



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BELVIDERE FAMILY YMCA

## NORTH BOONEY Y KID'S CLUB

### Dear Parents:

Welcome to the before and after school care, located at Poplar Grove Elementary School, with 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 North Boone Y Kids' 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!

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 us at the Belvidere Family YMCA at (815)547-5307.

Thank You!

Jen Jacky & Heidi Mansavage

**PLEASE KEEP THE FIRST PAGE OF THIS PACKET FOR YOUR FILES AND PLEASE RETURN THE REST OF THE PACKET TO:**

Belvidere Family YMCA  
220 West Locust Street  
Belvidere, IL 61008  
info@belviderefamilyymca.org

CIRCLE ONE:      Before School                      After School                      Before & After School                      SCHOOL

ATTENDED: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

**Child's Name:**

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

**Home Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:**

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**Phone Number:**

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**INFORMATION ABOUT GUARDIANS**

**Mother/Guardian's Name:**

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**Home Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:**

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**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:**

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**Place of Employment:**

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**Days and Hours of Employment:**

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**Father/Guardian's Name:**

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**Home Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:**

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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:

\_\_\_\_\_

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**\*\*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:

\_\_\_\_\_

## **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 Y Kids' Club, he/she will be ineligible to participate in School's Out Day activities and the Summer Camp program for that school year.**

## **Y Kids' 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 building (except in the Gym)**
- 5. No playing with sports equipment except in designated areas.**
- 6. Inside voices are to be used. (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 before you go anywhere.**
- 10. No cell phones, electronic devices, tablets, toys, cards, or MP3 players are permitted during care.**
- 11. No selling of school fundraising items will be allowed.**

## **LATE PICK UP POLICY**

Y Kids' Club hours are 6:00am-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.

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Signature

Date

### **Belvidere Family YMCA Parent/Guardian Cooperation Form**

1. I will call the YMCA when my child/children will not be in need of care.
2. I will drop off my child/children no earlier than 5 minutes prior to the beginning of before school care.
3. I will pick up my child/children on or before 6:00 P.M. (As of March 1<sup>st</sup> 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 care 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.

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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.

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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 care.
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.
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, Supervisor, or by a counselor.
6. Parents must fill out the medication request form before and medications can be given.

**Name of Child's Doctor:**

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**Doctor's Phone Number:**

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**Doctor's Address:**

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**Name of Child's**

**Dentist:** \_\_\_\_\_

**Dentist's Phone**

**Number:** \_\_\_\_\_

**Dentist's Address:**

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**Parent/Guardian**

**Date**

## **Emergency Medical Care and Child Release Form**

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.

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Parent/Guardian Signature

Date

## Allergies and Medical Conditions

Child/Children Name(s)

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

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

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Parent/Guardian

Date

**OR**

My child/children \_\_\_\_\_

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

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Parent/Guardian

Date

## Transportation Authorization

I, \_\_\_\_\_, authorize the North Boone School District to transport my child/children, \_\_\_\_\_.

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Parent/Guardian

Date

## 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 staff with school homework. I understand that his activity will be the first of the activities after snack time.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian

Date

## Pick Up List

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

\_\_\_\_\_

Phone Number

\_\_\_\_\_

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2. **Contact #1 Name**

\_\_\_\_\_

Relationship

\_\_\_\_\_

Home Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

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3. **Contact #1 Name**

\_\_\_\_\_

\_\_\_\_\_



**Relationship**

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**Home Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number**

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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 Supervisor if I am unable to pick up my child/children.

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**Parent/Guardian**

**Date**

## **Attention Parents Using State Funding!**

All copays must be paid by automatic withdrawal from your checking account or credit card. On the 1<sup>st</sup> of every month this will be a mandatory policy for the Belvidere Family YMCA. Please fill out the attached paperwork and return it.

We request that 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.

If your payment is returned for any reason, a \$30.00 NSF fee will be applied.

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

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**Parent/Guardian**

**Date**

**Circle One: VISA    MASTERCARD    DISCOVER**

Name as it appears on card:

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Credit Card Number:

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Security Code (On Back): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**\*\*Please note: we do not issue refunds for days cancelled due to weather-related conditions\*\***

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

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Signature

Date

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