavior, the following options are available:
 - A parent meeting to discuss and implement a behavioral action plan, which may include additional professional services and assessments from the Children's Resource Center such as behavioral intervention from a therapist and/or Triple P classes offered through the Children's Resource Center or you may go through a private company.
 - The family can seek an alternate care arrangement for their child. In most cases, we can accommodate up to a 2 week period while a family is looking for another arrangement. Please see the director to see if this is possible for your family.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, the YMCA will inform the child's family and get written approval for contact with outside resources for assessment and assistance.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Parents/Guardian Signature _____ Date _____

Child's Name _____ Enrollment Date _____

TRAVEL AND ACTIVITY AUTHORIZATION

Blanket permission for all given activities.

I, _____, parent/guardian of _____, give my
Name of Parent/Guardian Name of Child
permission to the YMCA Child Development Centers for my child to participate in the following activities:

Trips in the YMCA Bus/or automobiles (facility or staff-owned)
Field trips away from the facility

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Blanket permission for all given activities.

Parents/Guardian Signature _____ Date _____

This authorization is valid from enrollment date _____ to termination date _____.

In addition, if the facility has planned activities outside the fenced area of the facility, I will allow my child to play outside the fenced area.

Parents/Guardian Signature _____ Date _____

This authorization is valid from enrollment date _____ to termination date _____.

Photograph/Videotaping Authorization

I agree the YMCA may photograph or videotape _____ and the YMCA
(child's name)
may use those photographs or videotapes for their marketing purposes, and I release the YMCA from any claim or liability related to that use, waives all claims for myself, my heirs and assignees against the individual YMCA staff and the YMCA of Catawba Valley.

Parents/Guardian Signature _____ Date _____

YMCA OF CATAWBA VALLEY

CHILDCARE FINANCIAL GUIDELINES

It is the intent of the YMCA of Catawba Valley to provide quality care for each child. The YMCA of Catawba Valley is a non-profit organization; therefore, it is important for each parent to pay for services rendered. If you are unable to pay for services, please contact the Department of Social Services or other third party agencies for assistance. Should you be turned down for assistance, please bring your denial letter to the facility of your choice for more information about applying for YMCA financial assistance. *Participants who receive subsidy through the Department of Social Services or other agencies must also follow these guidelines when paying parent fees.*

Y MEMBER / NON Y MEMBER CHILDCARE RATES: The YMCA of Catawba Valley discounts fees if you have a "Family with Dependents Membership" with the enrolled child listed as a member.

WITHDRAWING: We require a two week notice in writing to withdraw from the program.

UNEXPLAINED ABSENCES: After ten days of unexplained absences occur, your child will automatically be withdrawn and you will be responsible for payment of those ten missed days.

CHANGE IN PAYMENT PLAN: A two week written notice must be received and approved by the branch director to change your payment plan. No week or month will be prorated.

LATE PAYMENTS: Payments not received by 6pm on Friday will result in a \$35.00 late fee applied to your account.

DELINQUENT ACCOUNTS: Payments not received by Friday following the due date are considered delinquent and your child may not attend childcare. Regardless of the reason your child is withdrawn from the program, the balance due on the account will be sent to third party collections.

SPECIAL ARRANGEMENTS: Any special payment arrangements between you and the Childcare Director must be in writing and signed by all parties.

CUSTODY ARRANGEMENTS: The parent/guardian signing this form is responsible for payment.

***** NO CASH IS ACCEPTED AT THE SITE *****

Please choose a payment option:

- ☐ **Payment Option 1: AUTOMATIC WEEKLY Bank Draft:** Provide the Y with your banking information/authorization and the payment for each week will be automatically deducted from your bank account the Friday prior to each week of childcare service. Please attach a VOIDED check to this form. Returned charges to your bank account will result in a delinquent account and you may incur additional fees.
- ☐ **Payment Option 2: AUTOMATIC WEEKLY Credit/Debit Card Charge:** Provide the Y with your credit/debit card authorization and the payment for each week will be automatically charged to your account the Friday prior to each week of childcare services. Declined charges to your credit/debit card will result in a delinquent account and you may incur additional fees.

I choose to use the AUTOMATIC WEEKLY Credit/Debit Card Payment OR AUTOMATIC WEEKLY Bank Draft.

By completing the information below, I authorize the YMCA to charge the weekly fee to my credit/debit card or bank account each Friday for the following week of childcare services.

Parent/Guardian Name: _____ **Childs Name** _____

Cardholder Name: _____ **Contact Phone#:** _____

VISA/MASTERCARD/ DISCOVER/ AMEX Card Number: _____ - _____ - _____ - _____

Expire Date: _____ / _____ **Security Code:** _____ **Signature:** _____
month year

OR add Bank Account Information

Routing Number: _____ **Account Number:** _____
Name of Banking Institution: _____ **Signature:** _____

By signing below, I agree to comply with the financial commitment stated above.

Print Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____ / _____ / _____

Combined Enrollment And Eligibility Form For CACFP July 1, 2020 through June 30, 2021
 This Center Participates In The Child and Adult Care Food Program: Site Number: 189
 Hickory Foundation YMCA CDC

First Name Include Nicknames	Last Name	Date of Birth	Normal Drop Off And Pick Up Times		Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily ¹
			Drop Off	Pick Up		
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE
			:	:	M TU W TH F S SU	B AM LU PM SU EVE


¹ B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack

Check One Ethnicity Below:

Hispanic ☐
 Non-Hispanic ☐

Check One Or More Race(s) Below:

☐ American Indian Including South or Central America/Alaskan Native
☐ Black/African American ☐ Asian ☐ White
☐ Native Hawaiian/Other Pacific Islander

* Enter Confidential Eligibility Information In Boxes A, B, C, and/or D
Everyone signs in Box E : 

Box A

Name any children on this form who are enrolled in Head Start:

1. _____ 2. _____ 3. _____ 4. _____

Box B

Name any children on this form who are Court Appointed Foster Children living with you or Homeless Children you are hosting (including children evacuated from Japan or Bahrain): See Box B On Back

1. _____ 2. _____ 3. _____ 4. _____

Box C

Enter a case number here if you have one:

SNAP (Food Stamps) # _____ TANF # _____ FDPIR# _____

Box D

IF you enter nothing in Boxes A, B, or C **AND** your before-tax household income falls below the guidelines on the back in Box D, enter names and income amounts below for all people in your household *other than the children on this form*. Include Yourself!:

Names of household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

ONLY IF you fill out Box D, enter last 4 digits of your Social Security # XXX-XX- Check if you don't have a SS # ☐



Box E EVERYONE Signs HERE:

Date: _____ Parent/Guardian Signature: _____ Print Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

I certify that all of this information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.

Office use only: Total household size: _____ Total monthly household income \$ _____

Approved: ☐ Free ☐ Reduced
☐ Paid-Reason: ☐ Income over guidelines ☐ Incomplete ☐ Other

Signature of Eligibility Official _____ Date ____/____/____

State Use Only:

Verified By: _____

Verified Classification : ☐ Free
☐ Reduced
☐ Paid

Reason For Change _____

Child Nutrition Program, Inc. Sponsor 7484

To Centers:

1. Aid parents in filling in name, date of birth, normal hours and days of care and normal meals.
2. If ethnic and racial ID. is not made, make a discreet visual assessment and record on the form.

3. Fax this form to us immediately upon receipt: 704-334-4060

Get this form to our office during a child's first month of enrollment or your reimbursement may be adversely effected.

Box B

Foster or Homeless Child (Including children evacuated From *Japan and Bahrain)

Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.

*Certification from the agency which assisted with the evacuation or is providing shelter is required.

Box C

Income information you give us will in no way reduce your benefits.



Any information you give us concerning income or ethnic and racial identity is confidential and kept securely.

Box D

Check this table to see if your household income falls below these figures. Then, write your income in the table on the front.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses). The income which you report must be the total gross income; before deductions, received by all members of your household last month (i.e. wages, public assistance, TANF or retirement, etc.).

Household size	Weekly income	Monthly income	Yearly income	Household size	Weekly income	Monthly income	Yearly income
1	\$454	\$1,968	\$23,606	5	\$1,092	\$4,730	\$56,758
2	\$614	\$2,658	\$31,894	6	\$1,251	\$5,421	\$65,046
3	\$773	\$3,349	\$40,182	7	\$1,411	\$6,112	\$73,334
4	\$933	\$4040	\$48470	8	\$1,570	\$6,802	\$81,662
Each additional person:	+\$160	+\$691	+\$8,228	Each additional person:	+\$160	+\$691	+\$8,288

Net Income (before taxes or any other deductions) to report from last month in Box D:

<u>Earnings from Employment</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
<ul style="list-style-type: none"> • Wage/salaries/tips • Strike benefits • Unemployment compensation • Net income from self-owned business or farm • Worker's compensation 	<ul style="list-style-type: none"> Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from Savings • Interest/dividends • Income from estates/trusts/ investments • Regular contributions from persons not living in the household • Net royalties/annuities/ net rental income • Any other income
<u>Public Assistance/Child Support/Alimony</u>	<u>Military Households</u>	
<ul style="list-style-type: none"> • Public assistance payments • TANF payments • Alimony/Child support payments 	<ul style="list-style-type: none"> • All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.) 	

To Parents:

We are a Sponsoring Organization for The Child and Adult Care Food Program. This Federal program supplements your Center's nutrition program. The goal of the food program is to support your Center in serving your children healthy meals. If you can supply income information on this form, it will help us all in assuring your children are given high quality meals. We are available to answer any questions you may have. If income changes during the year, you can amend this form any time.

704-375-3938 800-352-1547

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of social security number if an adult household member who signs fills out the Household Income Information. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families(TANF) for Food Distribution Program on Indian Reservations(FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive Program meal benefits, subject to submission by Head Start officials of a Head Start Statement of income eligibility or income eligibility documentation.

YMCA of Catawba Valley

Aquatic Activity Policies

Aquatic activities are defined as activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks, and boating.

General Supervision:

- At least one person who has a current life guard training certificate must be at the site for every 25 children in care that are participating in aquatic activities. The certified lifeguards will not be counted in child/staff ratios.
- Child/staff ratios that have been mandated for school age children will apply to all childcare aquatic activities and must be maintained at all times. The following staff/child ratios shall be maintained whenever children participate in aquatic activities:

Age of Children	Ratio Staff/Children
3 to 4 Years	1/8
4 to 5 Years	1/10
5 Years and Older	1/13
- Regardless of how small a number of children are participating in aquatic activities, at least two staff members must be present at all times.
- Staff will devote their full attention to supervising the children in the pre-assigned areas of coverage and shall communicate with one another about children moving from one area to another. Adequate supervision must be maintained at all times.
- Half of the staff needed to meet staff/child ratios must be in the water and the other half must be out of the water. If an uneven number of staff is needed to meet the required staff ratios, the majority shall be in the water. Those stationed outside the water must be stationed alongside the pool so visual supervision is maintained. Positions will be assigned before arrival to the aquatic activity and staff should be ready to assume their positions when the children begin the water activity. This will assure the staff will be able to see, hear, and respond quickly to the children.
- N.C. childcare law prohibits children in licensed childcare programs from being in public restrooms or dressing rooms with the general public present.
- Staff must check restrooms and dressing rooms to determine that no one is inside before allowing children in their care to enter public restrooms.
- Staff should remain at the entrance to deter others from entering while the children are inside.
- While staff is on duty during aquatic activities, the use of a personal cell phone to take/make calls or text messages is prohibited.
- All staff regulations such as no tobacco use, dress code and conduct are all enforced on aquatic activities.

Supervision of attending to personal needs of the children (restroom/changing clothes, etc.):

- A staff member that is outside the water will supervise children with their personal needs away from the pool area.

- A staff member will never assist a child with their clothing unless necessary and there will always be another staff member in attendance.
- Staff in the water should be notified of any children that are leaving the pool area and should be notified upon their return.
- All children must come to the program with appropriate sunscreen on for protection. After 1 hour to 1½ hours of aquatic play the children will have sunscreen reapplied by a staff member.

Aquatic Safety Hazards:

- Children must follow the posted rules for the aquatic activity at all times.
- Running while participating in aquatic activities is prohibited.
- Children are not allowed to participate in horseplay in or around the water.
- Children must stay within the designated area, unless escorted by a staff member.
- Pool staff must be notified of any instance where medical or first aid attention is necessary. Examples: cuts, falls, scrapes, vomiting of swallowed water, etc.
- All children must pass a swim test (given by the lifeguards) at each visit to an aquatic activity to be allowed to swim in the deep area of water.

Discipline During Aquatic Activities:

- Staff and/or lifeguards will review with the children safety practices at each visit to an aquatic activity and will be reminded of the consequences of breaking these rules.
- Rules that are posted at the aquatic activity apply to all children.
- When any child does not follow the established rules for the aquatic activity they may be corrected by the lifeguard on duty or staff of the program.
- The discipline and behavior policy of the YMCA of Catawba Valley is strictly enforced during aquatic activities. Any child that repeatedly disregards this policy will be disciplined accordingly. This may mean missed swim time.

Childs Printed Name

Parent Signature

Date

Child's Name: _____

ENROLLMENT FORM

The YMCA School Enrichment program operates daily from 6:30am - 6:00pm and offers 1-day, 3-day, or 5-day per week options for families. Please indicate below when your child will be attending each week. Once submitted, any changes, cancellations, or additions to this form must be submitted to the Program Director in writing using the YMCA Change Form.

Weekly Pricing Options		
1 day	3 days	5 days
Member: \$35 Non-Member: \$50	Member: \$90 Non-Member: \$110	Member: \$140 Non-Member: \$175
DSS vouchers accepted. Financial assistance available.		

WK	DATES	MON	TUE	WED	THU	FRI	TOTAL DAYS
1	Aug 17 - Aug 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Aug 24 - Aug 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Aug 31 - Sep 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Sep 8 - Sep 11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Sep 14 - Sep 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Sep 21 - Sep 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Sep 28 - Oct 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Oct 5 - Oct 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Oct 12 - Oct 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Oct 19 - Oct 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Oct 26 - Oct 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Nov 2 - Nov 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Nov 9 - Nov 13	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14	Nov 16 - Nov 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Nov 23 - Nov 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Nov 30 - Dec 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Dec 7 - Dec 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Dec 14 - Dec 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Dec 21 - Dec 25	Christmas Vacation Camp					
20	Dec 28 - Jan 1	Registration information TBD					

CLIMBING TOWER PARTICIPANT AGREEMENT

Participant Name: _____ Parent/Guardian Name: _____

Initial below to indicate that you have read, understood, and agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representatives agree to each section.

_____ I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the Climbing Tower program. I realize participating in any Climbing Tower program while under the influence of a substance would endanger myself and others.

_____ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by the YMCA of Catawba Valley in training and/or promotions that I will not receive compensation for the use of such photographs and/or videotapes.

_____ I give my consent to the YMCA of Catawba Valley and Climbing Tower staff and to emergency medical personnel to treat me if they deem it to be medically necessary. I authorize YMCA of Catawba Valley and Climbing Tower staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the Climbing Tower program.

RELEASE OF LIABILITY

_____ I understand that Challenge Course/Climbing/Adventure Based activities are, by their nature, physically and emotionally demanding, and that participating in the Climbing Tower program may involve risks such as walking, bending, twisting, pulling. Lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.

_____ I understand that although the YMCA of Catawba Valley and Climbing Tower staff will make every reasonable effort to minimize exposures to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of the YMCA of Catawba Valley and Climbing Tower staff and their employees.

_____ I understand that I have the right to and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a YMCA or Climbing Tower employee if I have any concerns. YMCA of Catawba Valley and Climbing Tower staff practice the "Challenge by Choice" philosophy. This means if I choose to physically participate in any activities, I voluntarily assume all risks associated with such participation.

_____ I understand that YMCA of Catawba Valley and Climbing Tower staff have the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the Climbing Tower program and waive, release and discharge the YMCA of Catawba Valley and their agents, officers and employees from all claims or causes of action arising from my participation. I do hereby release and the YMCA of Catawba Valley and Climbing Tower staff and their agents, officers and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold the YMCA of Catawba Valley and Climbing Tower staff harmless from any suits for accidents, personal injury or loss of damage to property, and from any legal fees and expenses incurred in the defense of same, arising as a direct or indirect result of participating in the Climbing Tower program. The release, indemnification and waiver shall be construed broadly to the maximum extent under applicable law.

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document.)

Participant Signature (Minors must sign) _____ **Date** _____

Parent/Guardian Signature (if participant is under 18): _____ **Date:** _____

Relationship: _____ **Emergency Contact Number:** _____