



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TIME TO EXPLORE



**After School
Program**

**REGISTRATION PACKET
2019-2020**

**SOMERSET ACADEMY
EAGLE CAMPUS**
1429 Broward Road
Jacksonville, FL 32218
DCYD@FCYMCA.org

YMCA OF FLORIDA'S FIRST COAST

FCYMCA.org

After School Program

Registration Overview

REGISTRATION

Enrollment is open to any child attending a school where a YMCA After School program is offered. Each YMCA After School program is licensed for the children attending that school site. **Registration is not complete until the registration packet has been completed and returned along with a \$50 registration fee, per child, and payment for the 1st week of attendance.** Registration fee is waived for participants with a YMCA Family membership.

HOURS

After School: End of school until 6:00pm

* Late pick up fee is \$1 per minute, per child for any child picked up later than 6pm. The fee is due at pickup and must be paid before child may attend Before and After school again.

2018/2019 Duval County After School Rates

Somerset Academy Eagle Campus YMCA After School fees

PM/Care

\$44.00/ weekly

At the Y, we offer financial assistance is available to those who qualify. Please contact your local Y for more information.

Extended programs and services are available on days when school is not in session. Additional fees are required for these services, contact your After School site for more information.

FEE SCHEDULES

Regular fees are based on a five-days-per-week schedule. Any changes in schedule require a written two week notice.

Payment: All payments are due one week in advance. Weekly fees are due the **Monday before the week of care**. Payments made after Monday will be adjusted to include a **\$10 late payment fee**. Payments can be made by check, money order or automatic bank draft. NO CASH, please. **Automatic payments can be scheduled weekly, bi-weekly, or monthly from credit card or bank accounts. Automatic payment is the most effective way to never have a late fee again!**

***At time of initial registration, a weekly fee plus a registration fee of \$50 is due at time of registration. If you register after the program begins, at time of registration you owe a Weekly Fee plus a registration of \$50 plus a payment on Monday. Our payment are due 1 week prior to service week.**

A Healthy Snack based on USDA guidelines is provided for children daily and a Healthy Supper, included in weekly fee. Parents provide a healthy lunch and drink on ½ days. Please, no fast food or candy.

For questions about Daily Activities and Logistics:

- Contact the On Site Program Director for more information on daily activities, bus routes, homework assistance, curriculum, and more. You may contact the Site Director, Maurice Cue at mcue@fcymca.org or 904.302.2356

For questions about registration & payments:

- Contact the After School site locations above during program hours or contact the Youth Development Administrative Office at 904.731.2006 ext. 200 or by email at DCYD@FCYMCA.ORG

Parent's Role

- A parent's role in quality child care is vital:
- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
 - Know the facility's policies and procedures.
 - Communicate directly with caregivers.
 - Visit and observe the facility.
 - Participate in special activities, meetings, and conferences.
 - Talk to your child about their daily experiences in child care.
 - Arrange alternate care for their child when they are sick.
 - Familiarize yourself with the child care standards used to license the child care facility.



More
information
and free
resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on: ____/____/____
License Expires on: ____/____/____
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFRPI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(6), F.S.,



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

- Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:
 - Valid license posted for parents to see.
 - All staff appropriately screened.
 - Maintain appropriate transportation vehicles (if transportation is provided).
 - Provide parents with written disciplinary practices used by the facility.
 - Provide access to the facility during normal hours of operation.
 - Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?
Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

**"The Flu"
A Guide
for Parents**

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only

Participant #: _____
 Date Received: / / By: _____
 Preferred Method of Payment: EFT Online At Site
 Registration Fee: \$ _____ Weekly Fee: \$ _____
 FA ELC/Other No

YMCA AFTER SCHOOL PROGRAM

REGISTRATION FORM | 2019-2020

YMCA of Florida's First Coast | Duval County Youth Development | DCYD@FCYMCA.org

A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend BAS until ALL required forms are completed and on file with the YMCA Site Director at your site.

PROGRAM INFORMATION

ENROLLMENT (START) DATE / / **SCHOOL NAME** _____

CHILD INFORMATION

CHILD'S NAME _____ **NICKNAME** _____ **DATE OF BIRTH** / / _____
GENDER _____ **GRADE** _____ **ETHNICITY (CIRCLE ALL THAT APPLY)** W B A H I OTHER
ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
HOUSEHOLD PHONE _____ **HOUSEHOLD EMAIL** _____

PARENT/GUARDIAN INFORMATION

MOTHER OR LEGAL GUARDIAN NAME

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
EMPLOYER _____ **WORK PHONE** _____
HOME PHONE _____ **CELL PHONE** _____ **EMAIL** _____

FATHER OR LEGAL GUARDIAN NAME

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
EMPLOYER _____ **WORK PHONE** _____
HOME PHONE _____ **CELL PHONE** _____ **EMAIL** _____

WHO HAS LEGAL CUSTODY?

MOM ONLY DAD ONLY BOTH PARENTS OTHER (PLEASE EXPLAIN) _____

WHO IS PERMITTED TO REMOVE THE CHILD?

MOM ONLY DAD ONLY BOTH PARENTS OTHER (PLEASE EXPLAIN) _____

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

ID IS REQUIRED TO PICK UP YOUR CHILD (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ **PHYSICIAN PHONE** _____

PLEASE SIGN ATTACHED WAIVERS



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AFTER SCHOOL PROGRAM

CHILD INFORMATION FORM | 2019-2020

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A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend BAS until ALL required forms are completed and on file with the YMCA Site Director at your site.

MEDICAL INFORMATION

PLEASE INDICATE ANY OF THE FOLLOWING:

- MEDICAL CONDITION/DIAGNOSIS: _____
- CHRONIC ILLNESS: _____
- HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: _____
- PHYSICAL RESTRICTIONS: _____
- ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): _____
- SPECIAL DIETARY RESTRICTIONS: _____
- SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW): YES NO

SPECIAL NEEDS

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERYDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.

PLEASE DESCRIBE YOUR CHILD'S NEEDS:

DOES YOUR CHILD HAVE AN IEP? YES NO

MEDICATIONS

NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____

ADDITIONAL INFORMATION

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

PLEASE SIGN ATTACHED WAIVERS

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

I understand the registration fee must accompany this application and is non-refundable. The registration fee is waived for all participants having a current YMCA Family membership. I understand that one week's tuition is required at the time of registration to secure the participant's enrollment.

I understand that I am responsible for ALL weekly payments, regardless of attendance. There will be no prorated fees for non-attendance. Part-time care is not available. Payment is due on Monday, for the upcoming week, and will be considered late after 6:00pm on Monday. The YMCA may bill any past due accounts and assess a \$10.00 per week late fee. My child may be dropped from the program for continuous non-payment of weekly tuition.

Children must be picked up no later than 6:00pm or a late charge of \$1.00 per minute, per child will be charged and is due at the time the child is picked up or the next morning before returning.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

PRINTED NAME OF CHILD

SITE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

PER DCF REGULATIONS

Only the individual whose signature appears on the original registration form is authorized to make changes to the registration form, including: adding, deleting, or temporarily designating individuals authorized to pick up the child.

DCF Brochure: "Know Your Child Care Facility":

I have received a copy of the DCF brochure "Know Your Child Care Facility" and a copy of the current year's Before and After School Parent Handbook containing the payment policies, discipline practices, and expulsion policy of the YMCA and I agree to abide by the YMCA's policies and procedures.

DCF Brochure: "The Flu" A Guide for Parents – Influenza Virus

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents. Signature below also verifies that the parent received the brochure at the time of enrollment and will be posted at the site during the months of August and September.

PARENT / GUARDIAN SIGNATURE

ENROLLMENT DATE

PLEASE SIGN WAIVER ON BACK OF THIS FORM

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE



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 FOR SOCIAL RESPONSIBILITY

AFTER SCHOOL PROGRAM

AUTHORIZATION FOR SCHOOL YEAR DRAFT | 2019-2020

YMCA of Florida's First Coast | Duval County Youth Development | DCYD@FCYMCA.org

School/Site Location:		
Child(ren) Name(s):		Member ID:
<input type="checkbox"/> Please draft my \$50.00 registration fee now		
Withdrawal Frequency:		
<input type="checkbox"/> Weekly- I request fees for the upcoming week to be collected on (please circle day): Monday Tuesday Wednesday Thursday Friday		
<input type="checkbox"/> Monthly- I request monthly fees to be drafted on (please circle): 1 st of every month 15 th of every month		
Automatic Withdrawal Billing Method:		
<input type="checkbox"/> Draft from a Checking Account (Please attach a voided check)		
<input type="checkbox"/> Use Account On File (Must list last 4 digits of card):	<input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Account
Name on Account:	Bank Routing Number:	Account Number:
<input type="checkbox"/> Draft from a Credit/Debit Card		
<input type="checkbox"/> Use Account On File (Must list last 4 digits of card):	<input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Account
Name on Card:	Address:	Zip Code:
Card Number:	Card Type:	Expiration Date (month/year):
Draft Terms of Agreement		
<ul style="list-style-type: none"> • I understand that authorization is to remain in full force, and if I wish to terminate or change my draft in any way, I must give the YMCA a 30 day written notice. • Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee that my bank may charge. • I hereby authorize the YMCA of Florida's First Coast to initiate weekly or monthly debit entries to my account indicated above. 		
Signature:		Date: / /