



# YMCA OF SAN BENITO COUNTY

## Excel Beyond the Bell

CHILD'S NAME: \_\_\_\_\_  F  M  
 AGE: \_\_\_\_\_ BIRTHDAY: \_\_/\_\_/\_\_ GRADE (*going into*): \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN:	PARENT/GUARDIAN:
HOME #:	HOME #:
CELL #:	CELL #:
EMPLOYED BY:	EMPLOYED BY:
OCCUPATION:	OCCUPATION:
WORK #:	WORK #:
EMAIL:	EMAIL:

### ALTERNATIVE PERSONS TO BE CALLED IN CASE OF EMERGENCY

NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:

### LIST EVERYONE AUTHORIZED TO PICK UP CHILD

NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:
NAME:	PHONE#:	RELATIONSHIP:

IS THERE ANYONE NOT ALLOWED TO PICK UP OR CONTACT YOUR CHILD THAT THE YMCA NEEDS TO KNOW OF? YES NO  
 NAME\*: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 (\*PLEASE PROVIDE LEGAL DOCUMENTS IF REQUIRED BY LAW.)

Office Use Only

<b>Full Time</b> Monday –Friday 7:30am–5:30pm	<b>Part Time</b> Monday –Friday 7:30a–5:30pm
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MEMBERSHIP	
AMOUNT PAID \$ _____	STAFF _____

**PERSONAL INFORMATION**

WHAT COULD YOUR CHILD'S LEADER DO TO HELP HIM/HER FEEL COMFORTABLE AT THE YMCA EXCEL BEYOND THE BELL PROGRAM? \_\_\_\_\_

DOES YOUR CHILD REQUIRE SPECIAL ACCOMODATIONS? YES NO  
 IF 'YES' PLEASE EXPLAIN: \_\_\_\_\_

*(PLEASE CONTACT THE PROGRAM DIRECTOR PRIOR TO THE START OF THE PROGRAM IF OUR CHILD REQUIRES REASONABLE ACCOMMODATIONS)*

HEALTH HISTORY						
ASTHMA	YES	NO		ADD/ADHD	YES	NO
HEART DEFECT/DISEASE	YES	NO		HEAD LICE	YES	NO
RECENT UNDER DR. CARE	YES	NO		SLEEPWALKING	YES	NO
SEIZURES	YES	NO		TUBERCULOSIS	YES	NO
DIABETES	YES	NO		CHICKEN POX	YES	NO
GERMAN MEASLES	YES	NO		MEASLES	YES	NO
FOR EACH 'YES', PLEASE EXPLAIN:						
OTHER:						
HAY FEVER	YES	NO		BEE STINGS	YES	NO
OAK/IVY POISONING	YES	NO		PENICILLIN	YES	NO
FOODS	YES	NO		INSECTS	YES	NO
ANY OTHER ALLERGIES?	YES	NO		IF 'YES', PLEASE LIST:		

\*IF CURRENT MEDICATIONS ARE TO BE CONTINUED AT AFTER SCHOOL PROGRAM PLEASE SUBMIT A MEDICATION AUTHORIZATION FORM TO THE DIRECTOR.

DIETARY RESTRICTIONS?: YES NO IF 'YES', PLEASE LIST: \_\_\_\_\_

ANY REASON TO RESTRICT FULL ACTIVITY INCLUDING SWIMMING, LONG HIKEs, OR STRENUOUS PHYSICAL GAMES?: YES NO  
 IF 'YES', PLEASE EXPLAIN: \_\_\_\_\_

**INSURANCE INFORMATION**

HEALTH INSURANCE: \_\_\_\_\_  
 POLICY #: \_\_\_\_\_  
 FAMILY PHYSICIAN: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_  
 FAMILY DENTIST: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_

**VACCINES**

*(please check if up to date)*

DPT MEASLES ORAL POLIO TETANUS  
 MUMPS RUBELLA

LAST DAY OF TETANUS SHOT \_\_\_\_\_

\_\_\_\_\_ PLEASE CHECK & INITIAL IF ALL VACCINES ARE UP TO DATE

**Please initial : I received/Signed ...**

Family Information Sheet \_\_\_\_\_

Liability Waiver \_\_\_\_\_

Code of Conduct \_\_\_\_\_

Photo release \_\_\_\_\_

**How did you hear about the YMCA After School Program (please circle)**

Through my Child's School \_\_\_\_\_ Website \_\_\_\_\_

Received info in the mail \_\_\_\_\_ Email / Facebook \_\_\_\_\_

Previous Member \_\_\_\_\_ Friend/Family \_\_\_\_\_

Other: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I give my permission to the YMCA to administer medications if prescribed on the medication consent form. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# YMCA of San Benito County Excel Beyond the Bell

## Financial Agreement/Statement of Understanding

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### Fees and Payment Agreements

- I understand that I am responsible for submitting my monthly tuition on time. Tuition is **due on the 1st of the month**. Late fees of \$10 per day for the first 4 days of non-payment will be implemented. If payment is not received by the 5th day of the month, my children will not be allowed to attend the YMCA program until the balance is paid in full.
- I understand that if my payment is made by credit card or check and the payment is declined, I will be charged a \$25.00 NSF fee and my child will not be accepted in any other YMCA programs until my account has a zero (\$0) balance.
- I understand that I must pick up my child by close of the program. If my child is not picked up by the end of program, I will be charged \$1.00/minute for every minute after close of program. My child may not attend afterschool program or other Y programs until my account is at zero (\$0) balance.
- I understand that the YMCA does not issue refunds for registration fees and supply fees including reasons for illness or vacations.
- I understand that it is my responsibility to provide my students Chromebook/laptop daily.
- I understand that my child must be dropped off at the Y, no later than 8:15am.
- **Part time participants:** I understand that I am paying a part time rate for Monday –Friday; 7:30am-2:30pm and will pick up my child no later than 2:30pm.
- YMCA requires all participants to be **SIGNED IN and SIGNED OUT** each day by authorized adult over the age of 18.
- I understand that under NO circumstances should I send my child to the YMCA if he/she has had: 1. A fever within the last 72 hours. 2. Been in contact with someone that has tested positive to COVID19 within the last two weeks. 3. Has any other apparent sickness that can be spread to other students. Failing to follow health expectations can be cause from removal of the program.

**Credit Card Authorization/Electronic Fund Transfer:** I authorize the YMCA to draft the credit card listed below for membership/programs/contribution payment. I understand that fees will be charged on the first of the month and that I must notify the YMCA in writing by the first of the month, if my child will no longer be attending the program or if there are changes in bank or card institution. It is further understood that if such payment is not honored by the bank or card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. Any charge rejected for any reason will result in a charge up to the amount allowable by state laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have read, understand, and agree to the above-mentioned policies.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YMCA OF SAN BENITO COUNTY**  
**Student Behavior Management Procedures**



It is the goal of the YMCA of San Benito County to provide a healthy, safe, and secure environment for all YMCA participants. The YMCA teaches the core values of Respect, Responsibility, Honesty and Caring. Children attending the program are expected to follow the behavior guidelines and appropriately interact in a group setting.

**Program Behavior Guidelines**

- People are *responsible* for their actions.
- *Respect* each other and the environment.
- *Honesty* will be the basis for all relationships and interactions.
- We will *care* for ourselves and those around us.

**When a child does not follow the behavior guidelines, the following steps will be taken:**

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. The parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
5. A conference with the parent and staff will occur to determine the appropriate action.
6. A progress check or follow up will occur.
7. If the problem persists, a conference will occur with the parent, child, staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
8. If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent will be notified and expected to pick up the child immediately.
9. If a problem persists, and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
10. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and will result in immediate suspension or expulsion:

**Suspension:**

*(for the remainder of the current day and the next day)*

- Endangering the health and safety of the children and/or staff.
- Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- Theft or damage to YMCA, school or personal property.
- Leaving the child care program without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.

*(\* If any of the behaviors listed above persists, a second suspension may occur pending expulsion.)*

**Immediate Expulsion:**

- Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.

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**PARENT/GUARDIAN SIGNATURE REQUIRED:**

**I have reviewed the Behavior Management Procedures with my child.  
I understand and agree to all of the terms presented in this document.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CENTRAL COAST YMCA RELEASE, WAIVER & INDEMNITY AGREEMENT**

- In consideration of being permitted to utilize the YMCA (or for my children to so participate) for any purpose, including but not limited to observation, use of the YMCA's facilities or equipment, participation in athletic activities, exercise classes, sports programs including any off-site program affiliated with the YMCA, I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any of the foregoing activities.
- I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors (hereinafter referred to as 'releasees') for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities.
- I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to my presence (or my children's presence) in or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA, or participating in any programs affiliated with the YMCA, including any off-site program.
- I agree to assume full responsibility for bodily injury, death or property damage for myself (and for my children) while in, or about the premises of the YMCA and/or while using any facilities or equipment, or participating in any program affiliated with the YMCA, including any off-site program.
- I further agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, the balance shall continue in full legal force and effect.
- I have read and understand this Release, Waiver and Indemnity Agreement. I voluntarily sign the above and further agree that no oral representations, apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\*\*BELOW YOU WILL FIND COPY OF OUR STAFF CODE OF CONDUCT\*\***  
**\*\*\*EACH EMPLOYEE IS REQUIRED TO READ AND SIGN\*\*\***



## **Central Coast YMCA Staff Code of Conduct**

1. To protect children, as well as YMCA staff, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Staff will make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities.
4. Staff will stand in the doorway of the rest room while children are using the rest room. This practice allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip or at other off-site locations. Always send children in threes (known as the rule of three) and, whenever possible, with staff.
5. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
6. Staff shall not abuse children in any way, including:  
physical abuse—striking, spanking, shaking, slapping  
verbal abuse—humiliating, degrading, threatening  
sexual abuse—touching or speaking inappropriately  
mental abuse—shaming, withholding kindness, being cruel neglect—withholding food, water, or basic care
7. No type of abuse will be tolerated and may be cause for immediate dismissal.
8. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age- appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
9. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, and/or burns. Questions or comments will be addressed to the parent or child in a non-threatening way. Staff will document any questionable marks or responses.
10. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA and will treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability.
11. Staff will respect children's rights to say no and to not be touched or looked at in ways that make them feel uncomfortable. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
12. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
13. Staff are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
14. Staff must appear clean, neat, and appropriately attired.
15. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
16. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
17. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is prohibited.
18. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
19. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
20. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
21. Staff will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
22. Staff may not date program participants who are under the age of 18.
23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
24. Staff are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
25. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
26. Staff who violate any articles in the Code of Conduct must be reported to a supervisor.