



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EXCEL AFTER THE BELL

YMCA Collaborative
After School Program
2019-2020

Located: Boulder Creek School
505 Springer Dr. Redding
530-224-0952
License #455406440
K - 8th Grades
3-5 days / After school





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2019-2020 BOULDER CREEK AFTERSCHOOL PROGRAM

License # 455406440

505 Springer Dr., Redding, CA 96003

530-224-0952

Program	1-3 Days	4-5 Days	Description
Annual Registration Fee	\$20	\$20	Paid upon registration.
School Year (monthly)	\$256	\$317	School dismissal-6:00pm when school is in session.
School Year w/Breaks (monthly)	\$315	\$376	School dismissal-6:00pm when school is in session. Includes care for Fall, Winter, Presidents & Spring Break. The With Breaks payment option is available through September 30, 2019.
School Year (annually) 10% Discount Applied	\$2,246	\$2,781	School dismissal-6:00pm when school is in session. The annual payment option is available through September 30, 2019.
School Year w/Breaks (annually) 10% Discount Applied	\$2,764	\$3,299	School dismissal-6:00pm when school is in session. Includes care for Fall, Winter, Presidents & Spring Break. The annual payment option is available through September 30, 2019.
Plus Kids (Monthly)		\$85	School dismissal-3:15pm when school is in session. Care for school extra-curricular activities only.

Enrollment – Children must be **registered by August 5, 2019** to start on the first week of school. Once school begins, registration is due 7 days prior to your child's start week.

Annual Registration Fee – \$20.00 registration fee applies to any new child or re-enrolling child. Fee is **non-refundable and non-transferable**. The annual registration fee will be **waived for enrollments received before May 27, 2019**.

Prorated Fee – All fee schedules will include prorated fees for August 2019 and June 2020 due to partial month schedules. Participants starting the afterschool program in the middle of any month will be charged a prorated fee based on a weekly rate.

Coverage for School Year (monthly) – Includes all days school is in session. This option does not include Fall, Winter, Presidents, Spring Break, school holidays or staff development days. Payments are divided evenly over the school year. Period covered is for the school year. Summer care not included.

Coverage for School Year with Breaks (monthly) – Includes all days school is in session plus Fall, Winter, Presidents and Spring Break care. This option does not include school holidays or staff development days. Payments are divided evenly over the school year. Period covered is for the school year. This all inclusive option is available at registration through September 30, 2019. Summer care not included.

Coverage for School Year (annually) – Includes all days school is in session. This option does not include Fall, Winter, Presidents, Spring Break, school holidays or staff development days. Payment is due in full at the time of registration. Period covered is for the school year. Summer care not included.

Coverage for School Year with Breaks (annually) – Includes all days school is in session plus Fall, Winter, Presidents and Spring Break care. This option does not include school holidays and staff development days. Payment is due in full at the time of registration. Period covered is the school year. This all inclusive option is available at registration through September 30, 2019. Summer care not included.

Coverage for Plus Kids (monthly) – Includes all days school is in session. **This option is for students participating in school extra-curricular activities** and does not include Fall, Winter, Spring Break, school holidays or staff development days. Payment is due in full monthly. Period covered is for the school year. Summer care not included.

Financial Assistance – YMCA Financial Assistance is available for qualifying families. The Y accepts most alternative payment programs.



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AFTERSCHOOL ENROLLMENT FORM

Today's Date: _____ / _____ / _____ School Year: _____ Grade _____

Participant's Information

Child's Last Name: _____ First Name: _____ Mid. Intl: _____
 D.O.B.: _____ / _____ / _____ Gender: M F Parent's Email: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Child lives with: Mother Father Guardian

Enrollment Information

- New / Re-enrollment Start Date: _____ / _____ / _____ School: _____
- Change to existing enrollment
- Have 2 or more children in the YMCA preschool or afterschool programs

Enrollment Options

- School Year
- School Year w/Breaks
- School Year Annual
- School Year Annual w/Breaks

Number of Days

- 3 Days
- 5 Days

Indicate Days of Attendance

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Fees and Dues

Monthly Recurring Fees

Standard Monthly Fee \$ _____
 Sibling Discount \$ _____
 YMCA Employee Benefit \$ _____
Monthly Total \$ _____

Payment Now Due

Registration Fee \$ _____
 First Month Fee \$ _____
Total \$ _____

Agreement – PLEASE INITIAL

- _____ 1. I have received and understand the YMCA Parent's Manual and the current school year rate sheet.
- _____ 2. There will be no refund of fees for non-attendance or cancellation. **All cancellations require 30 days written notice.**
- _____ 3. Changes in schedule will be permitted as space allows. **All changes require 30 days written notice.**
- _____ 4. The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- _____ 5. I understand that failure to adhere to these conditions will jeopardize continued participation in the program.
- _____ 6. While participating in YMCA Child Care, the YMCA has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____

Date: _____ / _____ / _____

Site Use Only

- Accepted by: _____
- Last four digits of primary: _____

Business Office Use Only

- Entered/Received by: _____



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PAYMENT AGREEMENT FORM

Participant's Information	
Child's Last Name: _____ Site: _____	First Name: _____
Billing Information (This person MUST sign this form below)	
Last Name: _____ Home Address: _____ Home Phone: _____ Employer: _____ Employer Address: _____	First Name: _____ City: _____ Email: _____ Work/Cell Phone: _____ City: _____ Parent's Date of Birth: _____ State: ____ Zip Code: _____ State: ____ Zip Code: _____
Bank Draft Authorization	
Primary Form of Payment	
I authorize a Bank Draft in the amount of \$_____ (see monthly total on Enrollment Form) on the first day of each month. The draft will occur monthly until contract is expired or terminated in writing. A minimum of 30 days notice is required. I authorize a prorated bank draft in the amount of \$_____ for August 2019 and \$_____ for June 2020.	
<input type="checkbox"/> Credit Card Details	
Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	The primary draft must be a debit or credit card. Two forms of draft are mandatory. Incomplete packets will not be accepted.
Account Number: _____ Expiration Date: ____ / ____ Security Code: _____	
Secondary Form of Payment	
This account will be used only when the Primary Form of Payment is returned. It will be drafted automatically with a decline fee.	
<input type="checkbox"/> Credit Card Details	<input type="checkbox"/> Bank Account Details (attach voided check)
Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Account Number: _____ Expiration Date: ____ / ____ Security Code: _____	Routing Number: _____ Account Number: _____
Third Party Payer Agreement	
<input type="checkbox"/> SCOE <input type="checkbox"/> Cal Works <input type="checkbox"/> Other: _____	
<input type="checkbox"/> I understand and agree to the supplementary "Third Party Payer Agreement."	
<input type="checkbox"/> I understand that I am responsible for all balances owed on my account. _____ Initial	
I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Provider selected above. I understand that my primary and/or secondary form of payment will automatically be charged on the 25 th of each month for any balances left unpaid by the Third Party Payer.	
Signature: _____	Date: _____
Agreement – PLEASE INITIAL	
_____ 1. Monthly payments will be drafted on the First of each month by the YMCA. If payment is not received by the fifth day of care there will be a late fee (in addition to any other returned payment fees) and the child(ren) will no longer be allowed to participate in the program until fees are paid in full.	
_____ 2. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a returned payment fee . This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted, using the second form of payment and will include a returned payment fee.	
_____ 3. Two or more returned drafts in a year may result in termination from the program or require payment in full for the remainder of the year.	
_____ 4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 30 days written notice required for all cancellations and changes.	
_____ 5. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.	
I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.	
Signature: _____	Date: ____ / ____ / ____



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Prime Time Y

Participant Enrollment Form

Child's Name Birthdate Ethnicity (Optional) Male/Female
Y or N

Teacher School Child Attends Grade YMCA Member?

Mailing Address City/State/Zip Family Email Address

Mother's Name Contact First? Home Phone Work Phone Cell Phone

Mother's Home Address City/State/Zip

Father's Name Contact First? Home Phone Work Phone Cell Phone

Father's Home Address City/State/Zip

ADDITIONAL EMERGENCY CONTACTS

Authorized to pick-up child. Must be 18 & have a photo ID.

Name Phone Number

Name Phone Number

Name Phone Number

Name Phone Number

Name Phone Number

Call Emergency Hospital Other

ADDITIONAL NAMES OF PERSONS

Also authorized to pick-up child. Must be 18 & have a photo ID.

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

See custody or legal documents on file

Signature of Parent or Authorized Representative

Date

STAFF ONLY: Return Date _____

Date left _____

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Boulder Creek YMCA Collaborative Afterschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

(Detach Here - Give Upper Portion to Parents)

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services, Community Care Licensing

Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95926

Licensing Office Telephone #: 530-895-5300

6. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
7. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Boulder Creek YMCA Collaborative After School	(PRINT THE ADDRESS OF THE 505 Springer Dr, Redding, CA 96003
---	---

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE	(DATE)
---------------	--------

DETACH HERE

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
 - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Department of Social Services, Community Care Licensing

ADDRESS
520 Cohasset Road, Suite 170

CITY
Chico

ZIP CODE
95926

AREA CODE/TELEPHONE NUMBER
530-895-5033

Child Name _____	Parent or Guardian Name _____	Staff Signature _____
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Prime Time Y

Participant Enrollment Form

Permission to Release Child to School Day Staff

- My child may be released from the YMCA to School Day Staff on campus during YMCA time.
- My child may not be released from the YMCA to School Day Staff, and needs to remain in the Afterschool program during YMCA time, unless written permission is on file.

Permission to Share Information

In order to provide the best possible care for your child, please complete the following:

I, _____ (Parent) authorize the Shasta Family YMCA Child Care Site Director to seek and/or share important information from/with the appropriate School District personnel which is pertinent to the well being of my child, _____ (Child) during his/her time spent in the YMCA after school program at _____ (School).

Child's Name

Parent's Name

Parent's Signature

The information discussed will be kept confidential and may include but is not limited to:

I.E.P. (Individual Education Plan)

Homework

Discipline

Health Issues

Child's Welfare

Date



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PARENT HOMEWORK RESPONSE FORM

Child's Name: _____ Date: _____

Please indicate your preference about the Y Afterschool's involvement in your child's homework. If he/she attends Y Afterschool during the scheduled homework time, please fill in the sections about the current homework choices. We also highly recommend that you give us permission to communicate with teachers if the need arises.

HOMEWORK PREFERENCES

(Please check preference)

_____ My child may *choose* whether to do homework while in the Y Afterschool Program.

_____ My child *must complete* as much of his/her homework as possible while in the Y Afterschool Program.

_____ My child *should not do* homework while in the Y Afterschool Program. I prefer that homework be completed at home. Another quiet activity may be offered during this time such as reading or writing.

PERMISSION TO COMMUNICATE WITH TEACHERS

_____ The Y Afterschool staff may contact my child's teachers if needed to help with homework difficulties.

Comments: _____

Parent Name (Print): _____

Parent Signature: _____

Y Afterschool Policies

YMCA Copy

- 1.) Parents are responsible for informing the Site Director and the Y office of any changes in their child’s attendance schedule, address, phone, work, or emergency telephone numbers, etc.
- 2.) There is a 3-day minimum charge per week. You may choose a 3 or 5 day contracted schedule that meets your needs, Monday through Friday. Monthly fees apply regardless of absences, illness, vacation, etc.
- 3.) All fee schedules will include prorated fees for August 2019 and June 2020 due to partial month schedules. Participants starting the after school program in the middle of any month will be charged a prorated fee based on a weekly rate.
- 4.) All changes require a 30 day notice and submission of a Child Care Adjustment/Cancellation form.
- 5.) **There will be no refund of fees for non-attendance. All cancellations require a minimum of 30 day written notice on a YMCA Child Care Adjustment/Cancellation form. Without a written notice of withdrawal, you will be financially responsible for all fees.**
- 6.) Fees are paid by an automatic draft from either a **Credit Card or Debit Card**. A second form of payment from either a bank account or credit card is required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date) will incur a returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically redraft, using the second form of payment and will include a returned payment fee. **No payments may be paid at the child care site.**
- 7.) Monthly payments will be drafted on the First of each month by the YMCA. If payment is not received by the 5th day of care, there will be a late fee (in addition to any other returned payment fees) and the child(ren) will no longer be allowed to participate in the program until the fees are paid in full.
- 8.) For those using a Third Party Payer, I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.
- 9.) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and reasonable attorney’s fees.
- 10.) Two or more returned drafts in a school year may result in termination from the program or require payment in full for the remainder of the year.
- 11.) **The YMCA may terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.**
- 12.) Year end tax notices are available upon request. Our tax ID # is 94-1212141.
- 13.) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
- 14.) Children coming directly from school dismissal will be signed into the program by child care staff. Only authorized adults (must be 18) with identification will be permitted to sign children out upon leaving. On Holiday Break days of full-day care (7 a.m. - 6 p.m.) parents must walk their children into the classroom to sign them in upon their arrival.
- 15.) The center will close promptly at 6:00 p.m. There is a late pick-up fee of \$1 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00p.m., the Shasta County Child Protection Agency will be called.
- 16.) Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are ill. You must make alternate arrangements for child care. (See the Health Policy in your Parent Handbook).
- 17.) The after school staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 18.) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 19.) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 20.) The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior Notice.
- 21.) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes. The Shasta Family YMCA Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Parent’s Manual and the current school year rate sheet.

Child’s Name

Parent or Guardian Signature

Date

Staff Signature

Date

Y Afterschool Policies

Parent Copy

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Child’s Name

Parent or Guardian Signature

Date

Staff Signature

Date