



For office use only:
 Child' Group:

MCGAW YMCA CHILDREN'S CENTER EMERGENCY CONSENT AND RELEASE FORM

Personal Information

Child's Full Name: _____ Birth Date _____
Last name First Middle

Address: _____
Residing street address of child City State Zip code

Home Phone # (____) _____

Child resides with: Both parents Mother Father Other _____

In an emergency call first: _____
NAME RELATIONSHIP PHONE #

Parent/Guardian residing with child	Parent/Guardian residing with child
Name: _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small>	Name: _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small>
Employment: _____ <small style="margin-left: 40px;">Company Name</small>	Employment: _____ <small style="margin-left: 40px;">Company Name</small>
Dept./Position _____ <small style="margin-left: 40px;">Phone #</small> <small style="margin-left: 100px;">ext</small>	Dept./Position _____ <small style="margin-left: 40px;">Phone #</small> <small style="margin-left: 100px;">ext</small>
If in school: _____ <small style="margin-left: 40px;">School</small> <small style="margin-left: 100px;">Hours</small>	If in school: _____ <small style="margin-left: 40px;">School</small> <small style="margin-left: 100px;">Hours</small>
Cell Phone _____	Cell Phone _____

Health care/ Insurance child is under _____

Policy Holder Name _____

Child's Physician: _____ Phone # _____

Child's Dentist _____ Phone # _____

Emergency Contacts

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):

Name	Relationship	Phone # if different
_____	_____	_____
_____	_____	_____

You must completely fill out at least two Emergency Contacts in addition to those listed above and who do not live in your household. Anyone listed must have complete contact information.

1. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

Parent/Legal Guardian Signature

Date

MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician’s written instructions. The McGaw YMCA Child Care Center has my permission to apply sunscreen, insect repellent, and diaper ointment (if applicable) to my child as specified by me in writing.

Parent/Legal Guardian
Signature _____ Date _____

CONSENT FORMS:

I authorize the McGaw YMCA to take pictures, movie, videos of my child for use in presentation and other advertising promotions, educational activities and curriculum purposes without compensation.

I authorize the McGaw YMCA Child Care Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA.

I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

I have read the Parent Handbook and agree to abide by the policies and regulations therein. I have received a summary of DCFS licensing standards.

Parent/Legal Guardian
Signature _____ Date _____

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

Signature lines provided below are designated for annual reviews of this form.

I have reviewed the information on this form and verify all information is still accurate:	
_____	_____
Parent/Legal Guardian Signature	Date (2012/2013)
_____	_____
Parent/Legal Guardian Signature	Date (2013/2014)
_____	_____
Parent/Legal Guardian Signature	Date (2014/2015)



McGaw YMCA Children's Center Developmental History Form 2011-2012 Infant and Toddler

In an effort to help us know and understand your child more completely, we ask that you fill out the following. Please be sure to answer all of the questions that are applicable to the age of your child, and feel free to attach additional sheets if needed. Thank you!

Personal Information

Nickname: _____

Child's Full Name: _____ Date of Birth: _____
Last name First Middle

Family members : _____

Family Background

Marital status of parents:

- Married Domestic Partners Divorced Separated Single Parent
 Other _____

Child lives with:

- Both parents Mother Father Other _____

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center? _____

Please Note: The Child Care Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center.

Are there any home factors that might help us understand your child's family life? Consider issues such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

What is the primary language spoken at home?

Are there any additional languages spoken?

Medical History:

Current Weight _____ Height _____ Hair color _____ Eye color _____

Place of Birth _____ Identifying marks _____

Were there any unusual circumstances surrounding the birth of your child? (premature, extra hospital stay, etc.)

Any medical concerns at birth which may affect your child's learning ability?

Is your child subject to colds or other chronic conditions? Please note any accompanying factors such as bronchitis, ear infections, sinus problems, or swollen glands.

Please describe any allergies or sensitivities.

Does your child take any medications on a regular basis? If yes, please describe.

Is there anything that would be helpful for us to know or that you would like us to observe, such as issues with eyesight, speech, hearing, or individual habits?

Home Routines

What time does the child wake up? _____

Does the child generally wake up naturally or needs to be woken up? _____

What is your child's general schedule?

What bedtime routines have you established?

Does your child sleep through the night? Yes No If not how many times does your child get up during the night and what routines do you use?

Does your child use a pacifier?

- Never used one Only at sleep/nap When fussy Never without it
 Gave it up at approximately at _____ months Trying to wean from use

At home, my child sleeps: (check all that apply)

- on stomach on back on side loose blanket swaddled with blanket
 elevated in crib with parent in bouncy chair in swing

EATING/MEALS:

Does your child have any food allergies? No

Yes, to _____ Possibly to _____

What foods does your child eat? :

- Breast milk Formula Baby cereal Baby food Table food
- Toddler prepared jar food/frozen food American foods
- Ethnic foods _____ Has a diverse food palate

Types

Is your child being raised as a vegetarian/vegan? Yes No

If yes, is it: family choice religion for medical reasons

If yes, which foods is your child unable to eat: _____

What type of milk does your child drink? _____

What does your child least like to eat? _____

Child's Development and Personality

What are your child's favorite activities?

What activities do you enjoy as a family?

What is the best way to help calm him/her?

Please describe any situations in which your child tends to become tense, angry, scared, etc. How does your child show these emotions?

Please describe, briefly, your child's temperament, personality, needs, abilities, etc.

Is your child visiting a therapist? No Yes

If yes, for what reason? _____

Is there a therapy program we should support? _____

Does your child have experience being around children other than those in the immediate family?

Does your child stay with babysitters at your home or at a babysitter's home? How does your child react to babysitters?

Has your child previously been in a group childcare setting? When? Where?

How does your child typically adjust to group situations?

What do you hope your child will gain from his/her experience with us?

- | | | |
|---|--|---|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn to get along better with |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Be prepared for kindergarten others | |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honest, respect, | |
| <input type="checkbox"/> Good adult role models | <input type="checkbox"/> responsibility | <input type="checkbox"/> Other _____ |

Cultural Development (Optional)

What is your ethnicity? _____

What is your family's religious affiliation if any? _____

Are there any words that we should use to better communicate with your child?

Are there any child rearing cultural beliefs that we should try to incorporate into our classrooms?

Which holidays do you celebrate?

Are there any holidays that you would not like your child to participate in?

What are some of your family's favorite cultural activities?



MCGAW YMCA CHILDREN'S CENTER
DEVELOPMENTAL HISTORY FORM 2011-2012
Preschool

In an effort to help us know and understand your child more completely, we ask that you fill out the following. Please be sure to answer all of the questions that are applicable to the age of your child, and feel free to attach additional sheets if needed. Thank you!

Personal Information

Nickname: _____

Child's Full Name: _____ Date of Birth: _____
Last name First Middle

Family members: _____

Family Background

Marital status of parents:

- Married Domestic Partners Divorced Separated Single Parent
 Other _____

Child lives with:

- Both parents Mother Father Other _____

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center? _____

Please Note: The Child Care Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center.

Are there any home factors that might help us understand your child's family life? Consider issues such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

What is the primary language spoken at home? _____

Are there any additional languages spoken? _____

Medical History :

Current Weight: _____ Lbs. Height _____ Hair color _____ Eye color _____

Place of Birth _____ Any identifying marks _____

Is your child subject to colds or other chronic conditions? Please note any accompanying factors such as bronchitis, ear infections, sinus problems, or swollen glands.

Please describe any allergies or sensitivities.

Does your child take any medications on a regular basis? If yes, please describe.

Is there anything that would be helpful for us to know or that you would like us to observe, such as issues with eyesight, speech, hearing, or individual habits?

Home Routines

What time does the child wake up? _____

Does the child generally wake up naturally or needs to be woken up? _____

What is your child's general schedule?

What bedtime routines have you established?

Does your child sleep through the night? ___Yes ___No

*If not how many times does your child get up during the night and what routines do you use?

Does your child use a pacifier? Never used one Only at sleep/nap When fussy Never without it

Gave it up at approximately at _____ months ___Trying to ween from use

EATING/MEALS:

Does your child have any food allergies? No ___

Yes to _____ Possibly to _____

Being raised as a vegetarian/vegan: Yes _____ No _____

If yes, is it: family choice ___ religion ___ for medical reasons ___

If yes, which foods is your child unable to eat: _____

What type of milk does your child drink? _____

What does your child enjoy eating? _____

What does your child least like to eat? _____

- My child can: Feed self using hands
 Feed self using utensils
 Needs assistance with feeding

Child's Development and Personality

What are your child's favorite activities?

What is the best way to help calm him/her?

How often do you read to your child?

What is your child's favorite book or story?

What is your child's reaction to music?

What type of music does your child listen to?

Does anyone in your family play a musical instrument?

What kind of activities do you enjoy as a family?

Please describe any situations in which your child tends to become tense, angry, scared, etc. How does your child show these emotions?

Please describe, briefly, your child's temperament, personality, needs, abilities, etc.

Is your child visiting a therapist? No ___ If yes, for what reason _____

Is there a therapy program we should support? _____

Does your child have experience with water/swimming? Does your child enjoy being in the water, or have any fears associated with water?

Please check your child's swimming ability:

- NON-SWIMMER (my child can not swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

Does your child have experience being around children other than those in the immediate family?

Does your child stay with babysitters at your home? Or at a babysitter's home? How does your child react to babysitters?

Has your child previously been in a group childcare setting? When? Where?

How does your child typically adjust to group situations?

What do you hope your child will gain from his/her experience with us?

- | | | |
|--|---|--|
| <input type="checkbox"/> Make new Friends | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Learn to get along better with others |
| <input type="checkbox"/> High self-esteem | <input type="checkbox"/> Be prepared for kindergarten | <input type="checkbox"/> Opportunity for creativity |
| <input type="checkbox"/> Good adult role models | <input type="checkbox"/> Learn the core values of the YMCA:
Caring, honesty, respect, responsibility | <input type="checkbox"/> Other: _____
_____ |

Cultural Development (Optional)

What is your ethnicity? _____

Are there any words that we should use to better communicate with your child?

Are there any child rearing cultural beliefs that we should try to incorporate into our classrooms?

Which holidays do you celebrate?

Are there any holidays that you would not like your child to participate in?

What are some of your family's favorite cultural activities?



McGaw YMCA Children's Center Developmental History Form 2011-2012 School Age

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. School's Out staff that will be working directly with your child will be reviewing this information.

Child's Full Name _____ Nickname _____

Date of Birth _____ Age _____ School year 2011/12: Grade _____ School _____ Teacher _____

Please check the program for which your child is registered for with School's Out.

5 days 5 days + holidays 3 days 3 days + holidays

*Please circle the 3 days your child will attend each week: M T W R F

Family Background

Marital status of parents:

Married Divorced Separated Single Parent Domestic Partner
 Other _____

Child lives with:

Both parents Mother Father Other _____

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center?

Please Note: The Child Care Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center.

Are there any home factors that might help us understand your child's family life? Consider issues such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

What is the primary language spoken at home?

Are there any additional languages spoken?

Child's Development and Personality

Does your child have Asthma or another chronic condition? _____ If YES, please explain and give any pertinent information.

Does he/she have any allergies or sensitivities? _____ If YES, please explain and give any pertinent information

Does your child take any medications regularly? _____ If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

What are your expectations for homework?

Please rank the following activities in order of your priorities for your child in the afterschool program: (#1 being the highest priority):

___swim ___art ___homework ___gym ___Other (please explain) _____

Do you want your child to miss activities (gym/swim/art or other events) in order to spend more time doing homework?

Any situations in which your child tends to become tense, angry, scared, etc.?

How does he/she show this?

In general how do you handle discipline?

Do you have any suggestions/hints for our staff, which may help us be successful with your child?

Experiences

- What water or swimming experiences does your child have? For example: beach , pool, lake, water park
 - Please check your child's swimming ability:
 - NON-SWIMMER (my child can not swim)
 - SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
 - ADVANCED SWIMMER (my child is a proficient swimmer)

Does your child enjoy being in the water?

Does your child have any fears concerning water?

Has he/she had previous organized group experience? When? Where?

What do you want your child to gain from his or her experience in YMCA afterschool? *Please check all that apply*

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> A structured homework time | <input type="checkbox"/> Become less shy |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Learn to swim |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA
Caring, honesty, respect, responsibility | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Good adult role models | | <input type="checkbox"/> Learn to get along better with others |
| <input type="checkbox"/> Other: _____ | | |



**STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

Student's Name			Birth Date			Sex	School			Grade Level /ID#		
Last	First	Middle	Month/Day/ Year									

Address				Parent/ Guardian		Telephone #		Work			
Street	City	ZIP code				Home					

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																			
Diphtheria and Tetanus (Pediatric DT or Td)																			
Inactivated Polio (IPV)																			
Oral Polio (OPV)																			
Haemophilus influenzae type b (Hib)																			
Hepatitis B (HB)																			
Varicella (Chickenpox)																			Comments
Combined Measles, Mumps and Rubella (MMR)																			
Measles (Rubeola)																			
Rubella (3-day measles)																			
Mumps																			
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			
Check specific type (PCV7, PPV23)																			
Other (Specify hepatitis A, meningococcal, etc.)																			

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. **Clinical diagnosis is acceptable if verified by physician.** *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. **History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. **Laboratory confirmation (check one)** Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school – annually beginning at age 3; School age – during school year at required grade levels														
Date														
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision														
Hearing														

Code:
P = Pass
F = Fail
U = Unable to test
R = Referred
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois
(Complete Both Sides)

Student's Name	Birth Date	Sex	School	Grade Level/ ID #
Last First Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma? Child wakes during the night coughing	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes* No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes* No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor <input type="checkbox"/>				Other concerns?	
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.	
Ear/Hearing problems?	Yes	No		Parent/Guardian Signature	Date
Bone/Joint problem/injury/scoliosis?	Yes	No			

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)

PHYSICAL EXAMINATION REQUIREMENTS	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date Blood Test Result (Blood test required in Chicago and other high risk zip codes.)				
TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / Result mm				
LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES	Date	Results	Date	Results
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup				
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal				
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.				
On the basis of the examination on this day, I approve this child's participation in (If No or Modified, please attach explanation.) PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>				
Physician/Advanced Practice Nurse/Physician Assistant performing examination				
Print Name	Signature			Date
Address	Phone			

(Complete both sides)



McGaw YMCA Children's Center Discipline and Guidance Policy

A positive guidance approach is used to help children develop positive self-esteem, build trust in the world around them and develop autonomy and pride in their work. A supportive, nurturing environment with caring adults is the first step in the development of inner control and appropriate behavior.

By allowing children to assume responsibility for their actions, they develop self-control and become aware of the rights of others. Consequences (logical and natural) developmentally related to the child's behavior might include reinforcing positive behavior, modeling appropriate behavior, and assisting children with finding words to describe how they are feeling.

There are four basic values/rules we teach regarding acceptable behavior. They are as follows:

1. We respect others and things through our words and actions.
2. We are responsible for our words and actions.
3. We are honest about our words and actions.
4. We are caring people.

The YMCA expects the cooperation of parents to ensure that the behavior management plan supports all the children in the program.

Procedure:

When a child demonstrates that he/she has not followed the rules regarding acceptable behavior, the following procedures will be set into motion:

- A. Staff will remind the child of the behavior guidelines and rules.
 1. Staff will allow the child to return to the activity
- B. Should the negative behavior persist:
 1. Staff will remind the child of the behavior guidelines and rules
 2. Staff will redirect the child to a more appropriate behavior and stay with the child until the child has adjusted to the new situation.
- C. Should the negative behavior persist:
 1. Staff will remind the child of the behavior guidelines and rules.
 2. Staff will take the child to a separate area, in the room, help the child with the words to describe what or how he/she was feeling and why.
- D. Should the negative behavior persist:
 1. Staff will remind the child of the behavior guidelines and rules.
 2. Staff will notify Administrative staff
 3. The incident will be documented and parents will be notified at pick-up time.
- E. If negative behaviors disrupt the classroom environment on a regular basis a conference with the child's parents will be set involving the lead teacher, the child's parents, and administration, during this conference:
 1. A strategy will be developed
 2. A timeframe will be established
- F. Early Childhood/School Age Specialists will be consulted and assist in persistent cases.
- G. While we strive to provide what every child needs to succeed in-group care, we do not have the resources to implement or sustain a plan for managing extreme behavioral issues. It is a disservice to maintain a child in our program if we cannot meet the child's individual needs while maintaining a safe and productive environment for children and staff.
- H. Early Childhood Director or School-Age Director will meet with parents in situations where the continuation of a child's enrollment is in question.
- I. The following behaviors are not acceptable and may result in immediate termination:
 1. Endangering the health and safety of children or staff
 2. Continuous disruption of the program
 3. Unacceptable behavior, use of profanity, or threats to other children or staff
- J. Parents/caregivers are also expected to follow proper rules of conduct and may be prohibited from entering the premises if they exhibit violent or threatening behavior toward their own child, another child, another parent/caregiver, or YMCA staff.

If there is any concern regarding our ability to continue providing care for a child, meetings between teachers, administrative staff, and parents to discuss concerns and corrective action plans will precede any termination decision. No parent will suddenly find that his/her child is without care. Should the Center decide that care must be terminated, every effort will be made to assist families with finding alternative services.

Child(ren)'s Name _____

Parents signature _____

Date: _____



Late Pick-up Policy

Parents of participants enrolled in **Children's Center Programs** will be charged **\$2.50 per minute / family** based on the **program pick-up times** listed below:

- **Part Day Preschool 12:00pm**
- **Part Day Explorers Program 2:00pm**
- **Full Day Programs and School's Out 6:15 pm**

- If you know you are going to be late please notify the center so we can let your child and the teachers know. **Late fee will still be charged.**

- If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.

- If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.

- **Late fees will be due within two business days. Late fees can be paid to Administrator upon pick up.**

- Continued disregard for the pick-up time or failure to pay late pick- up fees can be cause for the child's termination from the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher/administrator until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____





Transportation Agreement:

Child's Name: _____

Parent's Name(s): _____

Child's Elementary School: _____

I, the undersigned, authorize the McGaw YMCA Children's Center, to transport my child between the elementary school I have designated above and the McGaw YMCA Children's Center.

Our transportation procedures are as follows:

- Children will meet at the place designated by the drivers for their school for pick-up each day within five minutes of the bell ringing.
- The parent is responsible for communicating with the McGaw YMCA Children's Center before 2pm if alternate transportation arrangements have been made and the child will not need to be picked up for the day. (ex: child has an appointment and leaves early, I will call so that staff are not looking for my child for pick up from school.)

Parent(s) Signature: _____ Date: _____



Email communication

We will do our best to provide you and your family up to date and accurate communications through our email distribution systems. In order to provide this information we need make sure that we have your accurate email in our system. These email address will also be used by administration to get in touch with you if necessary.

Please print clearly.

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Parent/Guardian #1: _____

Email Address: _____

Parent/Guardian #2: _____

Email Address: _____

Please email Children's Center communications to:

- Parent #1
- Parent #2

The main contact in our computer system for my family should be:

- Parent #1
- Parent #2

Please make sure to keep all of your information accurate with the registration office.



2011 - 2012 Children's Center Calendar

August, 2011

- 10 **Parent Orientation Night - Infant/Toddler**
11 **Parent Orientation Night - School's Out**
17 **Parent Orientation Night - Full Day Preschool**
19 **Last Day of Summer Camps**
22 -26 **Staff Training and Building Clean-up**
Children's Center Closed
29 **First Day of School's Out & Full Day Resumes**
31 **Parent Orientation Night - Part Day Preschool**

September, 2011

- 5 **Labor Day** - Children's Center Closed
6 **First Day of Part Day Preschool**
7 **Preschool Explorers Begins**
29 **District 65 Schools Closed**
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program

October, 2011

- 5 **District 65 Half-Day Dismissal**
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
No Preschool Explorers
21 **District 65 Parent Teacher Conferences**
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
No Preschool Explorers

November, 2011

- 2 **District 65 Half-Day Dismissal**
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
No Preschool Explorers
11 **Veteran's Day** - District 65 Schools closed
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
23 **District 65 Schools closed**
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
No Preschool Explorers
24-25 **Thanksgiving Break**
Children's Center Closed

December, 2011

- 7 **District 65 Half-Day Dismissal**
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
No Preschool Explorers
23-26 **Holiday Break**
Children's Center Closed
27 - 30 **School's Out Vacation Camp (separate registration)**
No Part Day Preschool
Full Day Preschool has Normal Day

January, 2012

- 2 **New Year's Day Observed**
Children's Center Closed
3 - 6 **School's Out Vacation Camp (separate registration)**
No Part Day Preschool
Full Day Preschool has Normal Days
No Preschool Explorers
9 **School's Out Resumes**
Part Day Preschool Resumes
District 65 Half-Day Dismissal
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
No Preschool Explorers
16 **Martin Luther King, Jr. Day**
Children's Center Closed

February, 2012

- 1 **District 65 Half-Day Dismissal**
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
17 **District 65 Parent Teacher Conferences**
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
No Preschool Explorers
20 **President's Day** - District 65 Schools closed
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
No Preschool Explorers

March, 2012

- 5 **Pulaski Day** - District 65 Schools closed
No Part Day Preschool
Full Day Preschool has Normal Day
School's Out Holiday Program
No Preschool Explorers
16 **Children's Center In-Service Training**
Children's Center Closed

April, 2012

- 2 - 6 **School's Out Vacation Camp (separate registration)**
No Part Day Preschool
Full Day Preschool has Normal Day
No Preschool Explorers
11 **District 65 Half-Day Dismissal**
Part Day Preschool 11:00am Dismissal
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
No Preschool Explorers

May, 2012

- 2 **District 65 Half-Day Dismissal**
No Part Day Preschool
Full Day Preschool has Normal Day
½ Day School's Out Holiday Program
25 **Part Day Preschool and Explorers Programs End**
28 **Memorial Day**
Children's Center Closed

June, 2012

- 1 **Last Day of School's Out**
4 - 8 **Summer Staff Training**
11 **Summer Day Camps begin**

July, 2012

- 4 **Celebration of Independence Day**
Children's Center Closed

August, 2012

- 27 - 31 **Closed for Staff Training and Building Clean-up**

Note: calendar subject to change

Child and Adult Care Food Program
INFANT FORMULA/FOOD WAIVER NOTIFICATION

McGraw YMCA Children's Center

(Name of Child Care Center/Home)

(Infant's Name)

(Birth Date)

For Parent/Guardian of Infants Age Birth Through 11 Months

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

(Instructions—The center/home must complete this section before giving to the parent/guardian.)

This center/home will provide:

Iron-fortified infant formula (list brand) Similac;

Iron-fortified infant cereal (list type such as baby rice cereal) Gerber Rice Cereal; and

Food appropriate for infant Commercial baby food and/or

Table food offered at the appropriate consistency for the development of the infant

(Instructions— The parent/guardian must ANSWER THE FOLLOWING QUESTION and MARK ONE OF THE CHOICES FROM EACH OF THE THREE SECTIONS BELOW; then sign and date this form.

What do you currently feed your infant?

- Iron-fortified infant formula
 Breast milk
 Low-iron or another type of infant formula provided for medical reasons. I will receive a *Medical Exception Statement for Food Substitutions*.

The parent or guardian would like their infant to be fed the following while in care.

Section 1—Infant Formula or Breast Milk

_____ **Choice 1**—I want my infant to receive the child care center-/home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.

_____ **Choice 2**—I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk. If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.

Section 2—Infant Cereal

_____ **Choice 1**—I want my infant to receive the child care center-/home-provided iron-fortified infant cereal, identified above. I will not bring infant cereal from home.

_____ **Choice 2**—I understand I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal. If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

Section 3—Baby Food

_____ **Choice 1**—I want my infant to receive the child care center-/home-provided baby food identified above. I will not bring baby food from home

_____ **Choice 2**—I understand I am not required to bring baby food that I purchase, however, I want to bring my own baby food. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.

If I decide to change the selections I made above, I will be required to complete another form.

(Parent's Signature)

(Date)

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 S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Child and Adult Care Food Program (CACFP) CACFP ANNUAL ENROLLMENT FORM

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE CENTERS, PRE-K PROGRAMS, AND LICENSED OUTSIDE SCHOOL HOURS PROGRAMS

This document does not have to be completed for children in At-Risk After-School Hour Programs, license-exempt Outside School Hours Programs, or emergency shelters.) It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. Review completed enrollment form and enter effective date in lower right section.

Parents: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete areas 1 through 6 below. Be sure to sign and date the document.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4 MEALS RECEIVED		
		TIME IN			TIME OUT				TIMES CHILD ATTENDS SCHOOL	
		AM	PM	TIME	AM	PM	TIME		LEAVES CENTER	RETURNS TO CENTER
First Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.						<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
Second Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above						<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
Third Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above						<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
Fourth Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above						<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		

This information is voluntary; please answer both questions.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren)— Mark only one. Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren)— Mark one or more that apply. Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

6 SIGNATURE

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

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, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of This Enrollment Form _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

**CHILD AND ADULT CARE FOOD PROGRAM
HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS**

Parents: Complete this application by following the instructions provided in the parent letter.

<p>1 LIST EVERYONE IN HOUSEHOLD, CHILDREN AND ADULTS List all household members, children's ages and mark box if no income.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">NAME (First and Last)</th> <th style="width:15%;">AGES OF CHILDREN AT CENTER</th> <th style="width:25%;">CHECK IF NO INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>	NAME (First and Last)	AGES OF CHILDREN AT CENTER	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"/>	<p>2 SNAP OR TANF CASE NUMBER Provide a SNAP or TANF case number for any member (Child or Adult) of this same household. Do not use LINK card number. After completing, skip to Number 5.</p>	<p>3 FOSTER CHILD <input type="checkbox"/> Check here if applying for a foster child. Complete a separate application for each foster child. A foster child is the legal responsibility of the welfare agency or court and resides in your home. List only the child's monthly personal-use income. Write "0" if child has no personal-use income. After completing, skip to Number 5.</p> <p align="right">\$ _____</p>
NAME (First and Last)	AGES OF CHILDREN AT CENTER	CHECK IF NO INCOME																											
		<input type="checkbox"/>																											
		<input type="checkbox"/>																											
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		<input type="checkbox"/>																											

4 HOUSEHOLD MEMBERS WITH INCOME—List only the names of individuals living in the household, related or non-related, and their gross income. If a person has a second job, list that income in the last column. After completing, go to **Number 5**.

NAMES (List Only Individuals With Income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Gross Income (Before Deductions)		Welfare, Child Support, Alimony		Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/

5 SOCIAL SECURITY NUMBER AND SIGNATURE—An adult household member must sign the application. If Number 4 is completed above, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.

_____ - ____ - ____ - ____
Social Security Number

I do not have a social security number.

I certify all information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

_____ Home Telephone Number _____ Work Telephone Number _____ Home Address (Number, Street, City, Zip Code)

6 ALL KIDS HEALTH INSURANCE PROGRAM—All Kids offers affordable health insurance for children, and your child(ren) may qualify. We may share your application information with All Kids unless you do not want us to. If you DO NOT want us to share this information, sign here.

Signature of Parent or Legal Guardian

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION—COMPLETE ALL FOUR SECTIONS

Follow the *Instructions for Institutions to Process Household Eligibility Applications*.

<p>SECTION A Mark one of the boxes below to show how you are going to determine eligibility.</p> <p><input type="checkbox"/> SNAP/TANF Household—The SNAP or TANF number meets the criteria for an acceptable case number. Complete Sections B, C, and D.</p> <p align="center">OR</p> <p><input type="checkbox"/> Foster Child Income—Compare the foster child's personal-use income to the Household Income Eligibility Guidelines. Complete Sections B, C, and D.</p> <p align="center">OR</p> <p><input type="checkbox"/> Income Household—Complete the information below and Sections B, C, and D.</p> <p>Total Household Size _____</p> <p>Total Household Income \$ _____ / _____ Example: \$100/week, or \$100/every 2 weeks</p> <p>Compare total income to <i>Household Income Eligibility Guidelines</i>. When household incomes are listed for different pay periods, you must convert all income to yearly income by using the conversion table above.</p>	<p>SECTION B Based on the information provided this application will be:</p> <p><input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced <input type="checkbox"/> Denied—The meals will be claimed in the paid category.</p> <p>Temporary Approval (Do not use for foster child) This application reported zero income or a temporary reduction in income. <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced Temporary approval is good for 45 days and expires on _____ (date). Re-evaluate income after that date.</p> <p>SECTION C Signature of Representative _____ Date Application reviewed _____</p> <p>SECTION D Effective Date _____ <i>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</i></p>
--	--

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

NON-DISCRIMINATION: 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, DC 20250-9410 or call 800/795-3272 or 202/720-6382 (TTY). USDA is an equal opportunity provider and employer.

HOUSEHOLD ELIGIBILITY APPLICATION PARENT LETTER FOR CHILD CARE CENTERS

Dear Parent or Guardian:

This child care centers participates in the Child and Adult Care Food Program (CACFP) and receives federal funds to help cover the costs of providing nutritious and well-balanced meals to children. The amount of federal money we receive is based on the information you provide on the attached application. Therefore, your prompt completion and return of this application will be beneficial to your child as well as other children at this facility. Follow the Parent Instructions provided with this letter; the Household Eligibility Application must contain all the needed information before it can be approved.

The USDA has not released the income guidelines, however, if you believe your household income may qualify or a member (child or adult) of your family receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, your child(ren) may qualify for meal benefits. A foster child may be eligible for meal benefits regardless of your household income. We ask your cooperation in filling out the attached application.

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP. Section 6 on the application requires you to sign that section if you do not want your information given to the *All Kids Health Insurance Program*.

HOUSEHOLD INCOME ELIGIBILITY GUIDELINES

Effective From July 1, 2010, Through June 30, 2011
Level for Reduced-Price Meals

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1					
2			<i>USDA HAS</i>		
3			<i>NOT</i>		
4			<i>RELEASED</i>		
5			<i>INCOME</i>		
6			<i>GUIDELINES.</i>		
7			<i>ISBE RECEIVED</i>		
8			<i>WAIVER TO LEAVE THIS</i>		
			<i>AREA BLANK</i>		
Each Additional Family Member Add					

If you have any questions, please contact our center.

Sincerely,

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, S.W., Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application will remain effective for 12 months.

Complete the Household Eligibility Application for one of the following areas.

- If you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), follow **Instructions A** below.
- If you care for a foster child, follow **Instructions B** below.
- If you receive income, follow **Instructions C** below.

Instructions A—Households Receiving SNAP or TANF Benefits

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information.

- Number 1—List the names of ALL household members, the age(s) of the child(ren) attending the child care institution, and check the boxes for all household member who do not have an income.
- Number 2—Record a valid SNAP or TANF case number for any member (child or adult) of this family. **Do not list your Illinois LINK card number; it cannot be used.** You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- Number 5—Provide a signature of an adult household member and date the application. You do NOT need to provide your social security number.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

Instructions B—Application for a Foster Child

If you care for a foster child(ren) in your home, complete a separate application for each foster child. A foster child who remains the legal responsibility of the welfare agency or court is considered a household of one. Provide the following information.

- Number 1—List the name and age of your foster child.
- Number 3—Place an X in the foster child box and record only the foster child's personal-use income or write 0 if the child has no personal-use income. **Do not list income you receive for the care of the child.**
- Number 5—Provide a signature of an adult household member and date the application. You do NOT need to provide your social security number.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

Instructions C—Households Reporting Income

It is not necessary to complete income information if you provided SNAP or TANF information in Number 2. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information.

- Number 1—List the names of ALL household members, the age(s) of the child(ren) attending the child care institution, and check the boxes for all household member who do not have an income.
- Number 4—Provide the names of all household members with sources of income; the current gross income (before deductions) for each member and how often it is received. (Example: \$200/twice a month)
- Number 5—Provide the social security number of the adult household member signing the application. If you refuse to provide the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number*.
- Number 6—Refer to information below on the *All Kids Health Insurance Program*.
- Your application is complete.

All Kids Health Insurance Program (Section 6 on application)

By signing Section 6, you are stating you do NOT want to share this application information and social security number (when provided) with the Illinois Department of Healthcare and Family Services. Your decision will not affect your child(ren)'s eligibility to participate in the CACFP. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on the *All Kids* healthcare program, call 866/255-5437.

**SUMMARY OF
LICENSING
STANDARDS
FOR
DAY CARE
CENTERS**

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line 1-877-746-0829

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are minimum standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

This summary has been developed to assist parents in monitoring the care provided by the day care center.

For a complete copy of the Licensing Standards, write or call

*Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983*

Licensing Standards for Day Care Centers may also be accessed through the DCFS web site: www.state.il.us/dcfs and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years of age and at least five years older than the oldest child in their care. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
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Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
- Staff must demonstrate respect for each child enrolled regardless of gender, ability, cultural, ethnic or religious differences.
- There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
- In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
- Children may not be left unattended at any time.

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- Exits must be unlocked and clear of equipment and debris.

- Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.

- Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.

- Play materials must be durable and free from hazardous characteristics.

- The facility must be cleaned daily and kept in sanitary condition at all times.

- First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.

- All areas of the outdoor play space must be visible to staff at all times.

- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.

- Protective surfaces must be provided under equipment from which a child might fall

- All swimming pools must be fenced or otherwise inaccessible to children.

- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.
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Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
- Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
- Toddlers may use either stacking cots or full-size cribs.
- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
- Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
- Toilets and lavatories must be readily accessible to the children.
- Hot and cold running water must be provided.
- Hazardous items must be inaccessible to children.
- Parents must be notified before pesticides are applied, unless in an emergency

Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Children who cannot turn over alone must be placed on their backs.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible for hand washing.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided, in writing, information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not pick up at the agreed upon time, and the guidance and discipline policies.
- Parents must complete an enrollment application, which includes emergency numbers and persons authorized to pick up the child.
- A child may only be released to a parent or other responsible person designated by the parent.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
 - public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child.
 - “Time-out” is to be limited to one minute per year of age. “Time-out” may not be used for children less than two years of age.
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Transportation

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle. Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- A medical report indicating that the child has been appropriately immunized must be on file for each child. A tuberculin skin test is to be included in the initial exam unless waived by a physician.
- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
- Children aged one to six years must have either a lead risk assessment or a lead screening.
- Water must be freely available to all children.
- Children’s hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
- Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
- Medication must be kept in locked cabinets or other containers that are inaccessible to children.





Are you interested in getting involved in the McGaw YMCA?

Join a Center Parent Advisory Group

Parent Advisory groups consist of parent volunteers who wish to assist in:

- Reviewing and evaluating program activities
- Planning and conducting family events & fundraising activities
- Discussing and resolving Center concerns
- Enhancing communications
- Identifying and securing resources and materials.

Groups meet once a month and are available for our Full Day Program, Part-Day Preschool and School Age Program. Childcare and a light meal are provided.

If you are interested in getting involved in these groups fill out the bottom portion of this paper and return it to our Front Desk. If you have any questions, please contact:

Michelle McDonald
Early Childhood Director
michellem@mcgawymca.org
847.475.8580 ext. 313

Kenzi Huelskoetter
School Age Director
kenzih@mcgawymca.org
847.475.8580 ext. 311

Name: _____ Child's name _____

Child's Class _____ Phone # _____ Email _____

PAG Group: (circle one) FULL DAY PART DAY SCHOOL'S OUT

Meeting Preferences: Day of the Week: _____ Time: _____

Occupation: _____

Volunteer History: _____

I cannot participate in a PAG, but I am interested in being a Room Parent

Thank you for your interest; we will be contacting you soon with information.



McGaw YMCA Children's Center 2011/2012 School Directory Form

Beginning this year, we are starting to keep a school directory for our families. This directory can aid families who wish to communicate with the parents of their child's classmates. Families who wish to be included in the school directory are asked to complete and return this form to the Children's Center front desk by SEPTEMBER 9TH.

This directory will only be distributed inside the Children's Center and will not be published in any online format. Participation in this directory is voluntary.

Family Contact Information

Please take care to print all information clearly

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Parent(s) or Guardian(s) Name(s): _____

Mailing Address: _____ City: _____ Zip: _____

Preferred Phone (____) _____

Preferred Email _____

Fill this out if you wish to include another parent/guardian not living at the above address:

Name _____

Mailing Address: _____

____ City: _____ Zip: _____

Phone (____) _____

Email _____

1420 Maple Avenue
Evanston, IL 60201

Phone: 847.475.8580
Fax: 847.733.2562
E-mail: michellem@mcgawymca.org
www.mcgawymca.org



Acknowledgement of On-Site Services

I, the undersigned parent of _____ acknowledge that
child's name
the vendors listed below provide food and/or services to the McGaw
YMCA Children's Center.

- Quality Catering for Kids -
provides catered lunches daily
- Fox River Foods -
provides snack and breakfast items weekly
- Renzo Dairy -
provides milk bi-weekly
- Anderson Pest Control Solution -
provides indoor and outdoor preventative pest control services
monthly
- A-1 Cleaning Services -
provides nightly cleaning services

Parent(s) Signature: _____

Date: _____



Character Counts At the Children's Center

At the YMCA we believe in the positive values of caring, honesty, respect, and responsibility.

As staff we will demonstrate these values ourselves and challenge the children to accept and demonstrate these values as they grow with us while in our care.

Please read and discuss the following values concepts with your children:

Respect –To treat others as I want them to treat me, to value the worth of every person, including myself. When asked to do or to discontinue doing something, we expect that children will do their best to follow directions. We also expect that children will speak respectfully to and about staff and other children.

Responsibility –To do what is right - what I ought to do, to be accountable for my choices of behavior, actions, and promises. All children need to remain with their group and within eyesight of their teacher.

Caring –To demonstrate a sincere concern for others, for their needs and well-being. It is important to use and care for equipment, toys and games properly so that other children can enjoy them. Children must also care for the property of the YMCA and other facilities we attend. Children are asked not to engage in any horseplay with each other. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences.

Honesty –To tell the truth, to demonstrate reliability and trustworthiness through actions that are in keeping with my stated positions and beliefs. We expect children to tell the truth under all circumstances.

When Respect, Responsibility, Caring and Honesty are not being exhibited:

If an incident occurs where a camper conducts himself/herself in a manner that jeopardizes his or her own safety or others, or is not in accordance with the mission of the YMCA, the steps in the enclosed discipline and guidance policy will be followed.



McGaw YMCA Children's Center Checking Account/Credit Card Draft Agreement

This agreement authorizes the McGaw YMCA to charge your bank account or credit card monthly fees. **A voided check or credit card imprint must be attached to this form.**

Child's Name: _____ Child's Class: _____

Parent/Guardian Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Do you need a monthly receipt with the YMCA's tax ID? Yes No

The McGaw YMCA is a 501(c)(3) charitable organization. Please consider a tax-deductible contribution to support child care for families who cannot afford to pay full price and check the appropriate box below. Contributions will be processed each month at the same time as your tuition.

- \$5/month (supports one class section for a child)
- \$15/month (supports a youth membership)
- \$30/month (supports two youth membership)
- \$50/month (supports membership for a single-parent family)
- Other monthly amount: _____
- One-time donation of: _____

FOR CHECKING ACCOUNT DRAFTS

We cannot accept debit cards for bank drafts. To draft from your checking account, please provide a voided check.

Name on account: _____

Bank Name: _____ Account Number: _____

FOR CREDIT CARD DRAFTS

We accept Mastercard, Visa, and Discover.

Name on card: _____ Visa MasterCard Discover Am Ex

Card Number: _____ Exp. Date: _____

I authorize the McGaw YMCA to debit the balance of my childcare account from the above listed account on or around the 1st or 15th of each month. I understand that bank holidays may delay the draft.

I agree to abide by all policies listed in the parent handbook and on registration forms.

I understand that it is the responsibility of the drafted party to maintain sufficient funds to cover all drafts as well as to inform the McGaw YMCA of any changes in account information. If drafts are refused for any reason, a \$25 fee will be charged and payment by cash or money order must reach the YMCA's registration office with 48 hours of notification. Failure to make this payment will result in a discontinuation of childcare services.

I agree to the terms and conditions of the withdrawal of funds from my checking account or credit card as outlined above. I authorize the McGaw YMCA to draft my checking account or credit card for childcare fees. I understand that this draft will continue until the end of the program or the receipt of my cancellation in writing.

Draftee's Signature: _____ **Date:** _____

For office use only:

Received: Staff: _____ Date: _____ **Input:** Staff: _____ Date: _____ **Updated:** Staff: _____ Date: _____