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KERR COUNTY YMCA AFTER SCHOOL PROGRAM 2020-2021 ENROLLMENT FORM



Child's Name			Gender	Date of Birth	Grade	Child's I	Home Telephone No.
			ΜF				
Child's Home Address				Parent/Guardian Address	s: (If differer	t from chil	d)
Parent/Guardian #1 Name	Parer	nt/Guardian E	Birth date	Parent/Guardian #2 Nam	ne	Parei	nt/Guardian Birth date
Parent/Guardian #1 Place of Employ	ment			Parent/Guardian #2 Plac	e of Employ	ment	
	_						
Parent/Guardian #1 Work Phone	Parent/Gua	ırdian #1 Cell	Phone	Parent/Guardian #2 Wor	k Phone	Parent/G	uardian #2 Cell Phone
Email Address:							
Give the name, address and phone n	umber of pers	son to call in c	ase of an e	mergency if parents / guar	dian cannot	be	Relationship
reached: Name:		Address:		I	Phone #:	-	
I hereby authorize the childcare opera	ation to allow	my child to le	ave the child	deare operation ONLY with	the following	na nereone	Dlagea list name &
telephone number for each. Children							
	,						
Name:		Name:			Name:		
Phone #:		Phone #:		F	Phone #:		
CHECK ALL THAT APPLY:		ا منام □ ا		and the same of the same of the same	h - t		and and her than
1. TRANSPORTATION				 consent for my child to nergency care on file 		orted and	supervised by the
2. FIELD TRIPS:	I hereby			give – my consent for m		ortioinata	in Field Tripe:
Z. FIELD TRIPS.	Thereby _] give _	_ do not	give – my consent for n	iy cilila to p	articipate	ili Fleid Trips.
	I hereby	aive \square	do not aiv	e – my consent for phot	tographs a	nd videos	s to be made of my
3. PUBLICITY RELEASE	, —			and training purposes b			
4. RECEIPT OF WRITTEN OP							
policies including those for discipli	ne and guida						
liabilities arising out of this activity							
AUTHORIZATION FOR EME	PGENCY I	MEDICAL	ATTENTI	ON:			
In the event I cannot be reached to					ze the pers	on in char	ge to take my child to:
Name of Physician:		Addr		, , , , , , , , , , , , , , , , , , , ,		1	Ph.#:
,							
Name of Emergency Medical Care Facility: Address:		ress:			1	Ph.#:	
I give consent for the facility to see		all					
necessary emergency medical car	e for my child	d. X					
				Signature - Parei	nt or Legal	Guardian	
List any special problems that you	r child mav h	ave. such as	allergies.	existina illness, previous	s serious ill	ness. iniu	ries and hospitalization
during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should b							
aware of:							
SCHOOL AGE CHILDREN: My C	hild Attends:	-					
√ NAME OF SCHOOL		SCHOOL ADDRESS			SCI	HOOL PHONE #	
Nimitz Elementa	ıry	KISD	100 Vall	eyview Dr., Kerrville. TX	78028	3)	330) 257-2209
Starkey Elemen	tary	KISD	1030	W. Main, Kerrville, TX 7	8028	3)	330) 257-2210
Tally Elementary	y	KISD	1840 Go	at Creek Rd, Kerrville, T	X 78028	3)	330) 257-2222
		2002 Singii	ng Wind Drive, Kerrville,	TX 78028	3)	330) 257-2208	
My child's immunization record is on file at the school and all Days child will be in care: (Circle One) Start Date				Start Date			
required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.				days 3 days ours of Operation: YSA KI	Drop In SD 3:00-5:3	0	
vision and ricaling screening is	Jorgo alo al	.55 511 1116.		ay Camp 7:30-5:30	JD 0.00-0.0	·,	
,,							

Parent Signature

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Date

Kerr County YMCA

Child Care/ Day Camp Code of Conduct

Child's Name	School/Site
Cilia 3 Name	Je1001/31te

- 1. Check in to Y School Age immediately after school each day.
- 2. Keep my personal belongings in the storage container during Y School Age.

Note to Parents

Children are responsible for their own personal belongings, which are stored at the start of Y School Age each day. Staff members will encourage the children to keep up with their personal belongings, but staff will not be held accountable for lost articles.

- 3. Remain seated and quiet during roll call and announcements. Answer only for myself.
- 4. Follow all Y School Age rules during self-directed play, snack time, activity time, and emergency drills.
- 5. Follow all instructions given by the Y School Age staff.
- 6. Tell the Y School Age staff if I am sick or hurt.
- 7. Follow the Time Out instructions of the Y School Age staff.

Time Out

A supervised place will be designated as a Time Out where children may be removed from participating in activities for a short period of time, to regroup their thoughts or actions before returning to regular activities.

- 8. Respect all other children and the Y School Age staff at all times.
- 9. Respect all Y School Age and school supplies, equipment, and property.
- 10. Respect all the personal belongings of the other children.
- 11. Help in cleaning up after myself in all activities.
- 12. Children will be expected to stay within the boundaries and specific areas (designated areas under adult supervision) according to the program and schedule set up by the center's staff.

Note to Parents:

For the safety of your child, the parent and police will be notified immediately if your child leaves the indoor or outdoor boundaries set by the staff.

Definition: A <u>disciplinary problem</u> is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one-on-one attention; is inflicting physical or emotional harm on other children; is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

Child's Name	Date
Parent/ Guardian Signature	 Date
Staff Signature	

Kerr County YMCA

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*An extra copy of this policy is provided for your records. Review these policies with your child prior to his/her attendance.

COPY

for Parent/Guardian

Notice of Playground Licensing Requirements

The Texas Department of Family	v & Protective Services	(TDFPS) has visited the
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- Nimitz Elementary School
- Starkey Elementary School
- Tally Elementary School
- Tom Daniels Elementary School

Playgrounds on routine site inspections. The licensing standards state that some of the playground equipment that your child plays on at the Elementary School does not meet TDFPS minimum standards requirements. The Kerr County YMCA after school program feels that this playground equipment is safe for elementary children with proper supervision. The TDFPS will allow us to continue to play on the equipment with your permission.

wy Chila	has my permission to play on the
playground equipment at the Elementary	campus that my child attends as
indicated on the enrollment form and any ca	mpus which my child may attend for
Holiday or Day Camps.	
Parent Signature	Date



KERR COUNTY YMCA

HOURS, DAYS, AND MONTHS OF OPERATION 2020-2021

AFTER SCHOOL CARE

Kerr County YMCA School Age Program is open Monday through Friday starting August 24, 2020 through May 27, 2021. We provide care from the time students are released from school until 5:30 pm (with the exception of school holidays).

DAY CAMP

We will be **OPEN** all day the following days. Please be advised that additional fees will apply for Day Camps.

Fall Camp

Open November 23,24,25, 2020

Winter Camp

Open December 21, 22, 23, 28, 29, 30, 31, 2020

Spring Break Camp

Open March 15-19, 2021

AFTER SCHOOL CARE AND DAY CAMP will NOT be provided on the following days:

September 7th October 12th

November 26th-27th

December 24th & 25th

January 1st

February 15th

April 2nd

May 28th

Month	Payment	Monthly Rate	Part Time
	Due Date	Rate/5 days	Rate/1-3 days
August	August 24,2020	\$50.00	\$25.00
September	September 3, 2020	\$175.00	\$150.00
October	October 5, 2020	\$175.00	\$150.00
November	November 3, 2020	\$150.00	\$120.00
December	December 3, 2020	\$150.00	\$120.00
January	January 4, 2021	\$175.00	\$150.00
February	February 3, 2021	\$175.00	\$150.00
March	March 3, 2021	\$150.00	\$120.00
April	April 5, 2021	\$175.00	\$150.00
May	May 3, 2021	\$175.00	\$150.00

A \$30.00 registration fee per family is required to enroll your child(ren) in the After School Program.

To receive the KISD employee discount, a valid school ID must be presented. KISD employees are required to pay the \$30 registration fee per family.

Payment must be made by the due date to keep your child enrolled in the program.

On all payments, please include the following: **Child's name and school name**.

Check and Money Order payments may be made at the YSA site or the YMCA office. ALL CASH payments must be made at the YMCA office at 213 C st. Credit/Debit Card payments may be made online (www.kerrYMCA.org) or by phone.

No credits will be given for absences, sick, or daily cancellations.

If you have any questions or need to make other payment arrangements, please contact the YMCA School Age Director at 896-8000.

LATE PICK-UP

FEE: \$10.00 Per child from 5:35-5:45 pm

\$1.00 per minute after 5:45 pm

Fees will be collected at time of pick-up.

COPY
for
Parent/Guardian

Month	Payment	Monthly Rate	Part Time
	Due Date	Rate/5 days	Rate/1-3 days
August	August 17,2020	\$50.00	\$25.00
September	September 3, 2020	\$175.00	\$150.00
October	October 5, 2020	\$175.00	\$150.00
November	November 3, 2020	\$150.00	\$120.00
December	December 3, 2020	\$150.00	\$120.00
January	January 4, 2021	\$175.00	\$150.00
February	February 3, 2021	\$175.00	\$150.00
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