



2009 River Falls YMCA Parent Handbook and Billing Guide

Y Summer Sports Program Location

**Academy Building
439 W. Maple St.
River Falls, WI 54022**

Trevor Kodesh

**Y Summer Sports Director
651-259-9660
scvtjk@ymcastpaul.org**

Billing or Payment Information

**YMCA Business Center
2125 E Hennepin Ave.
Suite 100
Minneapolis, MN 55413
Phone: 612-230-9622 or 1-888-937-9622
Fax: 612-465-0559
Business.center@ymcatwincities.org**

Program Hours:

9am-3:30pm

The Mission of the YMCA of Greater St. Paul is to put Christian principles into practice by providing programs that build healthy spirit, mind and body for all.

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PLANNING FOR EACH DAY AT THE YMCA

On Monday, a schedule will be sent home of what your youth will be doing for the rest of the week. You will also receive daily updates as needed.

WHAT TO BRING EACH DAY - Make sure to label all belongings!

- Non-Perishable Lunch & 2 snacks
- Swim suit and towel
- Water Bottle
- Tennis Shoes
- Sunscreen
- Dress appropriately for the weather

WHAT NOT TO BRING:

- Cell phone
- Electronics
- Games
- Valuables
- Money
- Guns/weapons of any kind, including toys
- Alcohol, tobacco or drugs of any kind

The YMCA is not responsible for lost or stolen items.

CURRICULUM AND CHARACTER DEVELOPMENT

WHAT YOU CAN EXPECT EACH WEEK

Each week participants focus on developing their skills relating to the sport of the week. Included is a sports related field trip or guest appearance relating to the sport of the week and inter-branch play.

FIELD TRIPS

For up to date field trip information, after April 1, please go to the website at www.ymcatwincities.org, select your branch and click on the summer programs page. All field trip information will be found at the summer programs forms page.

KNOW YOUR STAFF

Each staff member goes through an extensive hiring process including a criminal history background check, reference checks and an interview. Staff receive over 40 hours of training including training program areas, relating to children, health and safety skills and are First Aid and CPR certified. All staff are committed to being positive role models for participants.

PROCEDURES

PERSONS AUTHORIZED TO PICK UP

- Safety of your child is the number one priority at the YMCA.
- Y Summer Sports has security procedures. It is not our intention to offend or question anybody's right to pick up a child. They are in place for the safety of your family.
- **We will only release children to individuals listed as authorized to pick up, no exceptions.** (**Written** permission must be given to individuals authorized to pick up your child.)
- **We will be checking ID's of parents/guardians and all authorized persons as children are picked up. Please make all authorized people on your list aware of this.**

- You will be asked to sign your child in and out of the program each day.
- If you will be giving your child permission to ride his/her bike or walk, a Child Release Waiver will need be filled out before your child will be released without an adult's signature. (certain restrictions apply)
- If your child is still at the program 1 hour after closing, staff will call authorities for the safety of your child. (Before we call authorities, we will call all authorized persons on your emergency contact list.)

LATE PICK UP CHARGE

Any violation of our posted hours of operation will result in a late pick-up charge of **\$1.00 per minute** for youth under our supervision after the program hours of operation. Repeated late pick-up will result in dismissal from the program.

CHILD PROTECTION POLICY

Our top priority is your child's safety. If you witness or feel that your child is in danger of any type of verbal, physical, sexual, or emotional abuse please report to Katie Lowe, Youth and Family Product Manager, 651-253-1380, klowe@ymcastpaul.org or Mike Lavin, Executive Director, 651-270-3752, mlavin@ymcastpaul.org.

- Parents are allowed to observe the program at any time without prior notice.
- Staff and volunteers should contact your family regarding program information through telephone, notes in backpacks, or in person. Computer communication (emails, chats) to children or families is not permitted (this excludes Y Summer Sports Director and Executive Director).
- Staff and volunteers should not ask children to participate in other activities outside the YMCA unless previously cleared by the YMCA Executive Director and parent or guardian in writing.
- Staff and volunteers are not allowed to transport children in their own vehicles.
- Staff and volunteers are not allowed to baby-sit children (met through the YMCA) outside the program area unless previously cleared by the YMCA Executive Director and parents or guardian in writing.
- Staff and volunteers are not allowed to give special gifts to participants for any reason.

IF A STAFF OR VOLUNTEER HAS BROKEN ANY OF THE ABOVE RULES, PLEASE REPORT THIS IMMEDIATELY TO MIKE LAVIN OR KATIE LOWE.

IN CASE OF MEDICAL EMERGENCY

Injuries

- If your child is injured YMCA staff will notify you.
- In case of an emergency, the YMCA staff will:
 - Call 911, perform immediate First Aid and contact you. After 911 has been called, it is then up to the emergency response team to decide what actions will be taken.
 - Staff will accompany the child to the hospital and stay until the parent/guardian arrives, if emergency transport is required.
 - If a parent/guardian is not able to be reached, we will continue to call through your designated emergency contact list until contact is made.

Medication and Illness Procedures

- For the health and safety of all children in our programs please do not send your child to YMCA programs if they are ill. Please notify site if she/he will not be attending.
- Children must be free from symptoms for at least 24 hours before returning to the YMCA and any contagious illness should be cleared by a doctor.

- Parents/Guardians must notify the Director if their child contracts a communicable disease, as soon as diagnosed. When a communicable disease occurs, the YMCA will notify other participants in writing, including cause and symptoms.

Administering Medication

Medication must be sent in a prescription-labeled bottle. The staff may only dispense prescribed medications in the original container; that bears the original label displaying legible information stating the following:

- Name of medication and child's name
- Date of original issue
- Directions for use
- Prescription number and expiration date
- Physician's name
- Dosage and duration
- Name and address of licensed pharmacy issuing the medication

The **Medication Permission Form** must be completed by the parent or guardian and on file at the YMCA before any medication is dispensed – including non-prescription. Please return the form to the YMCA before your first scheduled day or the start of medication.

Y SUMMER SPORTS BEHAVIOR GUIDELINES AND DISCIPLINE PROCEDURES

PHILOSOPHY

The YMCA strives to maintain a positive approach to managing youth's behavior at all times, using the YMCA core values of caring, honesty, respect and responsibility. The approach also includes:

- Establishing and enforcing clear and consistent limits and expectations for appropriate behavior.
- Through various techniques including:
 - role modeling
 - distraction/redirection
 - adjusting the environment
 - cooperative problem solving
 - removal from the activity/area as a last resort

When a participant does not follow the behavior guidelines, we will take the following action steps:

1. Staff will redirect the participant to more appropriate behavior.
2. If inappropriate behavior continues, the participant will be reminded of behavior guidelines and rules and the participant will be asked to decide on action steps to correct his/her behavior.
3. Staff will document the situation, the inappropriate behavior and action taken. Parents will be notified.
4. If the situation is not resolved and inappropriate behavior continues, as a final action step, the participant may be dismissed from the program.

We reserve the right to bypass the above behavior steps at anytime and remove a youth from our care for reasons of safety.

BILLING AND PAYMENT INFORMATION

Full payments are due 1 week prior to your child's attendance. In order to accommodate your billing/payment questions, please contact the Business Center at:

Phone: 612-230-9622 OR 1-888-937-9622
Fax: 612-465-0559

E-mail: Business.center@ymcatwincities.org
Address: 2125 East Hennepin Ave
Suite 100
Minneapolis, MN 55413

PROGRAM ACCESS

The YMCA is committed to the policy that all persons should have equal access to its programs, facilities, and enjoyment without regard to race, sex, gender, creed, color, national origin, religious affiliation, age and sexual orientation. The YMCA will accommodate special needs into existing programs to the extent that financial and physical resources permit. So we may provide a positive experience, please contact the YMCA if your child (ren) has any special needs requiring any accommodations.

DATA PRIVACY

The YMCA complies with state and federal privacy laws. Information gathered from the registration and health history forms is shared only with the YMCA staff.

FORMS

YMCA of Greater St. Paul/Metropolitan Minneapolis
Medication Permission Form

(This form is NOT necessary for Bug Repellant Lotion or Sun Screen)

NOTE: YMCA Program Staff cannot administer medication of any type until this form is completed and signed. For prescription medications, both the parent, or guardian, and the physician must sign (prescription or prescription bottles can serve as the physician's signature). For over-the-counter medications, only the parent or guardian need to sign.

Participant's Name _____ Address _____

City _____ State _____ Zip _____

NOTE: Only the parent or guardian's signature is required for authorization for non-prescription, over-the-counter medications; however, physician information should still be completed.

If medication needs to be administered during the session, the YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session.

Medication _____

Condition for which medication is prescribed _____

Possible side effects _____

Instructions for use: DOSAGE _____

Method of administering (i.e., injection, inhaler, etc.) _____

Dates to be administered:

From _____ To _____ Time to be administered: _____

Does medication require refrigeration? YES _____ NO _____

(This Part to be filled out by Physician)

I have prescribed the medication listed on the reverse side for the child named and request that dosages needed during YMCA Program hours be administered by Program Staff. The YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session.

X _____

Physician's Signature (For prescriptions NOT in original prescription bottle)

Physician's Business Address _____

Physician's Phone _____

Pharmacy Phone _____

Prescription # _____

X _____

Parent/Guardian Signature

Date

**YMCA OF METROPOLITAIN MINNEAPOLIS
YMCA OF GREATER SAINT PAUL**

CHILD RELEASE WAIVER

The YMCA of Greater Saint Paul conducts a sign-in and sign-out procedure with all children participating in YMCA programs in order to ensure to the extent reasonably possible that all children have a safe and secure experience. Adults authorized by each parent are expected to sign-out and return children from the YMCA program to their home.

I am requesting that my child be released from the YMCA program without adult supervision and be allowed to travel to his/her destination (whether by walking, biking or other) on his/her own. I understand that the YMCA cannot be responsible for my child's care or safety once he/she leaves the YMCA program site. There are various dangers that exist between the YMCA and my child's destination including among others vehicular traffic, being lost or abducted, environmental hazards and injury from unsupervised activities. I also understand that the YMCA has not investigated or made any evaluation of the circumstances regarding the reasonableness of my plan for my child reaching his/her destination, including among others my child's maturity and the location of his/her destination in relation to the YMCA.

I request that my child be released on his/her own responsibility at the end of the regular program time. I understand the risks and agree to indemnify and hold harmless the YMCA of Greater Saint Paul from any and all responsibility and liability for my child after his/her departure from the YMCA program.

Child's Name _____ Program Name _____

YMCA Branch _____ Session/ Dates Attending _____

Time participant should arrive to the program _____

Times at which participant is allowed to sign themselves out _____

Parent's Name _____ Phone contact: _____

Parent Signature _____ Date _____



Today's Date: _____

YMCA's of Greater St. Paul & Metropolitan Minneapolis SUMMER PROGRAMS CHANGE FORM

Changes must be submitted for processing in writing by Monday, one week prior to your child's session week. You may incur a late fee if changes are not received by the due date. If you are requesting a change to a different Branch, a new registration form must be submitted for the new location.

Participant Name (s): _____ Program Name: _____

Branch / Site Location: _____

Choose Type of Change:

- | | |
|--|--|
| <input type="checkbox"/> Session Week Change | <input type="checkbox"/> Change # of Days per week |
| <input type="checkbox"/> Session Week Addition | <input type="checkbox"/> Before / After Care Change (Add / Delete) |
| <input type="checkbox"/> Change Program Type | <input type="checkbox"/> Change / Add Emergency Contacts |

For all changes / additions above, please indicate specific weeks-days for affected change in the narrative box on the right. Please be specific and detailed in description.

Describe Type of Change Required:

Cancellation Request: (Registration / Deposit Fee Non-Refundable)

- Cancellation of Program
- Cancellation of Week (s)

Parent Name _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____

By signing below, I am authorizing the changes or cancellation indicated above.

X

Parent / Guardian
Signature

Payment Information: Check Enclosed Weekly EFT via Credit Card: **Visa** **Master Card** **Discover** **Amex**

Card Holder Name: _____ Card Number _____ Exp. Date _____

I agree to pay above total amount according to card issuer agreement. **X** _____

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