

Dear Parents,

WELCOME to the YMCA Child Care - Preschool Program! This booklet will help provide you with all of the information needed for a productive time at the YMCA.

Please review the information in this booklet carefully. If you have any questions or concerns after reading this handbook, please contact the Preschool Director, Ashley Diaz @ (812) 257-6705.

Mission Statement

To put Christian principals into practice through programs that build a healthy spirit, mind and body for all.

The YMCA child care - preschool center is family-centered. Our goal is to support and strengthen the family unit, to help children develop to their fullest potential and to deliver the program in a positive environment which is safe, supportive and caring.

This program incorporates weekly themes into activities including character development, field trips, structured swimming, special events, songs, arts & crafts, sports & games, environmental education and activity centers. Project work is emphasized to help the children construct knowledge through participation with others in activities that foster experimentation, problem solving and social interaction.

Parents are always welcome and encouraged to visit and/or volunteer in our classrooms. Parent involvement is a vital component of our Early Childhood program and philosophy.

Please keep us informed of any changes that need to be made to your child's record such as change of address, phone numbers, immunization updates etc.

Confidentially Policy

All information pertaining to admission, health, family, or discharge of a child is confidential.

Staff Qualifications and Training

YMCA Child Care - Preschool Director: Ashley Diaz - Bachelor degree in Early Childhood Education, and 2 years of experience working with families and young children.

Lead Teachers in each classroom: 21 years of age or older, CDA Associate or currently enrolled in classes. CPR / First Aid / PDT certified.

Teachers Assistants: 18 years of age or older, High School Diploma or GED, CPR / First Aid / PDT certified.

All child care - preschool staff complete (12) hours of in-service training per year. This training is provided by specialist or consultants through workshops, videotapes, films and literature.

+++++

Children's Belongings

Upon enrollment in our center we request that each child bring in their own pillow and blanket for rest time, an extra set of clothing to be kept in their cubby, and swimsuit/towel if your child is going to participate in swimming activities.

Grievance and Withdrawal Policy

Any concerns or problems with your YMCA Child Care - Preschool experience please contact Ashley Diaz YMCA Preschool Director. You can speak with her at her office or call her at (812) 257-6705 Monday through Friday 7:00 a.m. - 3:00 p.m. Parents need to notify the Preschool Director at least two weeks, when withdrawing from the program.

Sample Daily Schedule

7:00 - 8:30 a.m.	Arrival, breakfast for the children who have eaten or who want additional food, sleep for children who need more rest, and child-initiated play in the activity centers
8:30 - 9:15 a.m.	Toileting and morning snack
9:15 - 10:30 a.m.	Preschool academic curriculum incorporated with hands on activities, books, songs and movement activities
10:30 - 11:00 a.m.	Active child-directed play period both indoor and outdoor
11:00 - 11:15 a.m.	Preparation for lunch, such as toileting, washing and moving to dining area
11:15 - 12:30 p.m.	Lunch and quiet play activities
12:30 - 1:45 p.m.	Rest, and quiet play activities as children awoken from their naps
1:45 - 2:30 p.m.	Toileting and afternoon refreshments
2:30 - 3:00 p.m.	Active child-directed play in gym or on playground
3:00 - 5:00 p.m.	Active involvement in group project work and play periods both indoor and outdoor
5:00 - 6:00 p.m.	Light snack for those remaining in the center, child-initiated play and farewells as children depart with parents

ADMISSION POLICIES / PAYMENT PLAN

The child care center is open from 6:00 a.m. to 6:00 pm Monday through Friday. We will be closed the following holidays: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas Day. We plan to be open $\frac{1}{2}$ day (6:00 a.m. - 11:00 a.m.) on Christmas Eve and New Years Eve if enough families need care.

The YMCA Child Care - Preschool Center shall accept children who are ages 3 years old to Kindergarten age. There shall be no discrimination on the basis of race, color, religion, sex, national origin, or handicap.

	Member	Non-Member
Full Day Child Care Cost Weekly:	\$85.00	\$100.00
$\frac{1}{2}$ half day Child Care or Preschool	\$65.00	\$75.00

Payments are due on Friday prior to the week of service when paying weekly. Monthly or semi-monthly payments will be accepted if made prior to the week of care. Lack of payment will result in termination of the child care - preschool contract.

Each family will be given 5 vacation/sick days each year in which your child may be absent and you do not have to pay to hold their spot. To be able to use the vacation/sick days you must notify the child care department in advance. If you do not call in by 8:30 a.m. on the day you wish to use a vacation day, you will be charged regardless of attendance.

Scholarships are available for those families who are in need of financial assistance who qualify under the YMCA guidelines. Applications are available at the front desk.

Parent/Guardian signature

Date

Nutrition Plan

Breakfast will be offered to the children who are in attendance at the child care center before 8:30 a.m. A morning snack, lunch, and afternoon snack will be served daily. Ponderosa will be catering the lunches on a daily basis. On field trip days you may be asked to pack a lunch for your child. Milk will be served each day with the lunch meal. Please notify us if your child is allergic to any foods. We will need a physician's statement for your child's records with a complete listing of the foods/fluids that your child cannot be given.

Medication Policy

Administration of medicines at the YMCA child care - preschool shall be limited to those medications prescribed by a licensed physician for the individual child in the original container labeled by a pharmacist. If sample medications are brought to the facility, they must be accompanied by a physician's written order showing the name of the child, for whom it is ordered, the date ordered, the name of the medication, directions for use and the physician's original signature.

Over-the-counter medications must have a written physician's order stating the name of the medication and dosage to be given to the child.

Medication may be dispensed only to the child whose name appears on the label.

Parent/Guardian Signature

Date

YMCA CHILD CARE - PRESCHOOL HEALTH POLICY

A health examination is required for each child within 3 months prior to admission to the YMCA child care - preschool or within one month after admission on the forms provided. A copy of your child's immunization record is needed before the first day of care.

You will be notified of any significant occurrences or problems that affect your child, including exposure to communicable diseases.

Children who are ill will not be allowed to attend the program. Please keep your child home if...

- He or she has run a fever through the night or within the past 24 hours
- Has symptoms of a communicable disease (rash on the body, green or yellow discharge from the eyes or nose, vomiting, diarrhea, constant or severe cough)

If your child becomes ill while attending child care - preschool he or she will be isolated from the other children and you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be called. Your child may not return back to the center until he or she is symptom free for 24 hours.

If your child is infected with head lice you will be called to pick up your child. He or she may not return to the center until all nits/eggs have been removed from the hair and scalp.

The child care center is required by law to report any suspected child abuse or neglect to the Child Protection Services.

Parent/Guardian Signature

Date

YMCA CHILD CARE - PRESCHOOL
INTAKE AGREEMENT

Date of admission _____

Child's Name _____ Nickname _____

Date of birth _____ Present Age _____ Gender _____

Home Address _____

Mother's Name _____

Home Address _____ Home Phone _____

Employer's Name _____

Employer's Address _____ Employer's Phone _____

Work Hours _____ Additional Phone #'s (Cell) _____

Father's Name _____

Home Address _____ Home Phone _____

Employer's Name _____

Employer's Address _____ Employer's Phone _____

Work Hours _____ Additional Phone #'s (cell) _____

AUTHORIZATION FOR CHILD'S RELEASE

Children will be released only to a parent/guardian or a person named by the parent. Parents shall sign the child in/out upon arrival and departure. Parents or persons named by the parent must make sure that a staff person is aware of the child's arrival and departure. **It is standard procedure for the YMCA staff to ask to see an ID from individuals picking up children if we are unfamiliar with them.**

If a court order exists preventing a particular individual from having contact with a child, the YMCA Preschool and child care will comply with the order. It is legal for either parent to pick up a child unless a copy of the court order is given to us to place in the child's file.

If an authorized intoxicated or impaired person insists on removing children from the center, the facility shall immediately report the incident to the local police agency. The use of tobacco, and use or possession of alcohol, illegal substances and firearms is prohibited on the YMCA premises.

The YMCA Child Care Center closes promptly at 6:00 p.m. If you arrive late to pick up your child you will be required to pay an additional \$5.00 for every 5 minutes late. If any child is not picked up 30 minutes after closing time, child protection services may be called. Habitual tardiness will result in your child's expulsion from the program.

Those authorized to pick up your child

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/ Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION/TREATMENT POLICY

Name of Child: _____

We the parents or guardians of the above named child, do hereby grant permission for the YMCA Child Care - Preschool Center staff, or duly appointed representative, to take what ever steps may be necessary to administer or obtain emergency medical care, depending upon the severity of the situation, in case of injury to or illness of the above named child. These steps may include, but are not limited to, the following:

1. Calling 911 (Emergency medical assistance), if necessary
2. Attempting to contact us, our child's physician, or the persons listed on our emergency information form.
3. If we cannot be reached, or our child's physician cannot be contacted, one or both of the following will be done: (a) call another physician, or (b) arrange to have our child taken to an emergency hospital in the company of a staff member.

We agree to pay for any expenses that may result from the above emergency care.

The YMCA Child Care - Preschool will not be responsible for any injuries or illness that may happen as a result of false information given at the time of enrollment.

Persons to call in case of an emergency if parents cannot be reached (be sure to include someone who might be aware of your whereabouts)

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Parent/Guardian Signature

Date

EMERGENCY/MEDICAL INFORMATION

Child's Physician _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

Emergency Hospital Preference _____

Please list any allergies to medications, foods, bee stings, animals' etc. that your child is allergic to:

The health insurance policy covering care for this child is:

Issued To: _____

Name of Company: _____

Policy Number: _____

Expiration Date: _____

I agree, and by my signature, give consent, that in any case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I understand that it is my responsibility to give the child care department any changes in phone numbers and contacts as they may arise throughout my child's enrollment in the YMCA Child Care - Preschool Center.

Parent or Legal Guardian Signature

Date

Witness

Date

PERMISSION TO PARTICIPATE IN PROGRAM ACTIVITIES, TO GO ON
FIELD TRIPS, AND TO BE PHOTOGRAPHED

Please read and check each area that you are giving consent for:

Name of Child _____

The undersigned, which are the parents or guardians of the above named child, grant permission for said child to use all of the play equipment and to participate in all of the activities (i.e. swimming and gymnasium) presented by the YMCA's Child Care and Preschool Program.

We also grant permission for said child to leave the YMCA under supervision of the staff or duly appointed representative for neighborhood walks and/or field trips. (Permission slips for field trips will always be sent home before event)

In the event of a field trip, or other such activity, I give permission for my child to be transported by the Child Care Center in a school bus contracted by the Washington Community School Corporation.

Furthermore, we grant permission to the YMCA to take photographs of said child as part of the general program activities, to display in the YMCA building and classrooms, and to keep in the child's file as a reference in case of an emergency.

Parent/Guardian Signature

Date

LICENSED CHILD CARE CENTERS CONSENT FORM

It is required by the Indiana State Licensing authority that all licensed centers must have a copy of each enrolled child's birth certificate on file at the date of their enrollment into the program. A monthly report is also sent each month to the Indiana clearinghouse on missing children.

I give my permission for the YMCA Child Care - Preschool to report the name and birth date of my child or children to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5

Name of Child

Date of Birth

Signature of Parent/Guardian

Date

DISCIPLINE POLICY

The YMCA Child Care - Preschool Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected, redirected to more constructive activities, or allowed to spend some quiet time by themselves in an area so designated in the classroom. Parent - teacher conferences will be scheduled as needed or a parent may request such a conference at any time. In addition, teachers are always available for on-going communication and ***parents are always welcome at any and all times to observe our program.*** Behavior problems, which cause physical and/or emotional injury to other children or staff, could result in expulsion from the program. Documentation of disciplinary reports and parent conferences will be placed in the child's records.

Parent/Guardian Signature

Date

DEVELOPMENTAL INFORMATION

Date _____

The purpose of this form is to help our teacher's gain a better understanding of your child. Please feel free to add any information, which you think, might be helpful. Do not feel obligated to complete questions of which you are unsure. When you have a conference with a teacher, you may wish to discuss some of these items at that time.

General information:

Name of child _____

What does child like to be called? _____

Has child been in group care before? _____

Do you have any concerns about how your child will adjust to our program?

Is there anything special we should know about your child or your family? (e.g. recent move, change in family size) _____

Social Relationships:

By nature is he/she: ___Aggressive ___Shy ___Withdrawn ___ Other _____

How does he/she get along with his/her siblings? _____

Does he or she enjoy being alone? _____

How does he/she react to adults? _____

What makes him/her upset? _____

How does he/she show his or her feelings? _____

What do you find is the best way of handling these feelings? _____

Is he/she frightened by any of the following? Animals____ Tall people____
Loud noises____Dark____Storms____Anything else? _____
Favorite toys or activities at home _____

Eating:

As a rule, is your child's appetite excellent____, good____, fair____, poor____
Can child feed self completely? _____

List any foods eliminated by doctor (Please send in doctor's statement to be kept in child's file) _____

Any feeding problems? _____

Sleeping:

(Around 12:30 p.m. each afternoon the children will lay on their cot for a rest period. After 30 minutes if they are not asleep they are allowed to quietly get up and play in centers. The sleeping children are allowed to awaken naturally.)

Approximate time child goes to bed _____ Wakes up _____

Any sleep problems? _____

Any special ways of helping him/her get to sleep _____

Elimination:

Is your child completely potty trained? _____

Child's term for urination? _____

Child's term for bowel movement? _____

Comments on successes or difficulties _____

Can child be relied upon to indicate his/her bathroom needs? _____

Does he/she have frequent accidents? _____

Does child need help with toileting? _____

Speech and Language:

Does he/she talk well ____ fairly well____ Not very well ____ Not at all ____

Concerns _____

PERMISSION TO ADMINISTER

Child's Name _____

I hereby give the YMCA child care - preschool staff permission to administer the following products according to the manufacturer's instructions or as specified in writing by my child's physician.

No	Yes	Products	Brands
—	—	Acetaminophen (e.g. Tylenol)	
		(Following telephone permission from parent or physician)	
—	—	Adhesive tape	
—	—	Band-Aids	
—	—	Baby lotion	
—	—	Bar / Liquid Soap	
—	—	Burn/Sunburn remedy	
—	—	First Aid Cream	
—	—	Itching Cream	
—	—	Diaper Wipes	
—	—	Insect Repellent	
—	—	Nail Polish	
—	—	Rash Ointment	
—	—	Shampoo	

Parent/Guardian Signature _____

Date _____

Child Care Center Health Record

Please have a physician fill out this health form (sign and date) and return back to the child care center within 30 days of enrollment. A copy of your child's immunization record must be on file upon enrollment.

Child's name _____ Date of Birth _____
Last First

Address _____
Number and street city, state, Zip Code

Child lives with _____
Relationship Name Phone Number

Medical History

Communicable Diseases Month / Year
Measles _____ Allergies: _____
Rubella (German Measles) _____
Mumps _____
Scarlet Fever _____ Handicapping Conditions: _____
Whooping Cough _____
Other _____

Physical Examination

Date of Exam _____ Age of Child _____
Skin _____ Heart _____
Lymph nodes _____ Lungs _____
Eyes _____ Ears _____
Abdomen _____ Nasopharynx _____
Genitalia _____ Skeleton _____
Teeth/Mouth _____ Other _____
Note of any unusual findings: _____

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports) [] yes [] No If yes what modifications would be necessary to protect the child and the child's classmates: _____

Have you prescribed any medications or special routines, which should be, included in the centers plans for this child's activities? Explain: _____

Name of physician completing form (Please print) _____
Signature of Physician _____ Telephone number _____

