



SEWELLS POINT/CAMP ALLEN ENROLLMENT CHECKLIST

YOU MUST COMPLETE EACH ITEM BELOW BEFORE
RETURNING YOUR REGISTRATION PACKET.
AS A LICENSED CENTER WE ARE UNABLE TO ACCEPT INCOMPLETE PACKETS.

Armed Services YMCA HR Enrollment Form including the following:	
A. Child's name, nickname (if any), sex, birth date, schools previously or currently attending	
B. Parent's name, home address/phone number, work (if applicable) address/phone number - Legal Documentation is required if/when either parent is not authorized to pick up child.	
C. Physician's name and phone number	
D. Two local emergency contacts including names addresses, and telephone numbers	
E. Names of all additional people authorized to pick up child/ren	
F. Allergies, medications, special accommodations needed (if any) -for medications and/or dietary restrictions additional information is required. Please see Site Director.	
G. Parent signatures and swim statement	
Armed Services YMCA HR Program Participant Waiver	
MT Trashmore YMCA Waiver	
Proof of Child's Identity (from birth certificate, birth letter, or passport) -MUST be original, we cannot accept a copy	
Immunization Record and Physical -MUST be signed by a Physician	
USDA Forms (more information on the USDA food program is included in this packet) - including the last four digits of your social security number	
Income Verification (if receiving a reduced rate or applying for financial assistance.) - last year's tax return or copy of 2 recent paystubs or LES for each parent/guardian	
Registration Fee \$35 individual or \$50 family	

**PLEASE CONTACT THE ASYMCAHR CHILD CARE
DEPARTMENT WITH ANY QUESTIONS AT 757-309-3236.**



Sewells Point ASYMCA Before School Schedule

6:30	<i>Greeting/Opening Table Games</i>
7:30	<i>Gross Motor Activities</i>
8:00	<i>Morning Crafts/Cool Down</i>
8:30	<i>School Begins</i>

Sewells Point ASYMCA After School Schedule

3:30	<i>Greeting/Group Games</i>
3:45	<i>Afternoon snack</i>
4:15	<i>Homework Assistance/Quiet Activities/Crafts</i>
5:00	<i>Outdoor Play</i>
5:30	<i>Group Activities/Table Games</i>
6:00	<i>Closing</i>



CHILD CARE

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

Start Date/Re-enrollment Date: _____

Child's Name: _____ Nickname (if any) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Sex _____ Age _____ DOB _____

School concurrently attending (if applicable) _____ Grade Entering _____

Mother's Name _____ Cell Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Place of Employment _____ Work Phone _____

Doctor's Name _____ Phone _____

Name of Medical Insurance Company _____ Policy # _____

Emergency names, addresses and phone numbers of two people (other than parents)

1. _____ Phone _____

Address _____

2. _____ Phone _____

Address _____

Other authorized persons for pickup _____

School and Child Care Centers previously attended _____

Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of?

What are the symptoms and action to be taken if any? _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my weekly tuition is due by 6 p.m. on the Friday before each week of care. Payments made after this deadline will be assessed a \$5.00 per day late fee.
- I understand that my receipts should be kept as record for filing taxes. The ASYMCA will not provide a year-end tax statement.
- I understand that my child must be picked up 6 p.m. daily. I will be charged \$15 for each 15 minute interval past 6 p.m.
- I understand that I am not to leave my child at the ASYMCA or program site unless an ASYMCA Child Care staff member is there to receive my child.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. ***There is a sign-in/sign-out sheet available as you enter the program. There must be an exchange of responsibility from one adult to another; not from child to staff. All persons signing children in/out must be at least 18 years of age; the ASYMCA can not release minors to minors. (See other pick-up provisions in handbook.)***
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone/fax will not be accepted.**
- I understand that ASYMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the ASYMCA facilities and program. **If a violation of this policy is discovered, the ASYMCA will take immediate disciplinary action towards staff and volunteers.**
- I understand that by state law, the ASYMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I am an adult of over 18 years and wish to have my child/children participate in ASYMCA Child Care Programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in the ASYMCA Child Care program, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the ASYMCA, sponsor, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the ASYMCA. I further agree to indemnify and save harmless the ASYMCA from any claims or demands arising out of any such injuries or loses. I understand that this release includes any claims based on negligence, action or inaction of the ASYMCA, its staff, directors, members, and guests. I have read, understand and am voluntarily signing this authorization and release.

I have read and understand the statements above regarding ASYMCA policies and procedures.

Parent/Guardian Signature

Date

I have received a copy of the ASYMCA Parent Handbook.

Parent/Guardian Signature

Date

I have provided a copy of my child's physical and immunization records along with this form.

Parent/Guardian Signature

Date

Vehicle Conduct Rules

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days.

- No fighting, swearing or abusive behavior
- Children must remain seated properly with seat belts on at all times
- Children can not have any part of his/her body out of the vehicle
- No eating or drinking in the vehicle
- Potentially dangerous actions will not be tolerated

Pool Rules

The following rules are in place to endure your child's safety while enjoying a fun swim experience.

- No rough horseplay, running, pushing, or dunking will be allowed
- No abusive language
- The lifeguard has the right to dismiss anyone who is careless or a danger to others
- No food or drinks are allowed in the pool area
- No unauthorized floatation device
- Follow the instructions of the YMCA staff at all times

Authorizations

1. My child has permission to be transported by an ASYMCA vehicle and to participate in all ASYMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. **Please provide a detailed statement regarding your child's swimming skills.** (Mandatory Licensing regulation 560.B)

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3. The center agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 30 minutes or receiving the call that your child is ill. (A temperature over 100°F, recurrent vomiting/diarrhea or a communicable disease would require exclusion from the ASYMCA)
 4. The parent/guardian authorizes the center to obtain immediate care if any emergency occurs when she/he can not be located immediately. I understand that in an emergency, my child might be transported in a private vehicle.
 5. The parent authorizes the application of sunscreen and/or insect repellent for their child by ASYMCA staff. (Please note any adverse reaction to either of which you may be aware.)
 6. The parent agrees to inform the ASYMCA Child Care Staff/director within 24 hours or the next business day if their child or any other immediate member of their household has developed any reportable communicable disease, as defined by the State Board of health, except for life threatening diseases which must be reported immediately.
 7. I have been informed of my ASYMCA Child Care programs emergency preparedness plan.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature _____ Date _____

Model Release (Optional)

I hereby consent to the use of my dependent's photographs in any printed material for promotions for the ASYMCA.

_____ In house only _____ Publications _____ Video

Parent/Guardian Signature _____ Date _____

ASYMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the YMCA Core Values.
I understand that I am expected to demonstrate these values EVERY DAY.

Caring: I will keep my hands and feet to myself. I will play gently so I won't hurt anyone. I will not call other people names, and I will not use profanity.

Honesty: I will play games and sports fairly and I will be honest about my actions.

Respect: I will address my counselors and teachers with respect. I will not interrupt my counselors/teachers when they are speaking to another person. I will be respectful of ASYMCA games, equipment and property. I will acknowledge that they counselors/teachers are in charge and will listen to their instructions.

Responsibility: I will sit safely in my chair. I will not sit or stand on chairs or tables. I will clean up after myself if my parent is waiting for me.

Faith: I will believe in myself and believe in the goodness of others.

I promise to follow this code of conduct

Child's Signature: _____ **Date:** _____

-----**For Office Use Only**-----

Form of Identity Verification:

Notes:

Place of Birth	Birth Date
Birth Certificate Number	Date Issued
Date Child Entered Care	Date Child Withdrew From Care

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of child's identity from a child placement agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. afterschool program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

*Parent has been notified that there is an open door policy to which they may come and observe their child's classroom at any time. Parents of preschool children are provided with their child's developmental testing results 3 times during the school year and parent teacher conferences will be scheduled twice during that time frame.

_____ Staff Initial and date



Basic Command Information

This form is required at time of registration when either parent/responsible party is an active duty service member.

Full Name of Service Member: _____

Rate/Rank: _____ Name of Child: _____

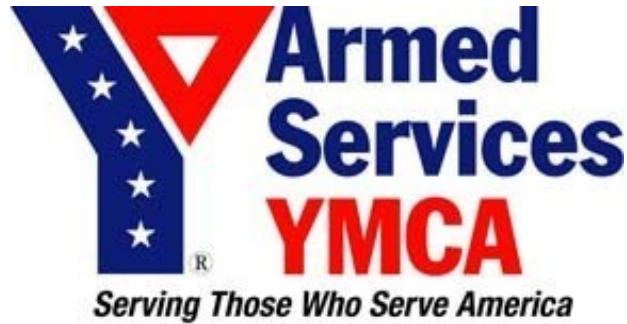
Home Address: _____

Work Phone: _____ Home Phone: _____

Command: _____

Your Command Address (Please include div/dept): _____

Commanding Officer: _____



Dear School Age Parents,

We are proud to be partners with United Way of South Hampton Roads and how this partnership enriches our activities. To receive support from United Way we prepare an annual report containing information regarding the types of our participants and the success of each activity by using outcome measures. **OUTCOME MEASUREMENT** is the regular, systematic tracking of the extent to which program participants experience the benefits or changes intended. In other words, they are our report cards. To determine the success of our school age activities we have decided to focus on academic success. With the attached form your child's school will release progress reports and report cards to the designated ASYMCA of Hampton Roads employee for the next academic year. In gathering accurate information to improve this activity we are required to submit the attached form for each child enrolled. The information gathered is used only for this purpose and is kept strictly confidential. Thank you for your help in our goal of **100% ACADEMIC SUCCESS**.

Please see me for more information on our tutoring/homework assistance activity.

Sincerely,
Lakeshia Whitley, Site Director

757-309-3236
lakeshia.whitley@asymcahr.org



Authorization to Release Information

STUDENT:

Name D.O.B.

Street Address

City, State, Zip

Phone

RELEASEE:

Armed Services YMCA of Hampton Roads
Name of Provider
1465 Lakeside Dr
Street Address
Virginia Beach, VA 23455
City, State, Zip
757-464-9404
Phone

I, _____ **HEARBY AUTHORIZE THE ABOVE RELEASEE TO OBTAIN STUDENT RECORDS UPON REQUEST FOR THE STUDENT ABOVE FOR THE PURPOSE OF EDUCATIONAL PLANNING.**

These records include:

- Official Academic Report
- Progress Reports

As evidenced by my signature, I hereby authorize disclosure of records to the following authorized employees of the Armed Services YMCA of Hampton Roads:

Chamara McCray, Child Care Director
Lakeshia Whitley, Sewells Point Site Director

Signature of Parent or Legal Guardian: _____
Printed Name: _____ **Date Signed:** _____
Relationship to Student: _____



ARMED SERVICES YMCA OF HAMPTON ROADS
 Regional Headquarters 1465 Lakeside Road, Virginia Beach, VA 23455
 (757) 363-1884 Fax (757) 363-1953 www.asymcahr.org

Armed Services YMCA of Hampton Roads
Program Participant Waiver

I am an adult over 18 years of age and wish to participate in, or have my child/children participate in Armed Services YMCA of Hampton Roads program activities. IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the ASYMCA, including but not limited to observation or use of the facilities or equipment, or participation in any off-site affiliate with ASYMCA, the undersigned, for himself or herself and any personal representatives, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my child/children permission to participate in the Armed Services YMCA of Hampton Roads programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child/children to participate in ASYMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf waive and release the ASYMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the ASYMCA from any claims or demands arising from such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the Armed Services YMCA of Hampton Roads, its staff, directors, members, and guests. I have read, understand and am voluntarily signing this authorization and release.

I understand that the Armed Services YMCA of Hampton Roads is not responsible for personal property lost, damaged, or stolen while using the ASYMCA facilities on the ASYMCA premises, or involved in ASYMCA programs.

I have read _____Initials

I give my permission to the ASYMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting ASYMCA programs.

_____Accept _____Decline _____Initials

Participant/Child Name: (please print) _____

Signature: _____ Date: _____

NOTE: Parent or Guardian must sign if applicant is under 18 years of age

MOUNT TRASHMORE Y.M.C.A. AQUATICS/POOLS

THIS FORM MUST BE SIGNED FOR YOUR CHILD TO PARTICIPATE IN FIELD TRIPS TO MOUNT TRASHMORE YMCA SWIMMING POOLS.

ALL FIELD TRIPS WILL BE POSTED IN ADVANCE ON THE PARENT BOARD

AT LEAST ONE CERTIFIED LIFEGUARD WILL BE PRESENT AT ALL TIMES WHILE CHILDREN ARE SWIMMING.

PROGRAM PARTICIPANT WAIVER

I am an adult over 18 years of age and wish to participate in, or have my child/children participate in YMCA of South Hampton Roads program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA, including but not limited to observation or use of the facilities or equipment, or participation in any off-site affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my child/children permission to participate in the YMCA of South Hampton Roads programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising from such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA of South Hampton Roads, its staff, directors, members, and guests. I have read, understand and am voluntarily signing this authorization and release.

I understand that the YMCA of South Hampton Roads is not responsible for personal property lost, damaged, or stolen while using the YMCA facilities on the YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of South Hampton Roads to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

Signature: _____ Date: _____

NOTE: Parent or Guardian must sign if applicant is under 18 years of age.

PLEASE PRINT

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT NAME: _____

PHONE NUMBER: _____

**ARMED SERVICES YMCA
OF HAMPTON ROADS**

ENROLLMENT FORM

_____ Age or DOB _____ is enrolled at:
Name of Child _____

ARMED SERVICES YMCA OF HAMPTON ROADS
Name of Center
1465 LAKESIDE ROAD VIRGINIA BEACH VA 23455
Address of Center

Starting on _____
(Month/Day/Year)

Normal Days In Child Care: **M T W TH F** (circle all that apply)

Normal Hours in Care: from _____ to _____

Normal Meals Expected to be Served Daily:

AM Snack _____ **Lunch** _____ **PM Snack** _____ (check all that apply)

Please explain any unusual circumstances related to child's attendance at center:

I give the Armed Services YMCA permission to post my child's allergies in all
Appropriate places.

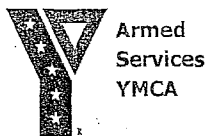
Signature: _____ Date: _____
(Parent/Guardian)

Optional fields for parent/guardian:

Address _____ Telephone No. _____

For Center Use Only:

Participant Withdrew on _____
(Date)



Hampton Roads

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Armed Services YMCA of Hampton Roads** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Armed Services YMCA of Hampton Roads, 1465 Lakeside Road, Virginia Beach, VA 23455**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You should talk to your **[Center or Sponsoring Organization]**.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[757-464-9404]**.

Sincerely,

Armed Services YMCA of Hampton Roads Staff

**INSTRUCTIONS FOR COMPLETING THE CACFP
MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

- 1: List all enrolled children and household members.
- 2: List the case number for any household members (including adults) receiving SNAP, TANF or FDPIR benefits.
- 3: Skip this part.
- 4: Skip this part.
- 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
- 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- 1: List all foster children. Check the box indicating that the child is a foster child.
- 2: Skip this part.
- 3: Skip this part.
- 4: Skip this part.
- 5: Sign the form. A Social Security Number is **not** necessary.
- 6: Answer this question if you choose to.

If some of the children in the household are foster children.

- 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- 2: If the household does not have a case number, skip this part.
- 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
- 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

6: Answer this question if you choose.

**INSTRUCTIONS FOR COMPLETING THE CACFP
MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

EVERY HOUSEHOLD, including WIC households, follow these instructions:

Report all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Complete this part.

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator]. If not, skip this part.

Follow these instructions to report total household income from this month or last month.

Box A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) and expenses, related or not (such as grandparents, other relatives, or friends who live with you) and expenses. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Box B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Adult household member must sign the form and list the last four digits of the Social Security Number. Mark the box if s/he doesn't have one.

Answer this question if you choose.

Act Statement: This explains how we will use the information you give us.

Criminal Statement: This explains what to do if you believe you have been treated unfairly.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

All Household Members of Enrolled Child(ren):		
Name of all household members (Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Benefits: If any member of your household received SNAP, FDPIR, or TANF cash assistance, provide the name and number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 CASE NUMBER: _____

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Case Liaison, Migrant Coordinator Homeless Migrant Runaway

Total Household Gross Income—You must tell us how much and how often

Name of each household member with income	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Name)	\$200/weekly	\$150/twice a month	\$100/monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

C. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home does not receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print name: _____
 Address: _____ Phone Number: _____
 State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Participant's ethnic and racial identities (optional)

Ethnic identity: _____ Mark one or more racial identities:

Latino Asian American Indian or Alaska Native
 Non-Latino or Latino White Native Hawaiian or Other Pacific Islander
 Black or African American

this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

_____ Reduced _____ Time Period: _____ (expires after _____ days)

Official's Signature: _____ Date: _____

Official's Signature: _____ Date: _____

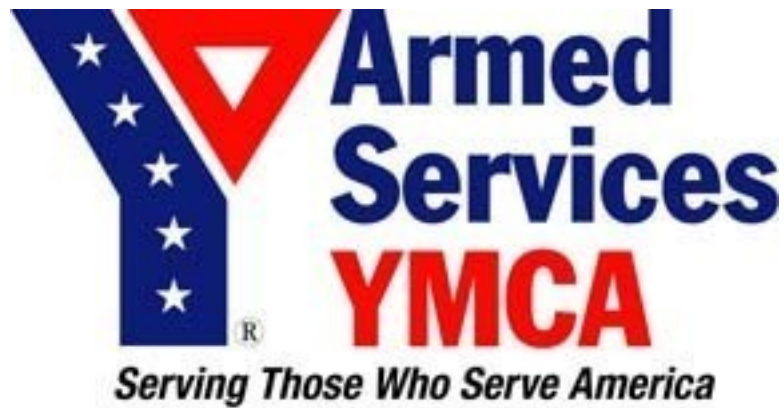
Official's Signature: _____ Date: _____

Participant in the day care may qualify for free or reduced price meals if your household income falls within limits on this chart.

Household size	Yearly
1	\$ 20,147
2	\$ 27,214
3	\$ 34,281
4	\$ 41,348
5	\$ 48,415
6	\$ 55,482
7	\$ 62,549
8	\$ 69,616
Each additional person:	\$ 7,067

Disclaimer Statement: The Richard B. Russell National School Lunch Act requires the information on this application. We do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a National Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier. You must indicate that the adult household member signing the application does not have a Social Security Number. We use your information to determine if the participant is eligible for free or reduced price meals, and for the administration and enforcement of the Program.

Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). For individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



PARENT HANDBOOK

(REVISED SEPT 2011)

**Virginia Beach Location
Preschool/Before & After School Club
757-464-9404**

**Child Care Director: Chamara McCray – 757-363-1884
Site Director: Ashley Rinker-757-464-9404**

**Sewells Point Elementary Location
Before and After School Club
Child Care Director: Chamara McCray-757-363-1884
Site Director: Lakeshia Whitley – 757-309-3236**

FAX 757-363-1953

**1465 LAKESIDE ROAD
VIRGINIA BEACH, VA 23455**

Our Mission

The mission of the Armed Services YMCA of Hampton Roads (ASYMCAHR) is to improve quality of life for junior enlisted military personnel and their families through values oriented social, recreational, personal development, crisis prevention, deployment separation and child development programs.

Armed Services YMCA of Hampton Roads Child Care Vision Statement

The ASYMCAHR is committed to the YMCA core values of Caring, Honesty, Respect, Responsibility and Faith as the basis for our program effort in supporting families. Our commitment embraces:

The Child

To provide programs that enhance the quality of each child's life through sensitivity to individual needs and through applying developmentally appropriate learning experiences that focus on the social, emotional, physical, and cognitive development of each child.

The Family

To support and strengthen family life by sharing in the care and education of the children and meeting the Special needs of each family. The ASYMCAHR has an open doors policy that allows parents to visit the center at any time.

The Community

To work to increase the awareness and understanding in support of programs that ensures optimal care for all families.

The Child Care Professional

To promote growth and competence in each caregiver and to encourage opportunities for individual development

ASYMCA of Hampton Roads Child Care

Our staff welcomes you and your child. Our intent is to make this a happy and safe experience for your child. The YMCA is the largest nonprofit child care provider with a history of stability built on basic Judeo-Christian principles and morals. Our services extend throughout the community reaching children of varied ethnic, cultural and socioeconomic backgrounds. We hope this handbook will help answer any questions you may have in your child's experience this summer. Please feel free to call the Child Care Director with any questions you may have now or in the future.

Our **PURPOSE** in providing quality child care is to support parents in their desire for children to grow to their fullest potential. Providing a safe environment, meeting their need for challenge, stimulation and ideas, and surrounding them with people who know how to listen will help achieve that goal. Each child has talents and skills to develop, energy to put to use, and huge reservoirs of creativity that need to be encouraged.

Our **STAFF** is well trained and experienced with children and families, they are knowledgeable about child development, needs and activities; they are flexible enough to work well with the children as they assert their emerging independence, and are able to alter plans with ease and sensitivity. Our staff accepts children as they are and know that what they are is a result of all that has happened thus far in their life; they are able to give warmth and acceptance and remember childhood feelings of fear, anger, loneliness and adventure. And lastly, our staff is optimistic; they know it is contagious and children will sense it in those who care for them.

Organization Structure

The structure of the ASYMCAHR includes a volunteer **board of management** that is responsible for the financial stability of the organization and all policy decisions. The **policies** that the board creates are carried out by a group of paid professional staff.

The **ORGANIZATIONAL CHART** for the paid staff is as follows:

Executive Director
Child Care Director
Site Director
Teacher/Counselor

Admission Policies

The ASYMCAHR Child Care admits children from 2 through 12 years of age. Children of any race, color, religion, sex, and national and ethnic origin are granted all rights, privileges, programs and activities generally accorded. The ASYMCAHR will address physically challenged and special needs children on a per request basis with the hope that we can serve all children who come to us. The ASYMCAHR does not discriminate on the basis of race, color, religion, sex, or national ethnic origin in administration of its personnel and admissions policies. It is our hope to have a cultural diverse population within our staff, participants and programs.

Application & Immunization

All parents must fill out the child application form provided and return it to us at the time of registration.

These information sheets must be accompanied by a copy of the Commonwealth of Virginia's physical form.

IMMUNIZATIONS-Section 22.1-271.2 of the code of Virginia requires that; "documentation of all immunizations received by obtained prior to each child's admission to a child care center required to be licensed by the Commonwealth."

Licensing standards mandate that child care staff see and record the state ID number of your child's original birth certificate or passport.

Please bring the original at time of registration.

Financial Assistance

The ASYMCAHR is able to provide financial assistance based on ability to pay. All scholarships are based on availability of scholarship funds. Applications are available at the front desk and must be returned to the Child Care Director. In order to provide financial assistance in a fair and consistent manner, the ASYMCAHR requires that individuals provide all requested information. All personal information will be kept strictly confidential. Once approved, the ASYMCAHR will review eligibility then after a six month period; you may be required to reapply and/or your fees may be subject to change. If you do not reapply when requested, your scholarship may be terminated.

To process your application, we need the following information:

- o Completed Application
- o Copy of last years tax return (preferred)
- o Copy of last two pay stubs/ Leave and Earning Statement
- o Copy of social security or disability checks
- o Documentation of any Federal Assistance such as food stamps, rent subsidy, or Aid to Dependent Children cash assistance
- o Child support agreement

The ASYMCAHR Executive Director and Child Care Director will determine financial assistance after thoroughly reviewing your application. Your application will not be processed until all required documents are provided. You will be notified if your application has been approved, or if you need to submit more information. All scholarship recipients must either be working or attending school, and must provide documentation of either.

Payment Policy

**Program fees are due on a timely basis. Program fees are due in advance of service.
Weekly fees are due the Friday prior to the upcoming week.**

Payments may be made weekly, biweekly or monthly as long as they are paid in advance. We will accept money order, VISA, Master Card, and American Express. Cash payments will only be accepted at our Virginia Beach regional location. For your protection, cash payments must be counted and signed for by a staff member. If a cash payment is received without a staff member's signature, the envelope containing said cash payment will be returned to the parent and will be counted and signed for with the parent present. If any payment is made late, we will charge a \$5 late fee per day with a maximum of \$25 late fee per week. **Full payment is due each week whether or not your child attends the program every day. If payment is not received before Monday of the current week, child care will be suspended until account is paid in full.**

Sign In/Out

**Parents MUST sign their child/ren in upon ARRIVAL in the morning
and sign them out before LEAVING in the afternoon.**

There is a **SIGN-IN/SIGN-OUT** pre-printed sheet available as you come into the program. Please get into the habit of taking this **DAILY REQUIRED** step. We cannot be held responsible for your child if we are uncertain of his/her presence. There must be an exchange of responsibility from one adult to another, not from a child to a staff.

**All persons signing children in/out must be at least 18 years of age.
We can not release minors to minors!**

Authorization to Pick Up

Authorization to pick up a child is addressed in the application attached to this document. No child will be released to a person not authorized by the custodial parent. We must have written authorization for changes in this respect. Children will not be released to anyone under the age of eighteen, including siblings. The staff will question those persons with whom they are unfamiliar and check authorization before releasing a child. Proper identification shall be required of anyone that we do not know.

Staff cannot legally refuse to release a child to a verified natural parent unless there is a court order in the child's file stating that the parent does not have custodial rights. Writing on our form that you do not want a husband or wife to pick up your child does not give us the legal right to refuse pick-up. Only the courts can give us that right.

Vacation Policy

There is no allowance for sick days or vacation during the camp season. Once your preschool age child has been enrolled for 2 complete months and your payments are up to date, you will be allotted 2 weeks of vacation time per calendar year. Once your school age child has been enrolled in the program for 1 complete month, you will be allotted 1 week of vacation time. Vacation time is considered time that your child is not here and you are not held responsible for payment and we will hold your spot. Vacation time may not be taken in days, only in full week increments.

Late Pick Up Policy

As stated on our license to run a child day center we close promptly at 6:00pm. If your child is not picked up by 6:00pm, a late fee will be charge and collected at that time. If it is 6:01pm (by our clock) you are late and a late fee will be assessed. **THE FEE IS \$15 PER 15 MINUTE INTERVAL.** If you are going to be late to pick up your child call the site director as soon as possible.

If we have not heard from you by **6:00 pm** and we can not reach you by phone, your emergency contacts will be called and asked to come and get your child. If neither you nor your emergency contacts can be reached **within 30 minutes** then **Child Protective Services will be notified.** ASYMCAHR staff will remain with your child until an authorized person has picked him/her up or responsibility for your child has transferred to a verified representative of Child Protective Services.

Food Policy

We are proud to be a United States Department of Agriculture (USDA) Agency. By participating in this program the USDA provides us funding to help ensure all meals and snacks meet the USDA requirements for children. The funding provided reduces our operating expenses and tuition rates. To remain an eligible agency, the USDA requires parents of enrolled children to complete two forms before your child's start date. The information on the forms remains confidential. You will be provided with more information regarding the USDA food program and the two required forms in our enrollment packet.

Lunches are brought from home each day and must meet all USDA requirements. We are required to ensure each child is provided with an approved lunch each day and must add any missing components to their meal. For this reason a **\$5.00 fee** will be added to your account if your child's lunch does not meet all of following requirements:

- **Lunch boxes must be clearly labeled with your child's first and last name.**
- **Milk – A doctor's note is required if your child cannot drink milk.**
- **Grains/Bread**
- **Meat or meat alternative.**
- **Two different servings of fruits or vegetables.**

A signed statement from your child's physician is required if your child cannot drink milk or requires a special diet.

AM snack and PM snack will be provided and served at their scheduled times. A menu for each month will be posted on the parent board. If you bring food in for your child to eat at any other time than our scheduled times, we require that you sit with your child in the lunch room until they have completed their meal.

The ASYMCAHR Child Care program will not serve junk foods and/or empty calorie foods as part of a required snack.

Dress Policy

Children should wear comfortable and appropriate clothing for indoor and outdoor activities. We strongly recommend that you send your child in serviceable cloths, but not "party" best. We use washable paints and crayons and use smocks however, clothing can still get stained. We do not reimburse for clothing rips, stains or normal wear and tear. During your child's first week at camp he/she will receive a camp shirt which must be worn on each field trip.

CLOSED TOED SHOES MUST BE WORN AT ALL TIMES.

Open-toed shoes can be a safety hazard to your child. They are cool in the summer, but not safe on much of the playground equipment. If you send your child in open-toed sandals or in "flip-flops" you will be called and asked to bring different shoes for your child. **No open-toed shoes or heeies are allowed.**

ASYMCAHR Hours of Operation

Virginia Beach Center:

Monday through Friday 6:30am to 6:00pm

Before & After Care at Sewells Point Elementary:

Monday through Friday 6:30am to 8:30am & 3:00pm to 6:00pm

- Before and After School Care will not be open if Norfolk Public Schools are closed.
- On Norfolk Public School half days we will be open for Before and After School Care.

Holidays and Closings:

NEW YEAR'S DAY	MARTIN LUTHER KING DAY	PRESIDENT'S DAY
MEMORIAL DAY	LAST DAY OF PUBLIC SCHOOL	INDEPENDENCE
DAY		
LAST 2 DAYS OF CAMP	LABOR DAY	VETERAN'S DAY
THANKSGIVING DAY	DAY AFTER THANKSGIVING	CHRISTMAS DAY

*Full-day camp may or may not be offered during the public school spring and winter break.

Inclement Weather/Natural Disaster Policy

The ASYMCAHR child care program could close during **HAZARDOUS WEATHER/ ENVIRONMENTAL CONDITIONS**. Any closings will be reported to Channel 10 and a message will also be posted to our answering machine once the decision to close has been made.

In the event the ASYMCAHR child care program closes early due to inclement weather or natural disasters, we will call each parent followed by emergency contacts to come and pick up their child immediately. If neither you nor your emergency contacts can be reached **within 1 hour** then **Child Protective Services will be notified**. ASYMCAHR staff will remain with your child until an authorized person has picked him/her up or responsibility for your child has transferred to a verified representative of Child Protective Services.

In severe cases requiring evacuation to another location, we will transport children to Bayside Presbyterian Church (1400 Ewell Road, Virginia Beach, VA 23455.) After ensuring the safety of all children and staff members, parents will be called followed by emergency contacts.

NO TUITION CREDIT IS GIVEN FOR SICKNESS OR INCLEMENT WEATHER CLOSINGS.

Emergency Procedures

The Armed Services YMCA of Hampton Roads has developed an **EMERGENCY PREPAREDNESS PLAN** located and available at the front desk for your review. This plan includes detailed actions and staff responsibilities during evacuations, facility containment, shelter-in-place, and emergency communication in the event of an emergency (fires, tornados, intruders, chemical spills, etc...).

Sick Child Policy

The **HEALTH** and **SAFETY** of your child is a matter of major importance to all of us. In order to protect the children in the program who are well, we have very stringent rules about sick children. These rules are in compliance with all Commonwealth of Virginia licensing regulations.

If your child becomes ill in our program, we will call you and you must make arrangements to pick up your child **IMMEDIATELY**. If your child has not been picked up **within 1 hour** a late pick up fee of \$15.00 per 15 minute interval will be assessed. Sick children cannot be with well children.

If we send your child home with a fever, they may not return until they have been without a fever for 24-hours. This means if we send your child home on a Tuesday, s/he may not return until Thursday.

Please keep your child home if they have:

- Had a fever over of 100° within the previous 24 hours
- A cold that is less than two days old
- A heavy nasal discharge
- A constant cough
- Reoccurring vomiting or diarrhea (2 or more times)
- Symptoms of a communicable disease (sniffles, reddened eyes, sore throat, headache, and abdominal pain plus a fever)

Communicable Disease Policy

The parent agrees to inform the Armed Services YMCA Director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported within 24 hours. In addition the parent agrees to pick up the child within 30 minutes of receiving notification that your child is ill.

Medication Policy

PRESCRIPTIONS, OVER THE COUNTER, TOPICAL

If your child requires medication while at the ASYMCAHR, we must have a signed authorization to give medicine. The medication must be prescribed by a doctor, it must be in the original bottle with the child's name on it, and it cannot be an over-the-counter drug unless it has been prescribed by the doctor (we must have a note to that effect). **Authorization is good for one week only and then must be filled out again.** (The only exception to this is long-term medications for such things as asthma, ADHD, etc.) In the case of long-term medications, you must fill out the authorization form and we must have written instructions from the doctor with start and end dates of the medication. All medications will be kept in a locked box. We cannot be responsible for missed doses. We are not required by law to administer medication and only do so as a service to the parent. Please understand that it may not always be possible to administer medications as requested.

Only those ASYMCAHR Child Care staff certified in “Medication Administration” may dispense medications or receive authorization forms.

OVER THE COUNTER SKIN PRODUCTS

Policies for sun screen, diaper ointment/cream, insect repellent and any types of lotions states that ASYMCAHR Child Care staff will administer sunscreen, diaper ointment/cream and/or insect repellent provided:

1. We receive written parental authorization noting any adverse reactions.
2. Products are in their original containers labeled with your child's first and last name clearly printed on the outside.

Note: Children under nine years of age may not administer their own sunscreen. ASYMCAHR Child Care staff will administer sunscreen to this age group in accordance with standards for licensed child day centers.

Safety & Conduct Policies

YMCA OF SOUTH HAMPTON ROADS POOL SAFETY

Swimming field trips are scheduled at Mt. Trashmore YMCA and Greenbrier Family YMCA, it is of the utmost importance that you know and understand the pool safety rules.

POOL SAFETY RULES

1. Check in with the lifeguard when entering the pool area.
2. Shower before entering the pool.
3. No unsafe entry from the side of the pool.
4. No running, pushing, or shoving.
5. Stay off the ropes.
6. No shoes on the deck.
7. Proper swim attire is required.
8. No glass allowed in the pool area.
9. A swim test of one pool length is required to swim in the deep end of the pool.
10. When the whistle blows, pay attention to the lifeguard.

OUTSIDE PLAY

It is the policy of the ASYMCAHR Child Care program and the Virginia Department of Social Services, that any child that is in a program from two to five hours a day will have at least 30 minutes of OUTSIDE PLAY per day, weather permitting. For those children in our program for more than 5 hours, 60 minutes of outside play is required by Virginia licensing standards. We will adhere to this requirement. It is our belief that children need and want to be outside. Running, jumping, and other such movement can only be accomplished outside. Children need the space and the opportunity for such movement on a daily basis, if there is to be proper muscle development. If children are to gain strength and develop to their fullest, outside play is essential. **If your child is too sick to go outside, then s/he is too sick to be in school.**

NO BABYSITTING POLICY

Effective 1 January, 1996, YMCA child care staff members are prohibited from babysitting any participants of a Child Care program. This restriction extends to transporting of family members to and from the ASYMCAHR, or any other function that is not ASYMCAHR program related.

PERSONAL ITEMS POLICY

We have plenty of equipment and activities to keep your child busy. Please do not allow any toys, games, or "IPOD" type devices to accompany your child. This eliminates fights, theft and/or lost items. We cannot be responsible for **AND WILL NOT REIMBURSE FOR LOST, STOLEN OR DAMAGED PERSONAL ITEMS.** PERSONAL SPACE is important for every child. Knowing that we will provide every child an area to store his/her belongings, it is expected that the parents will provide proper seasonal clothing and bathing suit with towel for weekly swimming trips.

CHILD INJURY POLICY

If your child has an injury that may require more than our first aid skills allow, or your child has been bumped on the head of any kind, we will make an immediate attempt to contact you. If we are unable to reach you or the person you have designated in case of such emergencies, we will call the child's physician. If necessary, we will call an ambulance. The child care program will maintain a parent's signed consent form agreeing to this provision. Please make every effort to keep the ASYMCAHR up-to-date on phone numbers, emergency numbers and other pertinent information. **This is of the utmost importance because the hospital will not treat your child without you being there.**

INSURANCE

The ASYMCAHR Child Care program complies with Virginia Child Care licensing standards related to participant insurance coverage. Limits and exclusions apply.

FIELD TRIP POLICY

In order to reduce paperwork and paper waste, the **FIELD TRIP AGREEMENT** authorizes ASY-Camp, ASY-School Age, and ASY-Preschool activities to take your child on all field trips, for the duration of your child's enrollment, with a 24 hour notice. We do this rather than having a separate permission slip go home for every trip and risk confusion, loss of permission slip and the possibility that we would not be able to take your child for lack of permission. Parents have the right to refuse permission for their child to go on a particular field trip. If a parent refuses permission, then we must know at least 24 hours in advance so proper arrangements can be made.

TRANSPORTATION POLICY

Whenever the ASYMCAHR transports children, the parents can be confident that every precaution will be taken to ensure your child's safety, including the use of 13 passenger school busses specifically built to transport children. These buses are different from school buses in two ways. First, they have seat belts; second, they are air-conditioned for everyone's comfort.

Motor vehicle injuries represent the greatest threat to a child's life. Ensuring your child's safety is accomplished by being alert to potential dangers, eliminating or avoiding these dangers, and knowing what to do when an emergency occurs. Your child will be seat-belted in and expected to stay seated while buses are in motion. We will never transport more children in a bus than we have restraints for. The children will be expected to keep their hands to themselves, and remain relatively quiet. At no time will a child be permitted to put his/her arms, hands or head out of the vehicle's window. No rough-housing will be tolerated at any time. Loading and unloading the children will be done only when the vehicle is pulled up to a curb, the side of the road, or in a driveway, and we will only release them to an authorized adult.

AT NO TIME WILL AN ADULT DRIVE AND DISCIPLINE AT THE SAME TIME.

CHILDREN WILL NEVER BE LEFT ALONE IN A VEHICLE.

**WE MAINTAIN A NO TOLERANCE DISCIPLINE POLICY
WHILE TRANSPORTING CHILDREN.**

DISCIPLINE POLICY

All efforts will be made to guide children to appropriate behavior. The ASYMCAHR believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times, and the same respect will be expected from your child for his/her peers and the ASYMCAHR staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. They will follow the Commonwealth's behavior regulations that follow:

"There shall be no physical punishment or disciplinary action administered to the body such as, but not limited to, spanking, forcing a child to assume an uncomfortable position (e.g., standing on one foot, keeping arms raised above or horizontal to the body): restraining to restrict movement through binding or tying; enclosing in a confined space, box or similar cubicle; or using exercise as a means of punishment. Children will not be shaken at any time. The center will never force or withhold food, nor force or withhold naps, as means of discipline. Toileting accidents will not be disciplined. There will be no abusive language which would include, but no limited to, threats or belittling remarks about any child or the family."

There are **clear and appropriate behavioral** expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

1. We find out what the problem is.
2. We attack the problem, not the person.
3. We listen to each other.
4. We care about each other's feelings.
5. We are responsible for what we say and do.
6. We follow the 5 core values: Honesty, Responsibility, Respect, Caring & Faith.

For ASY-Camp please discuss the following rules with your child:

1. Do not use vulgarity, profanity or obscenity.
2. Listen to the counselor at all times.
3. Never leave the group without permission from an adult.
4. Respect each other and yourself.
5. Keep your hands to yourself.
6. Use words, not fists, to solve problems.

THE ARMED SERVICES YMCA OF HAMPTON ROADS PRESERVES THE RIGHT TO CHARGE PARENTS FOR DAMAGE TO ASYMCAHR PROPERTY BY THEIR CHILDREN.

A system of "TIME OUT", redirection and suggestions from parents on what they have discovered works well at home, may be used. Logical and natural consequences will be allowed where applicable.

On occasion, our staff will identify behaviors that require disciplinary action. If a child should exhibit an inappropriate behavior while under the supervision of an ASYMCAHR staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the teacher/counselor with the child, in private.
- If the inappropriate behavior continues, the teacher/counselor will notify the Asst. Child Care Director/Child Care Director and the situation will then be discussed with the parent along with a "Behavior Report".

SUSPENSION POLICY

- If inappropriate behavior continues, the Director will notify the parent that a conference needs to be held within 48 hours. At that conference, the Director may refer the parent/child for outside testing and evaluation, and the child will be suspended from the ASYMCAHR Child Care Program for 1 day.
- A second serious infraction will result in a suspension of 3-5 days & a request for professional testing & evaluation may be required before the child may return to our programs.
- If the behavior has not improved, the child will be immediately removed from the program and no refund will be given.

(*If the parent refuses to work with us during this process we will be forced to terminate the child from the program.)

The ASYMCAHR has rarely been forced to use suspension from the program. We believe that if the child perceives the ASYMCAHR as a concerned, involved, consistent, caring and respectful, and if we exhibit calmness, few words and a firm but kind attitude, the results will usually be positive.

However, the ASYMCAHR reserves the right to bypass all interim steps mentioned and terminate a child's enrollment if that child's behavior is so extreme as to pose a safety hazard to himself or others.

TERMINATION POLICY

The ASYMCAHR Child Care Program reserves the right to terminate your child's attendance at our child care center for such things as, but not restricted to; disruptive behavior problems, emotional problems or learning disabilities that we are not equipped to handle, or that are a safety risk to themselves or to the other children in attendance.

If it is the parent's decision to terminate their child's attendance, we require a 2 week notice in writing. Failure to provide the ASYMCAHR with the proper notice will result in parental responsibility of weekly fees up until the 2 week period.

If these or any other problems begin to upset or influence the other children in the program, and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. If your child has been terminated from any of our programs, s/he may not attend the same program at a different location.

CHILD ABUSE PREVENTION POLICY

The growth and development of men, women, boys, girls, and families has been the YMCA's principle concern for over 150 years. Through programs of health and fitness, aquatics, sports, camping, parent-child, family programs, and child care, the YMCA is responding to the needs of the children and families. Many changes have occurred in the lives of children and families today. Some of these changes are positive; however, the alarming increase in child abuse is of particular concern to the YMCA. Throughout its history, the YMCA has been a strong advocate for the child and children's rights. It is therefore most appropriate that mistreatment or neglect of children and the resulting severe effects would be of primary concern to the YMCA.

The YMCA advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection prevention and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, yelling, striking, biting, kicking, squeezing, shaming, withholding of food or restroom privileges, confining children in small locked rooms, or verbal or emotional abuse.

Affectionate touch and the warm feelings it brings is an important factor in helping a child grow into a loving peaceful adult. However, the ASYMCAHR staff and volunteers need to be sensitive to each person's need for personal space. The ASYMCAHR encourages appropriate touch; however, at the same time it prohibits inappropriate touch or other means of sexually exploiting children.

****Note: The ASYMCAHR, like many other public institutions, is mandated by law, to report suspected child abuse.**

"CHILD ABUSE is a mistreatment or neglect of a child by parent(s) or others resulting in injury or harm. Child abuse may be physical, verbal, emotional or sexual. Its effects may result in severe emotional and physical handicaps, anti-social behavior, even death."

Procedures:

1. At the first report or suspicion on child abuse, the staff or volunteer or whom it has been reported, will immediately inform their supervisor.
2. The ASYMCAHR will make a report to Child Protective Services and will request that the situation be investigated.
3. In the event the reported incident or suspicion involves and employed staff person or volunteer, the responsible executive director will suspend the person from all responsibilities, and if appropriate, without pay until the investigation is complete.
4. All staff members and volunteers must be sensitive to the need for confidentiality in the handling of information in this area and are therefore instructed to only discuss matters pertaining to abuse or suspected abuse with their supervisor.
5. ASYMCAHR staff and volunteer may not make contact with children or parents involved in a child abuse incident without permission of the branch executive.
6. Whether the incident or alleged offense takes place on or off ASYMCAHR premises, it will be considered job related (because of the youth-involved nature of the ASYMCAHR).
7. All incidents or alleged offenses will be documented the day of occurrence.

CODE OF CONDUCT

- Reference checks will be conducted, documented, and filed on all employees working with children. A criminal History Record check is required and will be done by the State Police. In addition, a Child Abuse/Neglect Registry search is conducted.
- In order to protect ASYMCAHR staff and program participants the children and staff must be within sight and/or sound of each other at all times. At no time may a staff person be alone with a child; the ratio must be at least 2:1. There must be at least one other person (adult or child) present.
- The ASYMCAHR will not condone or sanction any relationship between staff and program/member participants outside of the ASYMCAHR mandated service hours.
- ASYMCAHR staff may not date program participants or staff under the age of 18 years.
- Restroom supervision: Staff will make sure the restroom is not occupied by anyone other than program participants before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff. If staff members are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone while on a field trip.
- Staff should not abuse children including:
 - Physical abuse- strike, spank, shake, slap;
 - Verbal abuse- yells, humiliate, degrade, and threaten;
 - Sexual abuse- inappropriate touch or verbal exchange
 - Mental abuse- shaming, withholding love, cruelty
 - Neglect- withholding food, water, basic care

ANY TYPE OF ABUSE WILL NOT BE TOLERATED AND WILL BE CAUSE FOR IMMEDIATE DISMISSAL.

- ASYMCAHR staff members will under no circumstances release children to anyone other than the authorized parent(s), guardian or individual authorized by parents either verbally or in writing. Children will not be released to any person under the age of 18.
- Staff will strive to follow the mission and vision of the ASYMCAHR through programs promoting character development.
- Staff will respond to children with respect and consideration and will treat all children equally regardless of sex, race, religion, and/or culture.

LICENSING INFORMATION FOR PARENTS

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day centers, family day homes, child day center systems, and family day systems. The state may also voluntarily register day homes not required to be licensed.

Standards for licensed child day centers address certain health precautions, adequate play space, a ratio of children to staff member, equipment, program and record keeping. Criminal record checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health, and building codes.

Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program which will be investigated if it violates a standard.

Three types of licenses may be issued to programs. Conditional licenses may be issued to a new program to allow up to six months for the program to demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licensure. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operation without a license (when required) constitutes a misdemeanor which, upon conviction, can be punishable by a fine of up to \$100 or imprisonment of up to 12 months or both for each day's violation.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Eastern Regional Office of Social Services at:
Eastern Regional Office
Pembroke Four Office Building, Suite 300
Virginia Beach, VA 23462-5496
(757) 491-3990

**FOR MORE INFORMATION ABOUT THE ARMED SERVICES YMCA OF
HAMPTON ROADS AND THE VARIETY OF ACTIVITIES OFFERED
PLEASE CONTACT:**

Armed Services YMCA of Hampton Roads

Regional Headquarters

1465 Lakeside Road (757) 464-9404
Virginia Beach, VA 23455 (757) 363-1884 fax: (757) 363-1953

**ASYMCAHR at Sewells Point
Before and After School Activity**

7928 Hampton Blvd (757) 363-1884
Norfolk, VA 23505 (757) 309-3236

**ASYMCAHR at Shelton Park
Summer Camp Activity**

1700 Shelton Road (757) 363-1884
Virginia Beach, VA 23455 (757) 309-3236

www.asymcahr.org