the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REGISTRATION BEGINS

APRIL 8th MEM

APRIL 15th CM

Campanelli YMCA

Achievement Academy

2019-2020

Registration Packet

Program is held at the YMCA

Registration is due by August 1, 2019

(Registrations will be accepted after the deadline, provided there is still space available.)

Program begins Monday, August 19, 2019

Space is limited , register today!

Please turn in all required documents when you register.

We currently will be providing transportation at the following schools:

1. **Aldrin**
2. **Campanelli**
3. **Collins**
4. **Hale**
5. **Hoover**
6. **Nerge**

Important Information

- Achievement Academy After School Program is for District 54 students, grades K-6th.
- Children will be transported from their base school to the YMCA
- Transportation is provided for listed District 54 schools based on enrollment
- Become a member and save on program fees. See inside for details!

Start Date: _____

CAMPANELLI YMCA
Y ACHIEVEMENT ACADEMY
2019-20 REGISTRATION FORM

Discharge Date: _____

Child's Last Name	Child's First Name	School Child Attends	
Please Circle One	**Please Circle Days Attending**	**Birth Date**	**Grade**
Male Female	M T W Th F		
Child's Street Address	**City**	**State**	**Zip**

Non-Refundable Registration Fee: Individual: $45 Family $75

District 54 Schools Only

Monthly Fee:	Member	Com-Mem
☐ 2 Days	$125.00	$135.00
☐ 3 days	$170.00	$180.00
☐ 4 days	$215.00	$225.00
☐ 5 days	$235.00	$245.00

Hours of Operation

M/T/TH/F 3-6pm

W2:30-6:00pm

Daily Transportation is included.

Billing

We bill 9 equal payments on the 1st of every month, beginning on August 1st and ending on April 1st.

Parent/Guardian Contact Information & Pick Up Authorization

Parent/Guardian Name: _____
(First & Last name)

Relationship to child_____

Date of Birth_____

Address_____
(write SAME if address is same as above)

City_____

State, Zip_____

Home Number(_____)_____

Cell Number(_____)_____

Place of Work_____

Work Number(_____)_____

Email_____

Parent of Record Signature:

_____

"Parent of Record" has authority to make changes request payment information, or request copies of registration paperwork.

Parent/Guardian Contact Information & Pick Up Authorization

Parent/Guardian Name: _____
(First & Last name)

Relationship to child_____

Date of Birth_____

Address_____
(write SAME if address is same as above)

City_____

State, Zip_____

Home Number(_____)_____

Cell Number(_____)_____

Place of Work_____

Work Number(_____)_____

Email_____

Parent of Record Signature:

_____

"Parent of Record" has authority to make changes request payment information, or request copies of registration paperwork.

Child's Physician Contact Information

Physician's Name: _____

Address_____

City_____

State, Zip_____

Phone (_____)_____

Allergy Information IMPORTANT:

Please indicate any allergies:

_____

_____

_____

_____

_____

Emergency Contacts/Authorized Pick up Persons other than Parents

Authorized pick up person: _____
(First & Last name)

Relationship to child_____

Address_____

Home Phone(_____)_____

Cell Number(_____)_____

Work Number (_____)_____

Authorized pick up person: _____
(First & Last name)

Relationship to child_____

Address_____

Home Phone(_____)_____

Cell Number(_____)_____

Work Number (_____)_____

Departure Time

Please indicate the approximate time your child will be departing our program daily.

Departure Time:

the YMCA FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

the YMCA FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

As a participant of the Achievement Academy, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by our facility, or whose presence is detrimental to the group, may be discharged from the program.

Parent Signature:_____

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. As such, I assume full responsibility for bodily injury, death, or property damage arising out of my participation in YMCA activities. Therefore, I do hereby for myself, my heirs, executors, and administrators, release, waive, and forever discharge any and all rights and claims for damages which I may have, or which may hereafter accrue to me arising out of my participation in YMCA activities. In case of accident or illness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent Signature:_____

Permission is granted as a program participant for the following:

1. Walks or outdoor activities that may take place off of YMCA/school property under the proper supervision of authorized YMCA staff.

   Initial_____

2. YMCA staff has my permission to apply topical lotion or sprays to my son/daughter as needed. I understand that I must provide any spray sunscreen or bug spray to be used in these instances.

   Initial_____

3. Attendance of events or field trips away from YMCA/school facilities with transportation provided by a commercial bus service and advance notice as stated in the Childcare Parent Handbook.

   Agree_____ Disagree_____

4. On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

   Agree_____ Disagree_____

I have received and read the policies of the Campanelli YMCA Childcare Program parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of Childcare service.

Parent Signature:_____ Date:_____

Campanelli YMCA
CHILD CARE EMERGENCY MEDICAL TREATMENT

Child's Physicians Name:_____Phone: (____)_____

Address:_____

Allergies: Yes____No____ If yes, please describe:_____

_____

_____

Medication*: Yes____No____ If yes, please describe:_____

_____

_____

*Please note: You must fill out Medication Authorization Form if your child will be taking medication while at program.

Special Needs Diagnosis: Yes____No____ If yes, please describe:_____

_____

_____

Parent Authorization: In the event I cannot be reached in an Emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical and to order the necessary treatment for my child or children.

_____

Parent/Guardian Signature Date

CHILD CARE INTAKE FORM

To be reviewed by childcare staff prior to child beginning program.

1. Our childcare programs generally have staffing ratios of 1 staff per 12 children. Do you feel this will be adequate for your child's physical or behavioral needs? __**Yes**__**No**. If no, please describe what you feel your child's needs may be_____

   _____

2. Are there any behaviors you are aware that your child may need special assistance from staff in areas such as reminders to use the restroom, using appropriate language, using appropriate problem solving skills, etc? __**Yes**__**No.** Please describe_____

   _____

   _____

3. Does your child need any special equipment for our program (e.g.-special table, wheelchair ramp)?___**Yes**___**No.** Please describe_____

   _____

   _____

4. IF your child has special needs, what persons may we contact who have worked successfully with your child (i.e. Teachers, Counselors, doctors, etc?)
   Name:_____Phone: (____)_____Relationship_____

   Name:_____Phone: (____)_____Relationship_____

5. Is there anything else you would like us to know to help your child be successful in our program?

   _____

   _____

Permission for Release of Information: The Campanelli YMCA has my permission to discuss my child with school personnel and review and obtain school records pertaining to my child.

CAMPANELLI YMCA
YMCA Achievement Academy
Transportation Agreement

I, _____, give permission for the Campanelli
(Parent/Guardian Name)
YMCA to transport my child,_____from
(Child's Name)
his or her base School to the Campanelli YMCA Achievement Academy After school Program as indicated by my child's schedule. This transportation service may be terminated by either party with one week's advance notice.

I understand that my child's bus may go to more than one school to pick up other children before arriving at the YMCA.

I understand that transportation will only be provided on the scheduled days of school for School District 54 schools.

I understand that in the event a YMCA bus is in service, the YMCA may charter another bus from an outside agency to provide the transportation.

Should my child be absent from school, or not require transportation on any given day; I agree to notify The Campanelli YMCA no later than by noon of that day.

I understand that I or other authorized pick up person, must pick up my child on or before 6:00pm daily.

I understand that failure to comply with these stipulations may result in the cancellation of this Transportation Agreement.

Parent/Guardian Signature:_____Date:_____

Campanelli YMCA
Y Achievement Academy
Automatic Payment Form (EFT/CAD)

The Campanelli YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD). Both plans are very easy to use and are available to everyone.

Your signature will confirm that you've read and understand the following:

- I understand that my monthly childcare payment will be automatically withdrawn on the **1st of the month** from my checking account or charged on my credit card.
- I understand that I must provide two weeks written notice before my automatic payment can be cancelled or changed.
- I understand that the Campanelli YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until a program ends.
- I understand that the Campanelli YMCA may, at their discretion, adjust the monthly rate associated with my childcare, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled as a YMCA member. I also understand that I will incur a $10.00 service charge foe any payment declined by my bank or credit card provider.
- I understand that the Campanelli YMCA reserves the right to cancel my childcare after 1 month of insufficient funds or stopped payments.
- I understand the Campanelli YMCA will automatically re-submit any declimed credit card or NSF check.

I hereby authorize the Campanelli YMCA to withdrawal my monthly childcare fees from the designated credit card or account provided or my voided check on the 1st of every month. This authority is to remain in full force and effective until I provide the YMCA with 2-weeks written notice of my intention to cancel or change from automatic payment.

_____**EFT – I have attached a voided check.**

_____**CAD – Please circle Visa MasterCard Discover American Express**

Credit Card #_____-_____-_____-_____**Expiration Date**_____/_____

Print Child's Name _____ **Date**_____

Printed Name (as appears on Card) _____ **Date**_____

Authorized Signature _____ **Date**_____

the YMCA
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Campanelli YMCA Achievement Academy

Late Pick Up Policy

Actions center will take if parent or guardian does not pick up or arrange to have authorized persons pick up their child from Y Achievement Academy after closing time of 6:00pm:

1. If a child is still at the center at 6:05pm we will contact the parents by phone. If we fail to contact the parents we will begin calling the persons on the authorized pick up list at 6:15pm.
2. If parent or guardian does not arrive by 7:00pm and we haven't been able to reach anyone by phone; we will contact the local police department of DCFS for their assistance; and if necessary will release the child into their care.
3. It is crucial to provide us with the most up to date contact information so we are able to reach you or authorized persons.
4. It is the YMCA's responsibility for the child's protection and well-being until the parent or outside authorities arrive.
5. If you pick up your child any time after 6:00pm you will incur a late fee of $15.00. After the first 15 minutes there will be an additional charge of $1.00 per minute thereafter. Parents will be required to sign a late pick up form and will be billed for the fee.
6. **Three late pick-ups during the school year may result in termination of the program.**
7. YMCA staff shall not hold the child responsible for the parent being late. Staff will only discuss parent being late with the parent or guardian.

I have read and understand the above late pick up policy and agree to abide by it.

Child's Name:_____

_____

Parent Signature Date

CAMPANELLI YMCA
GUIDANCE AND DISCIPLINE/BEHAVIOR MANAGEMENT POLICY

Discipline is designed and carried out to help each child learn self-control, choose alternatives, identify feelings, and when possible, develop an understanding and respect for the feelings of others.

YMCA Staff members shall only use discipline techniques that are non-punitive and do not ridicule the child in front of peers. Discipline techniques, as a rule, should be done away from other children. Spanking, hitting, shaking, grabbing, screaming, or belittling the child is inappropriate and should never be used.
Steps that will be taken if a child is misbehaving in the center:

1. Verbal warnings are the first step in curbing discipline issues. The staff will step in and remove the child from the situation and will clearly identify the inappropriate behavior to the child.
2. If the behavior continues a second verbal warning will be given to the child along with the identification of a consequence such as redirection. If a cooling off period is needed, then it will last no more than one minute per year of child. Other discipline may include sitting out from an activity for a period of time, moving the child to a quiet area, redirecting child to play in a different area, etc.
3. If the behavior continues the staff shall implement one of the above consequences. The staff member will also complete a behavioral incident report in writing.
4. If the behavior continues, the staff member will discuss the problem with the managing director and the parent, preferable in person. At this time we will discuss the inappropriate behavior, the expected behavior and the remedial action taken. The purpose of this meeting shall explore alternative solutions to correct the child's behavior with the parent. Parent permission will be obtained should a behavior plan need to be implemented.
5. If the behavior continues, the staff member shall consult with the managing director and schedule a parent conference. During this conference the managing director may suspend the child from the program for up to 1 week.
6. After such suspension, if the behavior does not improve, the Associate Director and or the CEO will be consulted and another parent conference will be held at this time the child may be suspended up to 30 days.
7. Prior to returning to the program after serving the suspension another conference will be scheduled, preferably with the child present. The purpose of this conference is to assess the behavior pattern of the child and to set clear expectations for future behavior. If the Associate Executive Director or CEO determines the behavior can be reasonably expected to improve the child may be re-enrolled in the program on probationary status for 30 days.
8. If during the probationary period and the child's behavior does not improve the Associate Executive Director or CEO may permanently dismiss the child from the program or implement a second round of suspensions. Permanent dismissal shall be implemented if the health and safety of the child, other children, or staff members are in jeopardy, or the program must be fundamentally altered to accommodate the child.

In all instances, when the facility decides that it is in the best interest of the child to terminate enrollment, the child's parents' needs shall be considered by planning with the parents to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities.

I have read, and understand the above Guidance and Discipline Policies.

Parent/Guardian Signature:_____ Date:_____

Campanelli YMCA
Achievement Academy

Child's Behavioral Rules & Expectations

Parents: Please take a few minutes and review the following rules with your child. We are partnering with District 54 to have consistent rules in accordance with the Positive Behavioral Interventions and Supports System (PBIS). Both parent and child must sign below upon registering for the YMCA School Age Achievement Academy.

1. **Be Safe** –Keep hands and feet to self and use equipment appropriately
2. **Be Responsible**- Play by the rules, listen to the staff and respond appropriately, inform staff of issues, keep your belongings neat and in the designated area and clean up after yourself.
3. **Be Respectful**-Keep hands and feet to yourself, use voice appropriately for the situation, use kind words. Include everyone, use good manners.
4. **Use inside voices when inside** -Soft/quiet talking.
5. **Do not bring toys or electronic devices/games to YMCA** (game boys, PSPs, I-pods etc.). As they may become lost or stolen.
6. **Have Fun!**

I have read and or understand the above rules and expectations and I agree to follow them during the Campanelli YMCA Achievement Academy.

_____

Child's signature Date

_____

Parent's signature Date

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian	Telephone # Home		Work

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				Comments: * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature Title Date

Signature Title Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease Signature Title

3. Laboratory Evidence of Immunity (check one) ☐Measles* ☐Mumps** ☐Rubella ☐Varicella Attach copy of lab result.

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID

HEALTH HISTORY — **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes / No	List:

Diagnosis of asthma? Child wakes during night coughing?	Yes No / Yes No	
Birth defects?	Yes No	
Developmental delay?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No	
Diabetes?	Yes No	
Head injury/Concussion/Passed out?	Yes No	
Seizures? What are they like?	Yes No	
Heart problem/Shortness of breath?	Yes No	
Heart murmur/High blood pressure?	Yes No	
Dizziness or chest pain with exercise?	Yes No	
Ear/Hearing problems?	Yes No	
Bone/Joint problem/injury/scoliosis?	Yes No	

MEDICATION (Prescribed or taken on a regular basis.)	Yes / No	List:

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Hospitalizations? When? What for?	Yes No	
Surgery? (List all.) When? What for?	Yes No	
Serious injury or illness?	Yes No	
TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
TB disease (past or present)?	Yes* No	
Tobacco use (type, frequency)?	Yes No	
Alcohol/Drug use?	Yes No	
Family history of sudden death before age 50? (Cause?)	Yes No	

Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)

Dental ☐ Braces ☐ Bridge ☐ Plate Other

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature **Date**

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐ **Ethnic Minority** Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ **Test performed** ☐ **Skin Test: Date Read** **Result: Positive** ☐ **Negative** ☐ **mm**_____

Blood Test: Date Reported **Result: Positive** ☐ **Negative** ☐ **Value**

LAB TESTS (Recommended)	Date	Results
Hemoglobin or Hematocrit		
Urinalysis		

	Date	Results
Sickle Cell (when indicated)		
Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**
Skin		
Ears		Screening Result:
Eyes		Screening Result:
Nose		
Throat		
Mouth/Dental		
Cardiovascular/HTN		
Respiratory		☐ Diagnosis of Asthma

	Normal	**Comments/Follow-up/Needs**
Endocrine		
Gastrointestinal		
Genito-Urinary		LMP
Neurological		
Musculoskeletal		
Spinal Exam		
Nutritional status		
Mental Health		
Other		

Currently Prescribed Asthma Medication:
☐ Quick-relief medication (e.g. Short Acting Beta Agonist)
☐ Controller medication (e.g. inhaled corticosteroid)

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ **No** ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION **Yes** ☐ **No** ☐ **Modified** ☐ **INTERSCHOLASTIC SPORTS** **Yes** ☐ **No** ☐ **Modified** ☐

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

Campanelli YMCA
Achievement Academy Program

the YMCA
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adult Rules of Conduct

Any Parent/Guardian, authorized person, or site personnel who displays any one of the following behaviors will not be allowed at the site.

1. **Disrespecting Staff**
2. **Physical or Verbal abuse of any kind to anyone**
3. **Alcoholic beverages and drugs**
4. **Smoking at the site**
5. **Interacting with, confronting and correcting other children enrolled in the program**

If YMCA staff suspect a parent/guardian of alcohol/ substance abuse or view child abuse, the police will be called. The YMCA's first responsibility is the safety of the child.

ADULT CONDUCT & RECEIPT OF PARENT HANDBOOK

I have read the policies above and received the Campanelli YMCA Child Care Program Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of child care services.

_____ _____

Parent/Guardian Signature **Date**

Campanelli YMCA
YMCA Achievement Academy
Calendar*2019-2020

August

19 First Day of School & Y Program for Grades 1-6
26 First Day of School & Y Program For Kindergarten Students

September

2 *Labor Day-NO School*
18 Half-day for District 54 We will pick up children at 11:40am

October

10 Half-day for District 54 We will pick up children at 11:40am
11 Parent/Teacher Conferences District 54-YMCA Day's Off Program
14 Columbus Day-YMCA Day's Off Program

November

27 Non-Attendance Day-YMCA Days off Program
28-29 Thanksgiving Holiday-NO School

December

23-31 Winter Break-YMCA Day's Off Program(NO PROGRAM DEC 24, 25,26 or 31)

January

1 New Year's Day Closed
2-3 Winter Break-YMCA Days off Program
6 School & Y Achievement Academy Resumes
20 Martin Luther King's Birthday-YMCA Day's Off Program
29 Half-day for District 54 We will pick up children at 11:40am

February

13 Half-day for District 54 We will pick up children at 11:40am
14 Parent/Teacher Conferences District 54-YMCA Day's Off Program
17 President's Day-YMCA Day's Off Program

March

17 Non-Attendance Day-YMCA Days off Program
23-27 Spring Break –YMCA Days Off Program
30 School & Y Achievement Academy Resumes

April

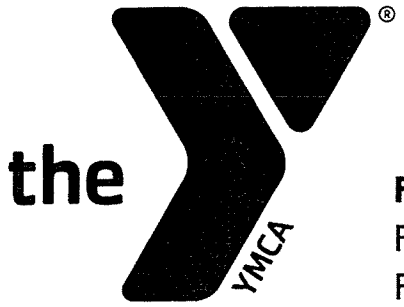
10 Non-Attendance Day-YMCA Days off Program

May

6 Half-day for District 54 We will pick up children at 11:40am
25 Memorial Day Holiday No School and No YMCA Days Off Program
28 ***Last Day Of School for District 54 & YMCA****(If no emergency days are used.)*

For the full days off of school you must sign up for the Days Off Program if needed, at an additional rate. Forms will be provided front desk two weeks before each day off of school as indicated above (YMCA Days Off Program).

**Calendar subject to change.*



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMPANELLI YMCA ACHIEVEMENT ACADEMY 2019-2020

PARENT HANDBOOK

Revised March 20, 2019

Campanelli YMCA 300 W. Wise Rd., Schaumburg, IL 60193
(847) 891-9622
www.campanelliymca.org

Y ACHIEVEMENT ACADEMY
Program Description

YMCA Achievement Academy
The Campanelli YMCA provides academic enrichment activities, reading programs, homework assistance, and obesity prevention activities after school for specified District 54 Schools.

Philosophy & Description of Daily Program
The goal is to provide a safe and enriching environment for school-age children, Kindergarten – Sixth Grade. The program helps children gain foundational skills to help reach their full potential by enhancing education and wellness. The Academic Achievement Academy curriculum is not traditional child care, but designed to provide academic enrichment, reading support, homework assistance as well as active games and activities that support obesity prevention.

Program Objectives
1. Create a safe, healthy, and fun environment
2. Academic Achievement
3. Implement Character Development (caring, honesty, respect and responsibility
4. Build team work & physical development skills
5. Support Obesity Prevention
6. Appreciate Diversity
7. Increase self-esteem
8. Develop social skills and community awareness

YMCA ID Tags
Children registered in the Campanelli YMCA Achievement Academy will receive a Y tag to identify their enrollment in the YMCA Achievement Academy. Tags are to be attached to a child's backpack and must be visible. One (1) tag per child will be given in the fall or at the time of registration. If a tag is lost or the program schedule is changed a new tag will be issued for $2.00.

YMCA Achievement Site
Campanelli YMCA, 300 W. Wise Rd., Schaumburg, IL 60193847-891-9622
**** A minimum enrollment of 10 children is required to run the Campanelli YMCA Achievement Academy program.

Transportation
Children will be transported from their base school to the YMCA daily. Transportation is included in the monthly fee. Parents are required to sign Transportation Agreement in the enrollment packet at the time of registration.

REGISTRATION INFORMATION

Registration Fees

A non-refundable registration fee is required per child, per school year. The fee is $45.00 per child or $75.00 per family.

Registration Procedure

Registration packets are available at the front desk of the YMCA. Children are accepted into the program on a first come first serve basis and we maintain a waiting list for sites that are full.

Parent(s) of Record

Please note that the parent(s) who complete the enrollment packet for their child are defined as the formal "Parent(s) of Record." The "Parents of Record" are recognized by the YMCA as individuals who have the authority to make changed, request payment information, or request copies of registration paperwork. **Only parents who SIGN the enrollment form will be considered "Parents of Record."**

Start Date

In cooperation with School District 54, the Campanelli YMCA requires a three school day processing period after receiving a COMPLETE registration packet to accurately enroll a child and inform your child's school. Parents are required to inform the child's teacher of the decision to attend the Y Achievement Academy.

Tuition

The Campanelli Y Achievement Academy fees are paid monthly based on 9 equal payments (August –April). Institute Days, School Holidays, Winter Break, or Spring Break are not included in the monthly payments, you are only charged for actual school days. There are no refunds for days missed due to weather cancelations.

Tuition is due on the 1st of each month. We bill one month in advance of each month. First payment will be due on August 1st and last payment will be due on April 1st.

PAYMENT DUE DATE SCHEDULE

August 1st
September 1st
October 1st
November 1st
December 1st
January 1st
February 1st
March 1st
April 1st

Returned Checks & Declined Bank, Credit Card Payment Service Fee

Payment is accepted in person at the Y through cash, check, or through automatic debits to a credit card or bank draft. A $20.00 service fee will be assessed for any

Absence due to illness
No refunds or credits will be issued if a child is out sick; however, if there is an extended absence due to illness, lasting more than a week, the Y will issue a credit with a note from the child's physician.

Set Schedule

The Y Achievement Academy is designed for consistency in attendance. Parents/Guardians must designate a CONSISTENT care schedule for their children to attend the Y Achievement Academy After School Program. The Y offers 2, 3, 4 and 5 days per week care. Rotating schedules, "drop in" schedules, or otherwise temporary schedules are not allowed and request for such changes will be denied.

Child Care Tax Statements
If you need an annual statement of childcare payments, please contact the billing department @(847) 891-9622 Ext. 108.

Financial Assistance

The Campanelli YMCA is a non-profit, charitable organization, dedicated to social responsibility. As such, the YMCA annual fundraising campaign provides funding for the Community Financial Assistance Program. Low to mid-income families are invite to apply for financial assistance.

The Level of financial assistance is determined by: (1) Family size & income level as it rates on the Y's adjusted fee scale; and 2) Family circumstances or special needs that arise for families that do not qualify for government assistance.

Financial Assistance Applications are available at the Campanelli YMCA membership services desk and online.

Please note funds are limited and available on a first-come, first serve basis. Parents who qualify will be noticed within two weeks after submitting a financial assistance application. Parent are always responsible for FULL FEE PAYMENT unless they have been notified by a YMCA formal letter that financial assistance has been awarded.

Nondiscrimination policy

There will not be any discrimination in admission or dismissal because of race, color, religion, sex, or national origin. Additionally, all information that is provided in regards to your child or your fees and income will be kept in the strictest of confidence.

DAYS OFF SCHOOL PROGRAM REGISTRATION

Institute Days, School Holidays, Winter Break, and Spring Break

The Campanelli YMCA provides "Days off School Programs" on most school holidays, institute days, Winter Break and Spring Break. Parents must complete a separate registration form for Day's Off Programs. Camp Pre-registration is required <u>at least</u> two weeks prior to the program, due dates will be listed on the program registration forms.

Parents whose children are registered in the Y Achievement Academy will receive the registration information as soon as it is available. Registration is accepted on a first come first serve basis. Once program is full, we will start a waiting list. We will provide two snacks daily. <u>Parents must send their child with a lunch and a swim suit and towel on swimming days.</u>

Parent/Guardian Code of Conduct
Parents or guardians who display any of the following behaviors will be asked to leave the site:

- Disrespecting, confronting, intimidating, or yelling at staff
- Physical or verbal abuse of any kind
- Approaching, confronting and/or correcting other children in the program
- Under the influence of drugs or alcohol
- Smoking at the site

If a YMCA staff person suspects a parent/guardian of alcohol/substance abuse or observes child abuse, staff will call police. If a YMCA staff person has reason to believe that a parent/guardian is "under the influence" at the time of pick up, the child will **NOT** be release to the parent/guardian suspected of being under the influence. The YMCA's first responsibility is the safety of each child.

DCFS Mandated Reporters

The YMCA staff have a social and legal responsibility to report suspicion of child abuse or neglect to DCFS. State law requires professionals who work with children become trained as Mandated Reports to protect all children.

High School Program Volunteers

Throughout the school year, we coordinate with School District 211 Share/LCAP Community Service Program to provide High School seniors with an opportunity to work with YMCA child care programs and learn about our organization. High School Seniors are expected to complete 20 hours of community service in order to meet all requirements for graduations. High School Volunteers who with children at the Y Achievement Academy are pre-selected and must submit an application for a background check, and are under constant supervision by Y Achievement Academy program staff.

Policy Regarding Release of Personal Information

The Campanelli YMCA will not release any personal information regarding the child or family, unless the parent requests such release, and then only if the parent of record has signed the release of information form. Parents will be asked to sign a release form authorizing the Campanelli YMCA to use photos of children involved in the program for publicity purposes. No photos will be released without parental consent.

Use of Cell Phones & Electronics

The use of cell phones and other electronic devices is prohibited by children participating in the Y Achievement Academy. Cell phones or electronic games that are found to be in use by children during the program will be held by the Site Coordinator and returned to the parent/guardian at the time of pick up.

information form. Parents will be asked to sign a release form at the time of registration authorizing the YMCA to use photos of children involved in the program for publicity purposes.

Guidance and Discipline Policy:

Discipline is designed and carried out to help each child learn self-control, choose alternatives, identify feelings, and when possible, develop an understanding and respect for the feelings of others. Steps that will be taken If a child is misbehaving.

1. Verbal warnings are the first step in curbing discipline issues. The staff will step in and remove the child from the situation and will clearly identify the inappropriate behavior to the child.
2. If the behavior continues a second verbal warning will be given to the child along with the identification of a consequence such as cooling off time (1 minute per year of child) sitting out from an activity for a period of time, moving the child to a quiet area, etc.
3. If the behavior continues the staff shall implement one of the above consequences. The staff member will also complete a behavioral incident report in writing.
4. If the behavior continues, the staff member will discuss the problem with the managing director and the parent, preferable in person. At this time we will discuss the inappropriate behavior, the expected behavior and the remedial action taken. The purpose of this meeting shall explore alternative solutions to correct the child's behavior with the parent.
5. If the behavior continues, the staff member shall consult with the managing director and schedule a parent conference. During this conference the managing director may suspend the child from the program for up to 1 week.
6. After such suspension, if the behavior does not improve, the Associate Director and or the CEO will be consulted and another parent conference will be held at this time the child may be suspended up to 30 days.
7. Prior to returning to the program after serving the suspension another conference will be scheduled, preferably with the child present. The purpose of this conference is to assess the behavior pattern of the child and to set clear expectations for future behavior. If the Associate Executive Director or CEO determines the behavior can be reasonably expected to improve the child may be re-enrolled in the program on probationary status for 30 days.
8. If during the probationary period and the child's behavior does not improve the Associate Executive Director or CEO may permanently dismiss the child from the program or implement a second round of suspensions. Permanent dismissal shall be implemented if the health and safety of the child, other children, or staff members are in jeopardy, or the program must be fundamentally altered to accommodate the child.

Health and Safety

Health Checks

The well-being and safety of children in the Y Achievement Academy is our first priority. Children's health status will be checked informally each day. If a child shows any signs of illness, rash, redness of the throat or eyes, mouth sores, high temperature (over 100 degrees), chronic hacking cough, diarrhea, signs of infection, lice or nits, the parent/guardian will be called and required to pick up the child within one hour. This policy is enforced to ensure that other children and staff have minimal exposure to infectious diseases. A sick child will be separated from others allowed to rest until the parent/guardian arrives. If a physician prescribes an antibiotic, parents are asked to keep the child home for 24 hours before returning to the program.

Children Absent from School for Illness

If a child becomes ill during the school day, he/she will not be allowed to attend the Achievement Academy that day. The YMCA asks parents to partner with the school and YMCA to help insure the health and well-being of all children. If your child contracts an infectious, communicable disease, please notify the YMCA Director of Youth Development IMMEDIATELY @ (847) 891-9622 Ext. 106 or sheilap@gcfymca.org.

Hygiene:

All children will wash their hands when entering the center, before and after snack and lunch, after the use of the bathroom, after outdoor play, and after wiping or blowing their nose.

PLEASE report ANY contagious diseases IMMEDIATELY to the Director of Youth Development (847)891-9622 x. 106 or sheilap@gcfymca.org.

Health Examination

Each child enrolled in the Campanelli YMCA Achievement Academy, unless exempt for clinical or religious reason, must undergo a thorough health examination and receive prescribed immunizations from a licensed physician not more than two years prior to admission. A completed health examination report must be on file at the Campanelli YMCA, dated and signed by the examining physician indicating that the child has been

- Found free of communicable disease, including active tuberculosis verified by a tuberculin skin test, or chest x-ray if the skin is positive.
- Immunized against measles, German measles, mumps, whooping cough, diphtheria, rubella, pertussis, hemophilia influenza B, hepatitis B, tetanus, and poliomyelitis.
- given a blood lead-screening test (ages 1 to 6 years old) if in a high risk lead zone

Parent or guardian's are responsible to update health examinations every year and immunizations as they occur. Please submit a written immunization recorded, using the

Fire Arms

Due to conceal and carry act we want to notify you, Fire Arms are not allowed inside of the YMCA or at any of our childcare program facilities in accordance with YMCA Policy and the Illinois State Police Administrative Code 430 ILCS 66/65.

Sec3 65. Prohibited Areas:
(a) A licensee under this Act shall not knowingly carry a firearm on or into:
(1) Any building, real property, and parking area under the control of a public or private elementary or secondary school.

Emergency Preparedness/Safety Drills

Campanelli YMCA works in cooperation with School District 54 for Emergency preparedness. The YMCA adapted the School District 54 emergency procedures to use in the Y Achievement Academy along with training from our risk management program. The YMCA will conduct the following drills. Fire drills. Tornado drills, and Intruder drills on a monthly basis.

General Safety

Please do not leave unattended automobile engines running or a child unattended in the car when picking up or dropping off a child at Campanelli YMCA Achievement Academy sites. Smoking is prohibited at the Campanelli YMCA Achievement Academy

Sign-in/out Procedures

Each child must be signed in and out daily by a parent/guardian or authorized adult 18 years of age or older. Children will **ONLY** be released to authorized adults designated on the child's emergency form. Photo identification is REQUIRED for the adult picking up a child from the program.

Thank you for trusting us with your child/children. If at anytime you have questions or concerns about the Campanelli YMCA Achievement Academy, please call or email me@ 847-891-9622 ext. 106 or sheilap@gcfymca.org. We are looking forward to a wonderful school year.