

EMERGENCY EVACUATION/RELOCATION AND TRANSPORTATION INFORMATION (PARENTS KEEP THIS FORM)

Dear Parent/Guardian:

In the event of an emergency situation the YMCA 21stCCLC Afterschool Programs at Bowling Green and Frankford Elementary Schools have outlined below our Emergency Preparedness Plan. Please know that we will make every attempt to notify you so it is vital that you keep your emergency contact information up-to-date. Keep this letter with you so that you will know how to contact us in the event of an emergency.

Notification

-In the event of an emergency/evacuation/relocation, every effort will be made to contact you as soon as the children and staff are safe. If we cannot reach you, we will contact your secondary emergency contact. Children will ONLY be released to you or your alternate emergency contact/s listed during times of emergency.
-Information about the event will be conveyed to you via a SchoolReach call to the numbers that you provided to the YMCA. It is of the utmost importance that you keep your emergency contact information up to date. Please notify us of any phone or address change that you may have when you have that change.

Evacuation/Relocation/Reunification:

-If the emergency requires us to relocate the students and staff you will be notified by a SchoolReach phone call as to the location of the where you and your child(ren) can be reunited. The children and staff will remain at the designated locations while you or your emergency contact is notified of the situation. The reunification location will be disclosed via a SchoolReach call when the emergency authorities have allowed us to reunite you with your child(ren).
-The Bowling Green R-1 Schools will provide the bus transportation if needed for relocation. The reunification location may not be the same place as the evacuation relocation.
-Please sign the attached authorization for emergency care and transportation and return with your registration papers.

Emergency Care

-In the event that a child, or all children are in need of physical exam or emergency care, the child or children will be transported to Pike County Memorial Hospital, located at 2308 Georgia St., Louisiana, MO where they will be examined by a physician and you will be notified

Please rest assured the YMCA staff will remain with and care for the children at all times during an emergency to ensure the children's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Warm Regards,

Denise Ash
Program Director
Bowling Green and Frankford Afterschool Programs

**21stCCLC Emergency Transportation Authorization Form
(to be returned with your child(rens) registration papers)**

Name of child: _____

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, medical treatment is necessary, I authorize the Twin Pike Family Y Bowling Green and or Frankford 21st CCLC Afterschool Program to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

I authorize the Program to use the doctor I designated on my child's registration form and I understand that my child will be transported to Pike County Memorial Hospital for emergency medical treatment. The hospital I designated on my child's registration form will be used if time or condition allows.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that the Bowling Green School District will provide transportation to the designated evacuation locations in the event of an emergency evacuation of the program site.

Parent/Guardian Signature

Date

Twin Pike Family Y Bowling Green and Frankford
21stCCLC Afterschool Program

Date

YOUTH PROGRAMS POLICY FORM

(Please read carefully and sign)

YMCA youth programs standards require that we have documentation that each child's parents understand and accept our policies on the following issues. Please read and sign your name to indicate your understanding of these policies.

- 1. Immunization Records** - For all youth programs the YMCA is required by State Law to have on file a copy of your child's current immunization records with a doctor's signature. The YMCA cannot accept a registration form without the immunization records.
- 2. Discipline Policy** – Parents are required to read and sign the **Behavior Expectations/Discipline Policy** form. Registration will not be processed until both forms are signed.
- 3. Field Trips** – A parent's signature on this form permits the child to leave the YMCA or school building on authorized trips under the supervision of the YMCA staff. Parents may review a written schedule of activities to be conducted off the YMCA premises; it will be posted on a weekly basis in advance of field trips.
- 4. Medical Treatment** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.
- 5. Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in the YMCA programs off-site. **Liability Waiver:** I understand that the Twin Pike Family YMCA assumes no responsibility for injuries or illness which my child(ren) may sustain as a result of his/her physical condition, or resulting from his/her observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself, my child(ren), and my heirs that I assume the risk for any and all injuries and illnesses which may result from my child(ren)s in these activities. I hereby release and discharge the Twin Pike Family YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage that my child(ren) suffer as a result of my participation in these activities. **Property Loss:** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the YMCA or participating in YMCA activities.
- 6. Space Policy** – A parent's signature on this statement permits the child to participate in activities the YMCA conducts outside the facility.
- 7. Payment Policy** – By signing this form, parents indicate that they understand the policies concerning payment, cancellation and refunds. Participants may not register for a new program until outstanding balances due on past programs are paid.
- 8. Photography Waiver** – By signing this form, parents permit the YMCA to use pictures of their child as a program participant in promotional literature, social media, and publications used by the YMCA.
- 9. Cancellation** – **I understand the YMCA requires written notice of a cancellation two weeks prior to the last day of expected attendance in order to receive a refund for unused days for all youth programs.**
- 10. Refunds** – I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to unscheduled school closings such as inclement weather. All refunds or programs credits are issued on a pro-rated basis. Refunds are issued at the end of each month. Program payment is not transferable from one participant to another, from one YMCA program to another or from one YMCA branch to another.
- 11. Late Fee** – If registration is past the deadline a \$10.00 late fee will apply and acceptance into the program will be subject to availability.
- 12. Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of Twin Pike Family YMCA, if there is a situation in which a child is exposed to a body fluid or broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the child that was exposed. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statements and specifically authorize the Twin Pike Family YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

I have read and understand the twelve (12) policies stated above.

Parent/Legal Guardian Signature: _____ **Date:** _____

Child's Name _____

Campus/Program _____

**TWIN PIKE FAMILY YMCA
BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY FORM**

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment.
2. Ridiculing, threatening, using an inappropriate loud voice.
3. Leaving children unsupervised.
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and him/(her)self.
4. Maintain a positive attitude.
5. Stay in program areas -- running away is not acceptable.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of YMCA, or school property or property of others.
5. Sexual misconduct.
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
7. Running away.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the Site Coordinator and/or Program Director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the Site Coordinator and/or Program Director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child, parent(s)/guardian and the Site Coordinator and/or Program Director. The behavior contract will include days of suspension and conditions for return to the Afterschool Program. (See Handbook, Discipline Policy)

I have read, understand and agree with the Behavior Expectations and Discipline Policy as stated in this document and I have discussed the expectations of behavior with my child(ren).

Child's Name _____ Campus/Program _____

Parent/Legal Guardian Signature

SPECIAL CIRCUMSTANCES

Parents or guardians are *required* to inform the YMCA in writing, prior to a child’s acceptance in a YMCA program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the site coordinator and/or program director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that (i) it is responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA’s evaluation of the child’s/ward’s ability to participate and the YMCA’s consideration of any requested accommodation.

Parent/Legal Guardian Signature

Date

I have read, understand and agree with the policies as stated in this document and the Parent Orientation Handbook. I also give my permission to the Y 21st CCLC Afterschool Program for examination of my child(ren)’s school records.

Parent/Legal Guardian Signature

Date

Child’s Name _____

_____ Campus/Program _____