

# YMCA Camp St. Croix

## Before and After-School Care

2009 – 2010

### ***We build STRONG KIDS, strong families, strong communities.***

The YMCA has been providing trusted, quality child care for over 50 years. We strive to offer the best care with a strong curriculum based on the four core values of caring, honesty, respect and responsibility. This unique School Age Care program is a partnership with YMCA Camp St. Croix and River Crest Elementary School. The program emphasizes environmental education to create an appreciation for nature through hands on fun. “Green Themes” are woven into core curriculum, enhancing your child’s development with enrichment opportunities and healthy lifestyle choices.

### ***YMCA School Age Care: Grades K – 5***

At the YMCA we create safe, structured environments under the supervision of caring adult staff who will be role models for your child. Our program is both recreational and environmentally educational, designed to meet the various needs of growing children. **Our curriculum offers enriching activities in areas such as: environmental learning, nature studies**, arts and humanities, science, service learning, health & fitness, homework support, literacy, character development and conflict resolution. Your child will be provided activity choices where they can make friends, learn, play and thrive.

### ***Before and After Care***

**Camp St. Croix** provides **Before and After Care** for children attending River Crest Elementary School. The program is located in your child’s school for your convenience. Safety is our top priority. Parents/guardians sign their children into the program in the morning and students walk to class when school starts. In the afternoon, students walk from class to the School Age Care Program and parents/guardians must sign them out at pick up time. A portion of the program will be spent at YMCA Camp St Croix located directly across from the school. Children are escorted by staff through the tunnel connecting the two locations.

### ***YMCA School Release Day Program: Grades K – 5***

When school is out the Y is in! Join us for fun-filled days of swimming, sports, arts & crafts, games, cooking projects and awesome field trips. Your child will enjoy a variety of theme based activities geared towards individual interests and grade levels. Sign up for 1 day or the whole Release Day week. A separate registration form is required for sign up and can be downloaded at [ymcatwincities.org](http://ymcatwincities.org).

### ***Registration – Space is limited, so register early!***

Register online at [ymcatwincities.org](http://ymcatwincities.org) or complete the attached registration and health history form and mail it to the YMCA Business Center, 2125 East Hennepin Avenue, Minneapolis, MN 55413-0524. **Please include a \$35 registration fee for each child.** You may authorize weekly automatic electronic fund transfer (EFT) on your registration. Important information is provided in the Parent Handbook, available online at [ymcatwincities.org](http://ymcatwincities.org) or call 612-230-9622 for a copy.

### ***Child Care Assistance Programs***

If you receive assistance through the county or other agency, a current ‘Authorization of Service’ must be on file with the Business Center. Your child can begin only after this information is received. The YMCA will also need the name and phone number of your case worker before enrollment is accepted. Please include this on the registration form.

# Y SCHOOL AGE™



## Personal Pricing Plan

The YMCA welcomes those who wish to participate and annually raises funds to help make that possible. Personal Pricing Plan is supported in part by contributions from Y Partners and other donors, and provides scholarships and subsidies for qualifying applicants within our available resources. Download an application at [ymcatwincities.org](http://ymcatwincities.org) or call 612-230-9622.

## Fees and Billing Contract

There is a \$35 nonrefundable registration fee per child. Registration fee is required when submitting the Personal Pricing Plan. **Each child must register for a minimum of three session per week.** Fees are due one week prior to the start of the session. **Please see Parent Handbook for billing information, available online at [ymcatwincities.org](http://ymcatwincities.org) or call 612-230-9622.**

### Before-School and After-School Program Session Fees (Fee per Session: either a.m. OR p.m. program)

- 1 session: \$7
- 2 sessions: \$14
- 3 sessions: \$21
- 4 sessions: \$28
- 5 sessions: \$35

### Drop-In Rate Option: \$9/session

This option is for parents who will not meet the minimum 3 session per week requirement and who will only need care for 20 sessions or less during the school year. **A non-refundable \$35 registration fee will still apply** and your child will need to be registered prior to their first day of attendance. All drop-in sessions will require a parent to call the site prior to their child attending.

### School-Release Days:

The total charge for Release Day is \$25.

## Program Dates

September 1, 2009 – June 9, 2010.

## Program Hours

### (Monday – Friday)

Before-School Care: 6 a.m. – 9 a.m.

After-School Care: 3:45 p.m. – 6 p.m.

School-Release day and Holiday Care: 6 a.m. – 6 p.m.  
(at YMCA Camp St. Croix)

YMCA School Age Care will be closed on the following days:  
Labor Day, Thanksgiving Day and the day after, Christmas Day,  
New Year's Day, and Memorial Day.

## Location

River Crest Elementary School  
535 County Road F  
Hudson, WI 54016



## YMCA Summer Programs

The YMCA offers a variety of fun and enriching summer programs. **Summer Power** is popular School Age Care program featuring flexible schedules, theme weeks and awesome field trip adventures. **Sports, Day Camp** and **Camp** opportunities are also available. Learn more at [ymcatwincities.org](http://ymcatwincities.org).



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# YMCA Camp St. Croix School Age Care Registration 2009 – 2010

Please use one form per child and print neatly. Remember to enclose your \$35 Registration fee. Register online at [ymcatwincities.org](http://ymcatwincities.org) or return this completed form with parental/guardian signature to YMCA Business Center • 2125 E. Hennepin Ave. • Mpls, MN 55413 • Fax 612-465-0559

Location:  River Crest Elementary

Child's name (please print) \_\_\_\_\_  Female  Male

Home phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_ School in Fall 2009 \_\_\_\_\_

Parent/Guardian\* \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone/pager (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian\* \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone/pager (\_\_\_\_\_) \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

\* Parent's/Guardian's address if different from child's \_\_\_\_\_

**Contracted schedule needed each week: (minimum of 3 sessions a week)** Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Before-School Care  M  T  W  TH  F **Number of sessions per week:**  
After-School Care  M  T  W  TH  F **3 4 5 6 7 8 9 10**

**Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.**

Our family currently receives subsidy from:  County \_\_\_\_\_  Third Party Agency  Other \_\_\_\_\_

Agency/County Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Case # Required \_\_\_\_\_ Paperwork submitted to County/Agency:  Yes  No

Third Party Agency Name: \_\_\_\_\_ Third Party Member #: \_\_\_\_\_

**Payment Information: Please note, Registrations will not be processed without \$35 Registration Fee.**

**Check Enclosed** Amount: \$ \_\_\_\_\_  I would like a split payment option between both parents/guardians.

**Weekly EFT Authorization** Please charge:  \$35 Registration Fee  \$35 Registration Fee now, plus weekly program fee.  \$35 Registration Fee now, plus weekly program fee and School Release Day fee.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

## Emergency Contacts & Pick-Up Authorization

**The Parent/Guardian is authorizing the following people to be an emergency contact and authorized pick up for the child named above:**

1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

### Waiver of Liability

I understand that The Young Men's Christian Association of Greater Saint Paul assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

### Parent/Guardian Authorization

- In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
- My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
- I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
- I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

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

Has child had any of the following, and if so, please explain:

Operations or serious injuries (date/s) \_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

Allergies or Asthma \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Special needs \_\_\_\_\_

Is the child taking any medications?  Yes  No

If yes, what kind and why: \_\_\_\_\_

**If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.**

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Other significant information about your child's behavior that would be helpful to know: \_\_\_\_\_

### MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____	Polio _____
Measles _____	Mumps _____
Rubella _____	HIB _____
Tetanus _____	