



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BELVIDERE FAMILY YMCA ADVENTURE CLUB

Dear Parents:

Welcome to the Before and After School Adventure Club at the Belvidere Family YMCA. We are glad to have you and your child/children involved with our program!

We hope this packet will serve as a useful tool for any questions you may have concerning Adventure Club Before and After School Care.

The Belvidere Family YMCA is confident that your child/children will have a great experience while in the care of our staff!

The Adventure Club Program began 14 years ago with just 15 children in the whole program. Now, it has evolved into a program that serves 100 or more children daily, before and after school!

If at any time there is a question I can answer or a problem I can help you with, please do not hesitate to call. Feel free to call me at the Belvidere Family YMCA at (815)547-5307. I will return calls at my earliest opportunity.

Thank You!

Heidi Mansavage

Belvidere Family YMCA Discipline Procedures

- 1. A short time out will be used if a child needs to reestablish control.**
- 2. A staff person will discuss the problem with the child.**
- 3. If the problem needs to be discussed with a parent/guardian, it will be done at the time the parent/guardian picks up the child.**
- 4. Any incident report resulting in a written warning will be discussed with a lead staff counselor. A copy will be given to the parent/guardian and the original will remain in the YMCA's records.**
- 5. If the problems persist, it will be up to the discretion of the Executive Director whether or not the child should be removed from the program.**
- 6. If a child is removed from Adventure Club, he/she will be ineligible to participate in School's Out Day activities and the Summer Camp program for that school year.**

Adventure Club Rules

- 1. Respect counselors and campers at all times.**
- 2. Use appropriate language.**
- 3. There will be ZERO tolerance policy for bullying. Bullying will be grounds for immediate dismissal.**
- 4. Only walking is allowed in the YMCA (except in the Gym)**
- 5. No playing with sports equipment in the social room.**
- 6. Inside voices are to be used in the Social Room and YMCA. (except in Gym when appropriate)**
- 7. When outside, leave wild life and insects alone.**
- 8. No wrestling, hitting, spitting, rough housing, etc. is allowed.**
- 9. Always ask a counselor if you can leave the Social room, Gym, or outside areas.**
- 10. No cell phones, electronic devices, tablets, toys, cards, or MP3 players are permitted at camp.**
- 11. No selling of school fundraising items will be allowed.**

Adventure Club

Pick Up Locations

Whitman School

Drive on the North side of school.

Perry School

Corner of Perry and Crosby streets.

Lincoln School

Students gather by office.

Circle drive in front of door-

Washington School

Students meet in the gym.

5th Ave. in front of entrance-

Meehan School

Circle drive.

Central Middle School

Main entrance.

South Middle School

entrance.

Side parking lot near front

As of March 1st 2015, we will be implementing a late pick up fee policy. Adventure Club hours are 5:30am-6:00pm. Every 15 minutes after 6:00pm will accrue a \$5.00 per child fee that will be put on your account. This balance will need to be taken care of by no later than the following day upon pick up or child care will be suspended.

Signature Date

Belvidere Family YMCA Parent/Guardian Cooperation Form

1. I will call the YMCA when my child/children will not be attending Adventure Club.
2. I will drop off my child/children no earlier than 5 minutes prior to the beginning of A.M. Adventure Club.
3. I will pick up my child/children on or before 6:00 P.M. (As of March 1st 2015, a \$5.00 late fee policy will accrue every 15 minutes per child)

4. I will be on time with any and all payments for Adventure Club and understand that payment **must** be made the Friday **before** the week of needed care.
5. I will **NOT** send games with my child/children (unless authorized by YMCA staff).
6. I will sign my child/children in each morning and out each night.

Parent/Guardian Signature Date

Photo Release Form

Please be advised that your child may be photographed or videotaped at various camp activities for the Belvidere Family YMCA. If you would like your child to appear in our promotional ads, please sign this form below.

_____ YES, I give permission for my child's photograph or video to be used in promotional ads.

_____ NO, I do not give permission for my child's photograph or video to be used in promotional ads.

Parent/Guardian Signature Date

Medication Rules and Regulations

- 1. The Belvidere Family YMCA requires a prescription for all medications that are to be administered to your child while enrolled in Adventure Club.**
- 2. Over the counter products are administered ONLY with a note from a physician indicating...**
 - a. The dosage amount.**
 - b. The frequency of the dosage.**
 - c. The duration of the medication**
- 3. Medications are ONLY given from the original prescription container, having the child's name, date, prescription number, doctor's name, and dosage amount printed. NO EXCEPTIONS!**

4. Medications are to be given at home at least once before it can be given to them at the Belvidere Family YMCA, in case of an allergic reaction.
5. All medications are administered by the Program Director, Assistant Director, or by a counselor.
6. Parents must fill out the medication request form before and medications can be given.

Name of Child's Doctor:

Doctor's Phone Number:

Doctor's Address:

**Name of Child's
Dentist:**

**Dentist's Phone
Number:**

Dentist's Address:

_____ **Parent/Guardian** **Date**

_____ **Adventure Club Director Signature** **Date**

I give permission for my child/children

_____ to receive emergency medical treatment. I understand that the Belvidere Family YMCA will provide medical treatment in an emergency situation. This may include, but is not limited to, First Aid and CPR, given by staff or care by a physician, paramedic or local hospital. I understand that I will be responsible for any fees incurred in emergency care.

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

In the event that I am unable to pick up my child/children personally, I give consent for my child/children _____ to be released **ONLY** to the following individuals who are over the age of 21.

1. Contact #1 Name

_____ Relationship

_____ Home Address

_____ City _____ State

_____ Zip _____ Home Phone
Number

2. Contact #1 Name

_____ Relationship

_____ Home Address

_____ City _____ State

_____ Zip _____ Home Phone
Number

3. Contact #1 Name

_____ Relationship

_____ Home Address

_____ City _____ State
_____ Zip _____ Home Phone
Number

A staff member will ask to see a photo I.D. for verification of the individual before the child/children is/are released to the aforementioned adult. I will inform the Camp Director or Assistant Director if I am unable to pick up my child/children.

_____ Parent/Guardian _____ Date

_____ Parent/Guardian _____ Date

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Allergies and Medical Conditions

Child/Children Name(s)

Please list ANY and ALL allergies (Food, Drink, Etc.):

Please list ANY and ALL medical conditions/attentions (Optional):

_____ Parent/Guardian _____ Date

My child/children

_____ has

no food allergies or medical conditions that need to be brought to the attention of the YMCA adventure club staff.

_____ Parent/Guardian _____ Date

Belvidere Family YMCA Homework Assistance Form

We will make every

attempt to complete or at least give your child a jump start on his/her homework!

I give permission for my child/children

_____ to receive assistance from the Adventure Club Staff with school homework. I understand that his activity will be the first of the activities after snack time.

_____ Parent/Guardian _____ Date

Transportation Authorization

I, _____, authorize the Belvidere Family YMCA to transport my child/children,

_____ to and from school, to the Belvidere Park, for any field trips, and when deemed necessary for inclement weather.

_____ Parent/Guardian _____ Date

Attention Adventure Club State Funding Parents!

As of March 1st, 2015, all copays must be paid by automatic withdrawal from your checking account or credit card. On the 1st of every month this will be a mandatory policy for the Belvidere Family YMCA. Please fill out the attached paperwork and return it to the member service desk!

Please note that the Adventure Club Program is enforcing its payment procedures

Effective immediately, you must register and make your payment for your child/children on the Friday before the week you will need child care. If your child's name is not on our roster, he/she will not be able to attend until registered and paid for in full.

We also will be requiring a credit card to keep in our files. Should your payment not be made in time, it will automatically be deducted from the card given. If your payment is returned for any reason, a \$30.00 NSF fee will be applied.

I, _____, understand the Adventure Club program payment procedures and leave the following credit card information to be used in the event that my payment has not been paid.

Parent/Guardian **Date**

Circle One: VISA MASTERCARD

Name as it appears on card:

__ Credit Card Number:

Security Code (On Back): _____ Billing Zip Code: _____

Exp. Date: _____ ****Please note: we do not issue refunds for days cancelled due to weather-related conditions****

CIRCLE ONE:	Before School	After School	Before & After School	SCHOOL
TO BE PICKED UP AT:	_____			
STARTING DATE:	_____			

Adventure Club Child Enrollment Form Belvidere Family YMCA ***\$30.00 Registration fee**
must be paid at time of signing up!*

INFORMATION ABOUT YOUR CHILD

Child's Name:

Name by which your child is called by most often: _____ **DOB:**

_____ **Home Address:**

City: _____ **State:**

_____ Zip Code: _____ Home Phone Number: _____

INFORMATION ABOUT GUARDIANS

Mother/Guardian's Name:

_____ Home Address: _____

_____ City: _____ State: _____
_____ Zip Code: _____ Home Phone: _____
_____ Work Phone: _____ Cell Phone: _____
_____ Place of Employment: _____
_____ Days and Hours of Employment: _____

Father/Guardian's Name:

_____ Home Address: _____

_____ City: _____ State: _____
_____ Zip Code: _____ Home Phone: _____
_____ Work Phone: _____ Cell Phone: _____
_____ Place of Employment: _____
_____ Days and Hours of Employment: _____

INFORMATION FOR CONTACTING PARENTS/GUARDIANS

Parent/Guardian to be contacted first: _____ **Special**
Instructions: _____

****In case of an emergency, when neither Parent/Guardian can be reached, permission is given to contact and release my child/children to the following individuals:**

Contact #1 Name: _____
_____ Home Address: _____

_____ City: _____ State: _____
_____ Zip Code: _____ Home Phone Number: _____
_____ Cell Phone Number: _____

Contact #2 Name:

_____ Home Address: _____
_____ City: _____ State: _____
_____ Zip Code: _____ Home Phone Number: _____
_____ Cell Phone Number: _____

Yes, I have given my credit card number for automatic withdrawal when payment is due.

Signature

Date

Staff initials: _____ **Date:** _____