



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Keene Family YMCA Child Care Policies and Procedures Statement of Understanding 2022-2023

As of Monday, August 22, 2022 all payments must be made by credit card or bank draft. If you have not done so already, please contact our billing person, Cindy Puza, at 352-6002 ext. #124 to set this up.

- All childcare payments are processed on Monday of the week of services. Late payments will incur a \$10/week late fee.
- For students who receive state assistance all co-pays are processed on Friday of the week of services. Late payments will incur a \$10/week late fee.
- Families who receive state assistance and are not linked to the state must pay at least \$25 toward their balance until they are billed for the full amount. If you know your cost share, please pay that amount.
- Any account two weeks in arrears will result in forfeiture of your child's spot. Unpaid account balances will be sent to a collection agency.
- You will be billed a \$25.00 processing fee for insufficient funds or denied credit cards.
- Child Care closes at 5:00pm and Keene SAAC closes at 5:30pm. A \$5.00 late fee will be applied to your account for the first 5 minutes that you are late for pick up and \$2.00 for every minute thereafter.
- It is your responsibility to keep your child's file current with updated health/immunization forms and CACFP forms. You will be notified by our staff when forms need to be renewed.
- I have read and agree to adhere to the childcare termination policies, arrival/departure, health and immunization, enrollment, nutrition & physical activity, napping, inclement weather/babysitting, and payment policies as outlined in the Family Handbook.
- I have read and agree to adhere to the policies and procedures outlined in the SACC packet.

Please sign this notice acknowledging that you have read and understand the contents of the Keene Family YMCA's Childcare/School Age Parent Program Policies and Procedures Statement of Understanding.

Parent/Guardian signature

Date

Print Child's Name

Classroom

Child's tuition- weekly



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School-Age Program Waiver 2022-2023

The following form contains waivers for particular activities and circumstances that may arise in childcare as well as policies and procedures around COVID-19. Please read the list carefully and initial all that you agree to allow and those that ask for you to acknowledge understanding.

Illness Policy

I understand that it is my responsibility to notify the YMCA IMMEDIATELY if there is any COVID related illness or exposure within my household. _____ (initial)

I understand that if my child is sent home sick, I am responsible for following the YMCA's illness protocols surrounding COVID-19 in order for my child to return to the program. _____ (initial)

I understand that it is my responsibility to ensure my child is picked up within 30 minutes of receiving the phone call in notification of my child's illness/symptoms. _____ (initial)

Transportation Waiver

I give my child permission to ride the YMCA bus from school to the after-school program. _____ (initial)

I give permission for my child to participate in spontaneous group walking field trips with YMCA staff during the school day without prior notice. _____ (initial)

Activities & Facilities Waiver

I give my child permission to participate in activities that take place within the YMCA facility and any other off-site location that may be outside the licensed childcare classrooms. _____ (initial)

I give my child permission to swim in the YMCA pool with appropriate swim gear and under the supervision of YMCA staff and lifeguards. _____ (initial)

I understand that my child will be required to wear either their green necklace (demonstrating they have successfully passed the Y-swim test) or a Personal Floatation Device (provided by YMCA). _____ (initial)

I give my child permission to participate in water activities under the supervision of YMCA staff including wading pools, texture tables, water slides, field games and marsh land. _____ (initial)

Photography Waiver

I give the YMCA permission to photograph my child during the current year. _____ (initial)

I give the YMCA permission to use photographs of my child in any publication relating to the YMCA including, but not limited to brochures, program guides, posters, publicity, etc. _____ (initial)

Tuition Payments & Billing

I give the YMCA permission to disclose my state case number for purposes that will benefit the quality of the YMCA childcare program including, but not limited to food assistance programs & funding programs _____ (initial)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

I understand that I am required to pay the flat rate tuition for school—age programming regardless of my child’s presence/absence in the program. _____ (initial)

I understand that there will be a late charge added to my child’s account if they are picked up past program closure time. \$5.00 for the first 5 minutes that you are late to pick up your child and \$2.00 for every minute thereafter. _____ (initial)

I understand that my child will not be able to attend school-age programming, and their spot could be surrendered, if my account is delinquent over two weeks. _____ (initial)

Personal Items Waiver

I understand the no personal items (such as toys and games) from home are allowed in any Keene Family YMCA child care program. If my child does bring in a personal item, they will be asked to put it away in their cubby. If they refuse to do so the YMCA staff will hold the item for the remainder of the day. The YMCA is not responsible for items damaged, lost or stolen. _____ (initial)

Absentee Policy

I agree to call my child’s classroom/program if my child is going to be out sick or absent for any reason. _____ (initial)

Behavior & Bullying Policy

I have reviewed the school-age program behavioral guidelines and bullying policy with my child and have ensured his/her understanding of both. _____ (initial).

I understand the steps that will be taken to prevent and manage undesired and/or unsafe behavior within the program; and the consequences that follow. _____ (initial)

Observation Waiver

I give the YMCA permission to allow students (high school or college) and specialists to observe my child’s program for educational purposes after the YMCA verifies their purpose and identity. _____ (initial)

Sunscreen/ Bug Spray Waiver

I give permission for the YMCA staff to assist in applying sunscreen and/or bug spray to my child while in program. I will supply my child with his/her own sunscreen and bug spray. _____ (initial)

*Sunscreen with DEET is not allowed. Sunscreen does expire each year. The Y asks for a new bottle each spring.

I have read, understand, and initialed all waivers that apply to my child.

Legal Guardian Signature: _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School-Age Program Calendar 2022-2023

*Full-day programs will be offered on most out-of-school days following the Keene School District calendar. Pre-registration is required.

August 31st	First Day of School
September 5 th	Child Care Closed - Labor Day
October 7 th	Early Release Day
November 8 th	Teacher Workshop Day
November 11 th	Child Care Closed - Veterans Day
November 23 rd	Thanksgiving Break
November 24 th	Child Care Closed - Thanksgiving
November 25 th	Child Care Closed - Day After Thanksgiving
December 2 nd	Teacher Workshop Day
December 23 rd	Early Release Day
December 26 th - January 2 nd	Holiday Vacation
January 16 th	Child Care Closed - MLK Day
January 25 th	Teacher Workshop Day
February 20 th - 24 th	Winter Vacation
March 23 rd	Early Release Day
March 24 th	Teacher Workshop Day
April 24 th - 28 th	Spring Vacation
May 26 th	Early Release Day
May 29 th	Child Care Closed - Memorial Day



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

After-School Registration - School Year 2022-2023

Program (please check)

Keene Afterschool

Days (Please check)

Full Time (M-F)

Part Time (3-days please indicate which days*: M T W Th F)

**days chosen for attendance must remain the same each week unless approved by the program director*

Start Date: _____

Pick up Time: _____

Name of Elementary School: _____ Grade: _____

Teacher's Name: _____

Child's Name: _____ DOB: _____ Male Female

Address: _____

Home Phone: _____

Mothers/Guardian Name: _____ DOB: _____

Email Address: _____ Cell: _____

Fathers/Guardian Name: _____ DOB: _____

Email Address: _____ Cell: _____

Parent Signature _____ Date _____

Director Received/date _____ Office received/Date _____



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Keene Family YMCA School-Age Programs 2022-2023 (effective 6/30/2021)

*Registration fees will be collected upon submission of enrollment documents.

New Family Enrollment Fee

First Child: \$80
 Second Child: \$75
 Third Child: \$70

Current Family Registration Fee

First Child: \$35
 Second Child: \$30
 Third Child: \$25

After-School Programs

Keene After-School operates at the main Y facility and serves students at Symonds, Fuller, Franklin, Wheelock, Chesterfield, and Westmoreland Elementary Schools. The Y provides transportation for students at Fuller, Franklin, and Wheelock; students from Symonds, Chesterfield, and Westmoreland ride the public school bus to our facility. Surry Village After-School operates on the Charter School campus and serves only students at Surry Village Charter School. Both programs operate from school dismissal time until 5:30pm.

Details for the Keene and Chesterfield after-school programs are as follows:

Location	5 days	3 days
Keene	\$100/week	\$60/week

Vacation Camp Programs

Registration for Vacation Camp programs opens in mid-late September. Enrollment paperwork will be available on our website at <https://keeneymca.org/child-care>. Enrollment requires a \$10/day deposit upon registration. All camp programs operate from 8am-5pm.

Teacher Workshop Days	
School-Age Participants	\$35/day
YMCA Members	\$40/day
Community	\$50/day
Vacation Camps	
YMCA Members	\$200/week
Community	\$225/week

Snow Day Program

This program is open on all SAU29 declared snow days from 8am-5pm. This program is offered on a first-come-first-served basis with online registration only at:

<https://keeneymca.org/child-care>

Snow Day Program	
School-Age Participants	\$35/day
YMCA Members	\$40/day
Community	\$50/day



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Keene Family YMCA School-Age Program Registration Check-List

This list is your guide to ensure you have completed all the required documents before submitting to the organization.

- School-Age Fee Structure (keep for your records)
- School-Age Calendar (lists all out-of-school days in which Vacation Camp will be offered, as well as days that the YMCA will be closed with no programs offered; keep for your records)
- After-School Registration cover page
- Child Care Registration and Emergency Information (emergency contact list and childcare licensing information)
- Child Identification and Health Information (health and development information, allergies and medical concerns, family questionnaire)
- School-Age Program Waiver (acknowledgement/agreement to the Y's policies and procedures)
- Behavior Guidelines and Management Agreement (please review with your child)
- Parent Statement of Understanding (acknowledge and agreement of our childcare billing policies)
- Child Care Provider Verification (for families currently receiving state assistance)
- Credit Card/Electronic Fund Transfer Authorization Agreement
- Child and Adult Care Food Program: Child Enrollment Form (this form allows the YMCA to be reimbursed for food/snacks provided to your child; you DO NOT have to be a qualifying family; we ask that every family complete and submit this form)
- One-Time Registration Fee (cash, check or credit card/EFT authorization form)

Families seeking financial assistance through the Keene Family YMCA will need to complete and submit the Membership for All application, in addition to the registration documents. The Membership for All application can be found at our Welcome Center in the main Y facility.

Enrollment for Vacation Camps and Snow Days are separate from After-School registration. Please visit our website for more information on these programs and to obtain the enrollment documents.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child Identification and Health Information

Child's Name: _____

Physical Build:

Hair Color: _____ Eye Color: _____

Special identifying marks (birthmarks, scars, etc.)

Health and Development:

ALLERGIES: Please list any allergies your child has to food, medicine, environment etc. Please rate the severity of each allergy on a scale of 1(mild) - 5(severe). *Allergies that require care will need an Allergy Plan signed by the doctor.*

Please answer the following in regard to your child's health & wellbeing:

(Circle answers & explain where necessary)

Does your child receive regular medication? Yes No _____

Asthma? Yes No _____

Skin Disorders? Yes No _____

Serious Illnesses? Yes No

Please explain: _____

Physical disabilities? Yes No

Receiving services by whom _____

Developmental Delays? Yes No

Receiving services by whom _____

Social/Emotional Disorders? Yes No

Receiving services by whom _____

Speech Delays or Sensory Disorder? Yes No

Receiving services by whom _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Questionnaire:

Has your child ever been in childcare before? Yes No

Type of program your child has been in: (please circle)

Babysitter Home Center Child Care Never in childcare before

What types of activities does your child enjoy? (such as sports, arts & crafts, reading, etc.)

Please take a moment to share with us any additional information about your child that would be helpful for our staff to know:

Please take a moment to share with us any additional information about your family that would be helpful for the staff to know: (customs, traditions, etc.)

Parent Signature/Date _____



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School-Age Program and Summer Camp Behavior Guidelines and Management Agreement

It is the YMCA's priority to provide a safe, healthy and secure environment for all program participants. Youth who attend the program are expected to acknowledge and follow the behavior guidelines based upon the core values of the YMCA and to interact appropriately in a group setting.

Behavior Guidelines

- ✓ I show care and kindness towards others.
- ✓ I am honest in all my interactions.
- ✓ I am responsible for my actions, words, environment, and belongings.
- ✓ I am respectful towards others and the environment.

When a youth does not follow the behavior guidelines, Y staff will take the following steps:

1. Staff will redirect the youth to more appropriate behavior.
2. Youth will be reminded of the behavior guidelines and will process the scenario with staff.
3. If the behavior persists, staff will inform the family of the problem and notify the program director of the concern.
4. Consistent inappropriate behavior will be documented by program staff, and will include a description of the behavior, what provoked the behavior, and any corrective action taken.
5. The Program Director may provide direct support to staff with more advanced behavior management strategies, or brainstorm alternative support methods.
6. Youth that continue to violate the behavior guidelines will receive a formal documented write-up with an incident report.
7. Incident reports also have further consequences. These are as follows:
 - a. Incident Report #1: loss of privilege within the program
 - b. Incident Report #2: a mandatory conference with Program Director, youth, and family will be required prior to returning to the program
 - c. Incident Report #3: youth will be sent home immediately and suspended from the program at the discretion of the Program Director
 - d. Incident Report #4: youth will be permanently expelled from school-age programming at the Y
8. If a youth's behavior at any time threatens the immediate safety of that child, other youth, or staff, the parent/guardian may be notified and expected to pick the child up immediately.
9. Termination/expulsion from school-age programming may be considered in extreme cases and at the discretion of the Program Director.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The following behaviors are not acceptable and may result in immediate suspension or termination from the program:

- Physical aggression or violence towards other youth or staff
- Leaving the program site or building without permission
- Stealing or damaging YMCA property, or the personal property of others
- Possession of and/or use of tobacco, alcohol, illegal drugs, firearms, or explosives

I have read the Behavior Guidelines and Management Agreement and understand the strategies used to prevent and control instances that may occur.

Parent/Guardian Signature

Date

This Behavior Guidelines and Management Agreement has been read and/or explained to me and I understand the consequences of any instances that may occur.

Youth Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Keene Family Child Care Program
CREDIT CARD AUTHORIZATION AGREEMENT**

I, _____ (card holder) hereby agree to authorize the Keene Family YMCA to charge my credit card for my childcare tuition payments.

Weekly payment(s) charged on Monday the week of services.

Weekly Tuition amount \$_____ starting on _____ (date)

As the card holder I understand that failure to provide valid credit card information (expiration dates, replaced cards etc.) will result in immediate suspension of child care services. As the card holder I agree that this authorization is binding and childcare tuition payments will continue until such time a written 15 day noticed of intent to withdraw from the childcare services at the Keene Family YMCA is received. I understand that a \$25 fee will be charged to my account for any credit card transactions that are declined for any reason.

Any questions should be directed to our Billing Specialist at 283-5242 or childcare@keene-ymca.org.

CREDIT CARD INFORMATION

Card holder's Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Credit Card Type: MasterCard Visa Credit Card # _____
Expiration Date _____ Security Code _____

Card holder's signature: _____

Child's Name _____

Parents/Guardians Signature Date

Office use only: Staff Signature: _____ Date processed: _____

The Keene Family YMCA is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for Internal Use Only.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Keene Family Child Care Program
ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT

I, _____ (account holder) hereby agree to authorize the Keene Family YMCA to charge my checking account for my childcare tuition payments.

A copy of voided check for proof of account ownership must be attached.

Weekly payment(s) charged on Monday the week of services.

Weekly Tuition amount \$_____ starting on _____ (date)

As the Account holder I understand that failure to provide valid account information will result in immediate suspension of child care services. As the Account holder I agree that this authorization is binding and childcare tuition payments will continue until such time a written 15 day notice of intent to withdraw from the childcare services at the Keene Family YMCA is received. I understand that a \$25 fee will be charged to my account for any transactions that are rejected for any reason.

Any questions should be directed to our Billing Specialist at 283-5242 or childcare@keene-ymca.org.

CHECKING ACCOUNT INFORMATION

Name on Account: _____

Address _____

City _____ State _____ Zip Code _____

Financial Institution name: _____

Transit/Routing Number (9 digits) _____

Checking Account #: _____

Account Holder's Signature: _____

Child's Name _____

Parents/Guardians Signature Date

Office use only: Staff Signature: _____ Date processed: _____

The Keene Family YMCA is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for Internal Use Only.