



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **School Age Child Care**

## **Before & After School Program 2018-2019**

**Provided by the Cumberland  
Community Unit School  
District and the Neal  
Center YMCA**



# **GUARDIAN HANDBOOK**

**2018-2019 SCHOOL YEAR**

## ***Welcome to the School Age Child Care: Before and After School Program***

The Neal Center YMCA welcomes you and your child(ren) to the School Age Child Care Program. We are looking forward to a great school year and are happy that you picked us to fulfill your Before and After School care needs.

The YMCA and Cumberland School District feel that the School Age Child Care Program is a very valuable service to the guardians of Cumberland Elementary School. The Before and After School Program is not licensed or regulated by DCFS. We are a licensed exempt program that is an extension of the school experience. Firearms are prohibited from school premises.

The School Age Child Care Program will provide your child(ren) with a safe environment, a variety of activities, positive interaction with other children, staff mentorship, and a commitment to providing a quality experience each and every day.

Sincerely,

Kayla Kerner  
Youth Development Director  
[kkerner@mattoonymca.org](mailto:kkerner@mattoonymca.org)  
(217) 234-9494

*Revised July 16, 2018*

# **SCHOOL AGE CHILD CARE GUARDIAN HANDBOOK**

As you continue to read through this handbook, please familiarize yourself with the policies and procedures governing the School Age Child Care Program. As an extension of the school day, all school rules apply to the Before and After School programs as well. If you have any questions or concerns, please feel free to call the Youth Development Director. We are looking forward to serving your school age child.

<b>PROGRAM GOALS</b>
----------------------

The program goals include:

1. Providing quality care for children regardless of socio-economic background.
2. Supporting and strengthening the family unit.
3. Helping children develop to their fullest potential by focusing on:
  - Self-awareness, confidence, and feelings of self-worth.
  - Interpersonal skills and relationships.
  - Values development.
  - Academic achievement.
  - Physical skills.
  - Health and nutrition.
4. To deliver the program in a positive YMCA environment of safety, support, and care.

<b>YMCA Responsibility</b>
----------------------------

The Neal Center YMCA administers the program.

The YMCA is in charge of the program curriculum, evaluation, hiring of staff, and collection of fees.

The YMCA School Age Child Care Program is legally responsible for children ONLY during the time that the child is signed into the program.

\*Following school, students will meet in the cafeteria with Y staff before walking over to the high school to the After School location (Study Hall Room)\*

Your personal information is available ONLY to the YMCA and the School Age Child Care Program staff.

### Program Hours

Before School	6:30 a.m. – 8:00 a.m.
After School	3:00 p.m. – 5:30 p.m.
Early Out Days	12:15/2:20 p.m. – 5:30 p.m. (Same cost as After School)

### Eligibility

Any child enrolled at Cumberland Elementary School is eligible to attend on a first come, first serve basis. The program is held at Cumberland Elementary School.

### DROP OFF & PICK UP

Guardians must sign children in for Before School and out of After School. The YMCA staff will sign all children out in the morning when they begin school and into our program once school excuses in the afternoon.

Drop Off/Pick Up Locations:	6:30–8:00 a.m. Exit 18
	3:00–4:00 p.m. Main entrance
	4:00–5:30 p.m. Exit 18 or Play Ground

The exit doors are kept locked, but staff will let you in.

Only persons authorized in writing by the primary caregiver may pick up. This is for the child's protection. If you would like for someone not listed on the registration form to pick up, you must contact the Youth Development Director at the YMCA and the change will be made to the records. Photo IDs are checked at every pickup, so please have yours ready and available.

In the event that a single guardian has custody and wishes to restrict a parent from removing a child from the program, legal documentation must be provided to the YMCA as to the custody arrangements according to the State of Illinois. If no court documents can be provided, the restricted parent may be allowed to pick up from the program if he/she can provide documentation stating they are a birth parent of the child.

All children must be picked up by 5:30 p.m. LATE FEES ARE CHARGED. A \$1.00 per minute late fee will be charged for each minute a child is picked up late.

**FEEES**

The monthly fee is based on the number of days children are registered to attend. Children may be registered from 1 to 5 days/week. Rates are determined based by the number of days each month. If a month ends mid-week, those days are added to the next month. The cost per day with registration is \$5 per morning and \$8 per afternoon. Fees for those on an "As Needed" or "Drop In" basis are \$7 per morning and \$10 per afternoon.

There will be no refund or credit given for days missed due to illness, vacation, etc. Refunds will be made for weather related school closings only upon request of the guardian to the Youth Development Director. Families enrolled in the program with multiple children are eligible for a 25% deduction per month for each additional child enrolled in the After School segment of the School Age Child Care Program. Families with a guardian who is an employee of the Cumberland School District or are eligible for a 15% discount on all fees.

Fees will be withdrawn from accounts on the first of each month. Extra Charges will appear as a separate charge on your bank account. No fees may be paid at the school sites.

**BEFORE SCHOOL MONTHLY RATES**

Days Per  
Week  
Registered:    1    2    3    4    5

<u>Aug</u>					
<u>Sept</u>	\$20	\$40	\$60	\$80	\$95
<u>Oct</u>	\$20	\$40	\$60	\$80	\$85
<u>Nov</u>	\$25	\$50	\$70	\$90	\$110
<u>Dec</u>	\$15	\$30	\$45	\$55	\$65
<u>Jan</u>	\$20	\$35	\$50	\$65	\$75
<u>Feb</u>	\$20	\$40	\$60	\$80	\$95
<u>March</u>	\$25	\$50	\$75	\$100	\$120
<u>April</u>	\$20	\$40	\$60	\$75	\$85
<u>May</u>	\$20	\$40	\$55	\$70	\$85

**AFTER SCHOOL MONTHLY RATES**

Days Per  
Week  
Registered:    1    2    3    4    5

<u>Aug</u>					
<u>Sept</u>	\$32	\$64	\$96	\$128	\$152
<u>Oct</u>	\$32	\$64	\$96	\$128	\$136
<u>Nov</u>	\$40	\$80	\$112	\$144	\$176
<u>Dec</u>	\$24	\$48	\$72	\$88	\$104
<u>Jan</u>	\$32	\$56	\$80	\$104	\$120
<u>Feb</u>	\$32	\$64	\$96	\$128	\$152
<u>March</u>	\$40	\$80	\$120	\$160	\$192
<u>April</u>	\$32	\$64	\$96	\$120	\$136
<u>May</u>	\$32	\$64	\$88	\$122	\$136

## Financial Assistance

The YMCA uses Child Care Resource and Referral (CCR&R) as the main source of financial assistance for the Before and After School Programs. CCR&R is a state funded agency that helps families pay for the child care services needed to work.

CCR&R works by assigning guardians a monthly copayment. This rate is based on need, income, and family size. Guardians pay the copay and CCR&R covers the remaining balance for the eligible days.

YMCA financial assistance through scholarship may be used for child care in the event that a family is denied assistance through CCR&R. This financial assistance can also apply to membership rates and other programs such as swimming lessons, basketball, soccer, etc. You do not have to be denied assistance through CCR&R to apply for financial assistance for membership and other programs. However, you must show that you have been denied assistance from CCR&R to apply for financial assistance for child care programs through the YMCA.

If you are interested in financial assistance please stop by the YMCA Welcome Desk where both the CCR&R application and the YMCA financial assistance application are available. CCR&R applications should be turned into the YMCA for completion of our portion and to be faxed to CCR&R for quicker response time.

## Tax Information

The YMCA encourages you to keep track of your payments. You may need this information for tax information on child care deductions. Our FEIN # is 37-1122559.

## Leaving the Program

Children may be withdrawn from the program by giving notice at the YMCA. The guardian **MUST** notify the Youth Development Director of this in advance in order for payments to be stopped.

## Early Out Days

Early Out Days will be held at Cumberland Elementary School on preplanned early dismissal days. There is no additional fee for early out days as long as children do not go over their registered days for the week. The fee for these days is the same as a normal After School Program day.

### **Cancellation Due to Weather**

The School Age Child Care Program policy on inclement weather days (i.e. snow days) affecting care will be:

- If school is cancelled, the School Age Child Care Program is cancelled.
- If school begins in the morning but ends early due to weather, the School Age Child Care Program will not be in session for After School. Guardians should make arrangements to have their children picked up or ride the bus home.

### **Daily Activity Schedule**

- Opportunities for homework
- Outdoor activities (Please be sure children are dressed appropriately)
- Snack time
- Group Activities: Games, Sports, and Special Programming or Projects.

### **Breakfast & Snacks**

The YMCA will not be providing breakfast to children enrolled in the Before School Program. They may however enroll in the school's breakfast program.

Children will be provided with an afternoon snack and beverage during the After School portion of the program. Children with special dietary needs should contact the Youth Development Director.

### **Dress Code & Belongings**

The school's dress code applies to the School Age Child Care Program. Hats and headgear will not be worn in the building. Please mark all belongings. Belongings left behind will be placed in the school's "lost and found" unless otherwise communicated by a guardian. The staff and YMCA are not responsible for lost items. Children are NOT allowed to bring toys from home to play with during the program hours.

### **Guardian Involvement**

Involvement of guardians in the program is essential. Guardians must cooperate with all policies and procedures. We welcome you to visit our program at any time.

Guardians are responsible for respecting staff and handling their concerns in a professional manner. Any concerns which you feel need to be further resolved should be referred to Kayla Kerner, Youth Development Director.

## **Emergency Medical Care**

If your child needs emergency medical care the staff will take whatever steps may be necessary. These steps may include, but are not limited to, the following:

- Administer emergency first aid.
- Call an ambulance to transport child to the appropriate medical facility. The fee of this service is the responsibility of the guardian.
- Attempt to contact a guardian or an emergency contact provided.
- If your child is exempt from medical care on the basis of religious grounds, then you must submit to the School Age Child Care Program a written plan by which the services of a practitioner is provided for your child.
- The Staff will complete Accident Reports for all injuries that happen during program hours.
- The Youth Development Director will follow up on injuries, as needed.

## **Medication**

For safety reasons, participants should not keep nor self-administer their medications. If a guardian wishes for medication to be given, he/she must complete a "Permission to Administer Medication" form with exact instructions. The medicine must be in the original bottle and must be dispensed by the staff and documented on the Medication Log.

The only exception to this policy is emergency medications like asthma inhalers, etc. These participants may use their emergency medication as needed, however, a written permission form must be submitted.

## **Insurance Coverage**

The YMCA does not provide insurance in case of an accident. Your child(ren) should be covered under your personal health insurance.



## Discipline

**An effective discipline program should accomplish two major goals: create a safe environment and teach responsible behavior.**

**Consequences for behavior include:**

- **Warnings**
- **Take a break**
- **Staff Contact Guardian**
- **Guardian Communication Form**  
-This is a form that is signed by both the guardian and staff member.
- **Suspension from Program**  
-Based on the discretion of the Director and staff.
- **Permanent Suspension**  
-Child no longer able to attend.

**Refunds and credits are not given for days suspended. The Youth Development Director has the power at any time to permanently suspend a child for the rest of the school year based on continuous behavioral issues.**

## Termination from School Age Child Care Program

**A family's participation in the program may be terminated at any time for the following reasons:**

- **Failure to pay fees for the program.**
- **Any child who, after attempts have been made to meet the child's individual needs, demonstrates the inability to benefit from the type of care offered by the program, or whose presence is detrimental to the group.**
- **Failure by child or guardian to comply with the School Age Child Care Program procedures and policies, or to respect the program staff.**

## Questions

**For further assistance contact Kayla Kerner, the Youth Development Director, at the Mattoon Area Family YMCA.**



**SACC REGISTRATION  
CHILD(REN) INFORMATION SHEET**

**CHILD'S INFORMATION:**

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
  STREET  CITY  STATE  ZIP

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ PROGRAM START DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

LIMITATIONS/CHALLENGES: \_\_\_\_\_

**MEDICATIONS REQUIRED DURING PROGRAM HOURS: YES OR NO**

If yes, Medication Authorization must be completed. One per medication. Follow all medication guidelines in packet.

**CHILD'S INFORMATION:**

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
  STREET  CITY  STATE  ZIP

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ PROGRAM START DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

LIMITATIONS/CHALLENGES: \_\_\_\_\_

**MEDICATIONS REQUIRED DURING PROGRAM HOURS: YES OR NO**

If yes, Medication Authorization must be completed. One per medication. Follow all medication guidelines in packet.

**CHILD'S INFORMATION:**

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
  STREET  CITY  STATE  ZIP

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ PROGRAM START DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

LIMITATIONS/CHALLENGES: \_\_\_\_\_

**MEDICATIONS REQUIRED DURING PROGRAM HOURS: YES OR NO**

If yes, Medication Authorization must be completed. One per medication. Follow all medication guidelines in packet.

**\*All names on this page should be listed as they appear on photo identification.**

**GUARDIAN INFORMATION:**

**Mother/Guardian Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

Authorized to take child from program: Yes  No

**Father/Guardian Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

Authorized to take child from program: Yes  No

**Child resides with:**      Both Parents      Mother      Father      Guardian/Other

If applicable, legal custody of child is retained by: \_\_\_\_\_

**EMERGENCY CONTACTS (TO BE CALLED IF PARENTS/GUARDIANS CANNOT BE REACHED):**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Authorized to take child from program:** Y or N

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Authorized to take child from program:** Y or N

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Authorized to take child from program:** Y or N

**OTHER INDIVIDUALS NOT LISTED PREVIOUSLY WHO ARE AUTHORIZED TO PICK UP CHILD:**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Payment Information**

All payments will be scheduled for the first of each month (the August payment will come out September first with the September payment). Billing is based on registration and not based on days attended.

**Payment Already on File:** If your account or card is already on file, please indicate:

Last 4 digits of Bank Account: \_\_\_\_\_ (or) Last 4 digits of Card \_\_\_\_\_ and Expiration: \_\_\_\_\_

**Bank Account:** For payments from a bank account, please attach a voided check.

**Debit/Credit Card:**

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Address Associated with Card: \_\_\_\_\_

**Pre-Registration:**

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>Before School</b>					
<b>After School</b>					

**\*If you do not pre-register, fees are \$7/before school and \$10/after school.**

Please select if you are: <input type="checkbox"/> Employed by CUSD2/CUSD77 <input type="checkbox"/> Receiving CCR&R Assistance <input type="checkbox"/> Receiving YMCA Assistance <input type="checkbox"/> Employed by the YMCA
--

**PAYMENT AGREEMENT:**

I UNDERSTAND THAT RATES ARE BASED ON THE NUMBER OF DAYS PER MONTH AND THAT THE EARLY OUT DAYS ARE INCLUDED IN THE MONTHLY AFTER SCHOOL FEES. I ALSO UNDERSTAND I WILL NOT BE CREDITED FOR ANY DAYS MY CHILD DOES NOT ATTEND IN WHICH HE/SHE IS ENROLLED.

I UNDERSTAND THAT IF MY CHILD (REN) ATTEND ANY DAYS OTHER THAN THOSE THEY ARE REGISTERED FOR I WILL BE CHARGED AN ADDITIONAL \$10.00/DAY FOR AFTER SCHOOL AND \$7.00/DAY FOR BEFORE SCHOOL. THIS WILL BE DUE ON THE 1<sup>ST</sup> OF THE FOLLOWING MONTH ALONG WITH THE REGULAR MONTHLY FEES. THE EXTRA CHARGES WILL SHOW UP AS ADDITIONAL CHARGE ON YOUR BANK ACCOUNT.

I UNDERSTAND THAT THIS IS A CONTINUOUS ENROLLMENT PLAN AND THAT ENROLLMENT IN THE PROGRAM WILL REMAIN IN EFFECT UNTIL I CONTACT THE SCHOOL AGE CHILD CARE DIRECTOR. I AGREE THAT IF FOR ANY REASON I WISH TO TERMINATE OR CHANGE THE NUMBER OF ENROLLED DAYS FOR MY CHILD, I MUST COME CONTACT THE YOUTH DEVELOPMENT DIRECTOR **BY THE 25<sup>TH</sup> OF THE PREVIOUS MONTH.**

SHOULD MY BANK FOR ANY REASON NOT HONOR ANY PAYMENT BY CHECK, 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 MY BANK MAY CHARGE. I WILL BE DENIED ACCESS TO THE PROGRAM UNTIL PAYMENT IS RECEIVED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE YMCA WITH A 30-DAY WRITTEN NOTICE SHOULD I CHANGE MY FINANCIAL INSTITUTION OR MY MAILING ADDRESS AT ANY TIME. THE YMCA RESERVES THE RIGHT TO CANCEL MY PROGRAM ENROLLMENT DUE TO INSUFFICIENT FUNDS OR A STOP OF PAYMENT.

**PARENT/GUARDIAN PRINTED NAME:** \_\_\_\_\_

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

**CONSENT FORM**

\_\_\_\_\_ This health history is correct to the best of my knowledge. I understand the Neal Center YMCA does not grant medical insurance for participants, therefore, all participants of school age child care program participate at their own risk. The YMCA attempts to conduct all programs in the safest possible manner, however accidents sometimes do occur.

\_\_\_\_\_ I give permission for skin products including but not limited to sunscreen, burn cream and antibiotic ointment to be applied to my child.

\_\_\_\_\_ I have adequate medical insurance for my child (ren) through (please provide the name of the company and Doctor Name) \_\_\_\_\_

\_\_\_\_\_ The undersigned, in my individual capacity as a parent or guardian of the child listed, give consent for the said child to participate in all of the YMCA activities. I understand that if at any time, my child cannot participate in the listed activities, it is my obligation to let the staff know in writing in advance.

\_\_\_\_\_ I have read, understood, and agree to all program policies in the parent handbook, with special attention given to sections regarding Fees, Late Fees, Fee Collections, Behavior Management and Safety/Supervision.

\_\_\_\_\_ I understand that my child will not be released to anyone other than those I have indicated on this form in writing.

\_\_\_\_\_ I understand that it is my responsibility to provide court documentation pertaining to any individuals who may not be in the area or leave with my child as a ruled by the Courts of Illinois. This includes but is not limited to parental custody agreements.

\_\_\_\_\_ I understand that any attempt will be made to contact me in case of sickness, accident or emergency. If I cannot be contacted, in case of emergency, I give permission for my child to be transported (at my cost) to the medical facility and permission to the physician for treatment or tests to the above named child as he/she deems necessary.

\_\_\_\_\_ I give permission to the YMCA staff to provide first aid treatment for minor injuries.

\_\_\_\_\_ I authorize that artwork my child produces at the YMCA may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

\_\_\_\_\_ I give permission to the YMCA to make, reproduce, edit, broadcast or rebroadcast any video, audio recordings and photo reproduction of my child(ren) for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to me.

\_\_\_\_\_ I have read and understood the YMCA's discipline policy and give permission for the staff to enact said policy.

Please list any consent exclusions below. Be aware that many of the above consents are required for participation in the School Age Child Care Program and Dynamite Days Out.

Print Parent/Guardian Name: \_\_\_\_\_

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



## AUTHORIZATION TO ADMINISTER MEDICATION

Must have 1 form per medication per child. Make as many copies as needed.

I give permission to the YMCA Program Staff to administer medication to my child. I understand that the medication must be provided in an original container with my child's name and dosage instruction on the prescription label.

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

Parent's Name: \_\_\_\_\_

### Medication Information:

Name of Medication: \_\_\_\_\_ Amount to be administered: \_\_\_\_\_

Time to Administer: \_\_\_\_\_ Date(s) to Administer: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone # of Physician: \_\_\_\_\_ Name of Pharmacy: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Is there any other information that we should be aware of regarding your child's medicine or medical concerns?

---

---

---

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_