

DOES YOUR CHILD HAVE A FOOD ALLERGY?

If YES – The FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN needs to be completed by your child's DOCTOR preferably before registration.

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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SAN ANGELO

2025 SUMMER DAY CAMP

MUST BE DROPPED OFF BY 9:30 AM

IMPORTANT DATES:

Summer Day Camp Date:

May 29 - August 1, 2025

Camp Closures:

July 4, 2025

Extended Summer Camp Dates:

August 4 - 8, 2025

MUST HAVE PREREGISTERED AT THE TIME OF
REGISTRATION. NON-REFUNDABLE

SAISD Start Date:

August 14, 2025

FIELD TRIP COST:

Movies - \$7.00 per child

Bowling - \$2.00 per child

Abilene Zoo - \$10.00 (GOLIAD GREEN GROUP)

REMIND TEXTING:

We'll use Remind for program updates.

Please don't block or stop messages.

MEALS:

GLENMORE (ENTERING 1ST - 3RD GRADE):

- Starting in July, the location will be moved to Y.
- Breakfast & Lunch Provided

GOLIAD (4TH GRADE - ENTERING 6TH GRADE):

- All Summer
- Breakfast & Lunch Provided

DAY HEADSTART (3 YEARS - ENTERING KINDER):

- Must Bring Own Lunch, morning and afternoon snacks are provided all summer

MORNING SNACK CUT OFF

AT 8:30 AM

SHIRTS:

Program participants must wear their YMCA shirt during camp. If a child arrives without the YMCA shirt, the Y will provide a Y jersey for \$5.00, which must be returned at the time of release from the program.

REMINDERS:

SIGN OUT:

- Individuals must be listed on the Authorized Pick-Up list
- Must provide a government-issued ID

Refusal to provide a government-issued ID will result in suspension/termination from the program.

PAYMENTS:

- Payments are due by drop off on Monday morning for the current week of care.
- Please ensure that the account remains in good standing. Otherwise, the child/ren won't be able to attend the program until any outstanding balances are paid off.
- Payments can be made over the phone, at the Y's Welcome Center, online, or at camp on Fridays (with check or money order)
- **Service Fee will be applied to all payments made by credit card & ACH Draft.**

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:		Director's Name: Dustin Estes	
Child's Full Name:		Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

☐ I give consent for my child to participate in field trips. ☐ I do not give consent for my child to participate in field trips.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday	7:00	6:00
Tuesday	7:00	6:00
Wednesday	7:00	6:00
Thursday	7:00	6:00
Friday	7:00	6:00
Saturday	N/A	N/A
Sunday	N/A	N/A

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian _____

Date Signed _____

9. School Age Children

My child attends the following school:

School Area Code and Phone No.: _____

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

N/A

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian _____

Date Signed _____

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

N/A

N/A

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right	N/A	N/A	N/A	<input type="radio"/> Pass <input type="radio"/> Fail
Left	N/A	N/A	N/A	<input type="radio"/> Pass <input type="radio"/> Fail

N/A

N/A

Signature

Date Signed

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

N/A

N/A

Signature — Health Care Professional

Date Signed

N/A

N/A

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	N/A
	1–2 months (second dose)	N/A
	6–18 months (third dose)	N/A
Rotavirus	2 months (first dose)	N/A
	4 months (second dose)	N/A
	6 months (third dose)	N/A
Diphtheria, Tetanus, Pertussis	2 months (first dose)	N/A
	4 months (second dose)	N/A
	6 months (third dose)	N/A
	15–18 months (fourth dose)	N/A
	4–6 years (fifth dose)	N/A
Haemophilus Influenza Type B	2 months (first dose)	N/A
	4 months (second dose)	N/A
	6 months (third dose)	N/A
	12–15 months (fourth dose)	N/A
Pneumococcal	2 months (first dose)	N/A
	4 months (second dose)	N/A
	6 months (third dose)	N/A
	12–15 months (fourth dose)	N/A
Inactivated Poliovirus	2 months (first dose)	N/A
	4 months (second dose)	N/A
	6–18 months (third dose)	N/A
	4–6 years (fourth dose)	N/A
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	N/A
Measles, Mumps, Rubella	12–15 months (first dose)	N/A
	4–6 years (second dose)	N/A
Varicella	12–15 months (first dose)	N/A
	4–6 years (second dose)	N/A
Hepatitis A	12–23 months (first dose)	N/A
	The second dose should be given six to 18 months after the first dose.	N/A

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

N/A

Signature

N/A

Date Signed

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

☐ Positive ☐ Negative Date: N/A

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Dustin Estes

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

N/A

Signature

N/A

Date Signed

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SAN ANGELO CHILDCARE BANK DRAFT

Account Holder Information

Name: _____

Address: _____ City: _____ Zip: _____

Child Information

Child/Children's Name(s) & DOB: _____

DRAFT DETAILS

- Draft Frequency: Weekly on Friday
- Draft Amount: \$_____ per week
- Draft Start Date: _____

Debit/Credit Card Authorization (Optional)

Card Type: _____

Cardholder Name: _____

(MUST MATCH ID)

Card Number: _____

Expiration Date (mm/yyyy): _____

CSV: _____

Service Fee Disclosure: A 3% service fee will be added to the total payment amount for credit cards..

Bank Draft (Optional)

Account Type: _____

Routing Number: _____

Account Number: _____

Proof of routing number and account number is required.

Service Fee Disclosure: A \$0.43 service fee will be added to each bank draft.

ACKNOWLEDGMENTS AND CONSENT

1. Disclosure of Terms: I understand and agree that this draft represents a recurring payment that will be deducted automatically according to the frequency and amount specified above.
2. Service Fee Disclosure:
 - a. A \$0.43 service fee will be added to each bank draft.
 - b. If using a credit card, a 3% service fee of the total payment will be added.
3. Late Fees and Additional Charges: I acknowledge that any late pick-up fees or payment penalties will be added to the next scheduled draft.
 - a. Returned Drafts: If my account incurs three returned drafts, I will no longer be eligible for automatic payments. I understand that future payments will need to be made in advance using cash or money order.
4. Cancellation Policy:
 - a. If I need to withdraw my child or cancel the registration, a 24-hour written or email cancellation is required. Cancellation requests can be emailed to the Childcare Accounts Coordinator, Arlene Pagan, at apagan@ymcasanangelo.org. Emails must be received Monday through Friday to qualify for the 24-hour cancellation policy.
5. Retention of Records: The YMCA will maintain records of this agreement for at least three years in compliance with FTC requirements.
6. Consent: By signing below, I authorize the YMCA of San Angelo to draft my account as outlined above. I confirm that I have reviewed and understand all terms and conditions, including applicable service fees.

Account Holder Authorization

Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
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DEMOGRAPHICS

2025 SUMMER DAY CAMP

HELP US SUPPORT OUR COMMUNITY!

This section is optional, but completing it helps us secure funding to improve resources and programs for our families. Your response is confidential and separate from your child's enrollment form. Not filling it out won't affect your child's participation, but your input can make a big difference!

CHILD INFORMATION:		
Gender:	Age:	How many years has your child attended our Summer Day Camp program:
What school does your child attend?	What is your child grade for 2025 - 2026 school year?	Does your child receive free/reduced lunch at school?
RACE:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	
ETHNICITY:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other ethnicity (please specify): _____ <input type="checkbox"/> Prefer not to answer	

PARENT/GUARDIAN 1:		
Gender:	Age:	What is the highest education level completed:
RACE:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	
ETHNICITY:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other ethnicity (please specify): _____ <input type="checkbox"/> Prefer not to answer	

PARENT/GUARDIAN 2:		
Gender:	Age:	What is the highest education level completed:
RACE:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	
ETHNICITY:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other ethnicity (please specify): _____ <input type="checkbox"/> Prefer not to answer	



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) _____ _____ (____) ____-____

2) _____ _____ (____) ____-____

3) _____ _____ (____) ____-____

4) _____ _____ (____) ____-____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____

Print name: _____

Date: _____

Address: _____

Phone Number: _____

City: _____

State: _____

Zip Code: _____

Last four digits of Social Security Number: _ * _ * - _ * _ - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

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 the participant for free or reduced price meals. You must include the last four digits of 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) eligibility number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
(2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp Parent/Participant Handbook

**San Angelo YMCA
Summer 2025**



353 S. Randolph St.
San Angelo, TX
www.ymcasanangelo.org

Most recent update: February 2024
This version replaces all previous versions of the handbook.

About This Handbook

This handbook was developed to describe the policies, programs, and benefits available to participant's parents. It is important to read, understand, and comply with all provisions of the handbook.

This handbook supersedes and replaces all previously existing policies, handbooks, manuals, guidelines, correspondence, rules and oral or written representations previously given or advised by the Y. Participants parents are required, as a condition of their child's participation, to read this Summer Day Camp Handbook and sign the Acknowledgement Form provided to them in the enrollment form. Y management will interpret and amend these guidelines as necessary and communicate changes accordingly.

Mission Statement

The mission of the San Angelo Y is to serve the people in the San Angelo community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind and body through its programs, staff, facilities and the community.

Our Commitment Is to Social Good

The San Angelo Y is an independent 501(c)(3) tax-exempt organization under the IRS code, which means that donations to the Y are tax deductible. It is the goal of the Y to provide programs and services regardless of an individual's or family's financial ability to pay for participation. Every day, the Y brings together people of all ages and from all walks of life with a shared commitment to ensuring that everyone has the opportunity to live life to its fullest.

Handbook Review and Update Process

This handbook will be reviewed annually and updated as needed. Parents will be notified when changes are made and will be required to sign a new handbook/addendum agreement reflecting the changes.

Purpose of the Summer Day Camp Program

The purpose of the program is to provide safe, affordable care to families in our community. We strive to integrate the core values of the YMCA into the program: Honesty, Caring, Respect, and Responsibility. Additionally, we have a responsibility to provide activities and programs components that encourage healthy lifestyle for the children in our care.

The following components have been implemented into the program to create impactful experiences for our camp participants, healthy breakfast, healthy lunch, healthy snacks, educational support activities, and special events.

Program goals

The goal of the program is to create an environment where the children can develop a sense of belonging, achievement and build relationships.

Philosophy

The YMCA strives to maintain a positive approach to managing children's behavior at all times. The YMCA uses positive discipline as the process of teaching how to become responsible, respectful and resourceful members of our community.

Program staff

Staff are a crucial component to the success of our program. The Y values the partnership between program directors and Parents/guardians, and strive to ensure open communication.

Youth Service Director	Dustin Estes
Afterschool and Day Camp Director	Gabriela Angel
Afterschool and Day Camp Director	Naila Caraballo
Childcare Accounts Manager	Arlene Pagan

The San Angelo YMCA maintains the standards set forth in the Minimum Standards for Child-Care Centers. You may review the child-care minimum standards and the most recent Licensing inspection report at your child's site or at the YMCA. You may contact the local licensing agency by calling 325-657-7406, the Protective and Regulatory Services child-abuse hotline at 1-800-252-5400, and the Protective and Regulatory Services website at www.tdprs.state.tx.us/. Each location is inspected, at a minimum, annually by a licensing representative. Our licensing representative ensures our program is in compliance with the minimum standards.

The quality and effectiveness of YMCA services for children are directly related to the skills and personal characteristics of the staff. Recruiting, selecting, training and supporting the staff are essential, interrelated processes in ensuring the success and integrity of children's programs. The leaders are required to have knowledge of child and youth milestones, knowledge of recreation activities, demonstrate the character values, and must possess positive role-model qualities in order to serve as a caregiver for the children.

Staff members are selected for having personality characteristics such as warming, sympathetic, and the ability to relate positively with children, which correlates with the YMCA's 4 core values, caring, honest, respect and responsibility.

Employees are screened, background checks are conducted upon hiring, and employee members who have contact with children receive training in recognizing, reporting, and preventing child abuse. Some of the guidelines for employees are as follows:

- At no time during a Y program may an employee person be alone with a single child where he or she cannot be observed by others. Employees should position themselves in such a way that other staff can see them.
- A child may not be left unsupervised.
- Employees shall not abuse or mistreat children in any way, including
 - physical abuse-striking, spanking, shaking, slapping, etc.
 - verbal abuse-humiliating, degrading, threatening, etc.
 - sexual abuse-touching or speaking inappropriately
 - mental abuse-shaming, withholding kindness, being cruel, etc.
 - neglect-withholding food, water, restroom access, or basic care.
- Employees members may not transport children in their own vehicles.

- Profanity, inappropriate jokes, displays of intimate affection, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other employee is prohibited.
- Outside of the Y, employee members may not be alone with children whom they meet in Y programs. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Not following the policy will be grounds for termination of employee and participant.
- Employees may not single out children for favored attention and may not give gifts to youth or their parents.
- Program rules and boundaries must be followed, including appropriate touch guidelines. Children may be informed, in an age-appropriate manner, of their right to set their own "touching" limits for personal safety.
- Children may not be disciplined by use of physical punishment, such as running laps, push-ups, etc. Additionally, employees may not withhold the necessities of care, including food, water, rest and access to restroom facilities.
- Group based consequences may not be used as a result of individual youth's behaviors.
- Food may not be used as an incentive or consequence for behaviors.
- Employees may not date program participants who are under the age of 18.
- Under no circumstances should staff members release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (authorization on file with the Y).
- Staff members are to report anyone who violates any of these child abuse rules to their supervisor or next level of supervision.
- Staff members are required to read and sign all policies related to identifying, documenting, and reporting child abuse and to attend trainings on the subject, as instructed by management.
- Staff members are required to fully cooperate with any investigation by the Y, any law enforcement agency or any other authorized outside agency. Failure to do so is considered misconduct and will result in termination.
- Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff members will stand in the doorway of the rest room while children are using the rest room. This policy allows privacy for the children and protection for the staff members (i.e., not being alone with a child). If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Always send children in threes (known as the rule of three) and, whenever possible, with staff.
- No staff member will ever strike, swear at, abuse, or threaten with physical intimidation either a child or a parent/guardian.
- No staff member will allow a child to be stricken, sworn at, abused, or physically intimidated by anyone else in the program.
- No child will be allowed to continue in the program that becomes a safety hazard to him/her or others.
- The YMCA has a ZERO BULLYING policy and will take swift action if a staff has been made aware of any child participating in bullying acts.
- No staff members will ever solicit or accept gratuities in consideration for any treatment of a child.

Program Admission Criteria

Ages 3-5: Children must be 3 years of age on or before the first day of camp. **Children attending the program must be fully toilet trained and able to manage their own self-care; we do understand that accidents occur occasionally and children must be assisted. If a child does not have extra clothing the parent must be at the site within 30 minutes of program staff, contact call/request of extra clothes.**

Preschool/head start children enrolled in the summer day camp program will require to bring a blanket and pillow to camp every Monday. The items will remain at the location and will be sent home with the child every Friday.

School Age: Children must be 5 -12 years of age and enrolled in elementary school to be accepted.

Parents/guardians must complete, in its entirety, the San Angelo YMCA summer day camp program enrollment form at time of enrollment and prior to the first day of participation in the child care program. A \$25 registration fee, a weekly \$15 deposit for each week that child will be enrolled and the first installment payment is due at time of enrollment.

Program Fees

YMCA Members	\$120 per week	\$25 for 4 t-shirts (non-refundable)
Non-YMCA Members	\$140 per week	\$5 daily rental of a jersey

Registration Fee: \$25 per child (Non-refundable, **NO EXCEPTIONS**)

Weekly Deposit: A weekly \$15 deposit for each week that the child will be enrolled in camp is required at the time of registration. Deposits are applied to the weekly fees, and **deposits are non-refundable**. Scholarships apply to the deposit. CCS families do not pay a deposit.

Weekly Fees: Weekly fees are due every Friday for the upcoming week, minus the \$15 weekly deposit. Additionally, if a day of camp is out for holidays, the week will be pro-rated.

Late Payments: Payments must be made by 9:00 AM Monday morning for the current week of care before drop off. Spot will only be reserved by making payment and keeping account current. **NO EXCEPTIONS**

Accounts must be maintained current: Children will not be allowed to attend the program on Monday morning after 9:00 am and thereafter, until the account is current and paid in full. Payments must be kept current. Accounts with one week past due will result in participant being unable to attend program or rest of the summer program.

For example, if your child is going to be attending the week of June 16-20 Monday thru Friday, your payment must be made on or before 9:00 AM Monday June 16 in order for child to be allowed to attend the program for the current week.

Payment Method Options

We offer multiple payment method options for parent's convenience.

In-Person: Payments are accepted at the Downtown YMCA Welcome Center during normal YMCA operation hours. Cash, check, or debit/credit card payments are accepted.

Payments by check/money order are accepted at all Day Camp sites on Fridays only. No cash payments are accepted at the sites.

Phone: Phone payments are accepted at the YMCA Welcome Center during normal operation hours. Debit/credit card payments are accepted.

Flex Fee: A fee assessed on all credit card and ACH transactions. This fee applies to both one-time payments and scheduled payments. It does not apply to payments made by check, cash, or debit card.

Flex Fee Details:

- **Credit Card Transactions:** A fee of 3% of the transaction total.
- **ACH Transactions:** A flat fee of \$0.48 per transaction.

Online: Payments may be done online through our website ymcasanangelo.org. Instructions are available at the Welcome Center.

Bank draft/auto draft: Weekly payments due every Friday may be set up to auto draft from a checking account. A complete bank draft form must be filled out at time of enrollment, a copy of a voided check must be attached to form. A 7-10 day advance notice must be turned in to cancel a checking account automatic draft.

Returned Bank Draft: If the account incurs three returned automatic/draft payments, the account will not be eligible for automatic/draft payments. Future payments will need to be made one week in advance using cash or a money order.

Failure to make payments by 9:00 am on Monday morning before drop off will result in participant being unable to attend the Summer Day Camp program.

Program Assistance

The San Angelo YMCA is committed to serving families, and offers a scholarship assistance program to families who qualify. Awards are determined based on the total income and number of dependents in the home.

Families requesting assistance must apply 7-10 business days in advance to enrollment and payment due date. To ensure the quickest response time applicant must provide current income verification and other supporting documentation along with complete scholarship/program assistance application. The child care program reserves scholarships/program assistance for families with parents/guardians who are working or going to school. Scholarships awarded for the summer day camp program will be honored for the upcoming current school year. All scholarships/program assistance approvals are honored for 1 year from date of approval.

Respiratory Viruses

To help lower the risk and reduce the spread of respiratory viruses during the summer day program, YMCA staff will clean and disinfect frequently touched surfaces daily. YMCA child care program will follow CDC and Minimum Standards for Child-Care Centers for illness guidelines. (see CDC website for guidelines)

Day Camp Daily Schedule

Program hours are 7:00 a.m. until 6:00 p.m. Monday-Friday. The cut off time for drop off will be at 9:30 am. The cut off time is necessary for food program planning. We understand that late drop-off's may be required due to medical appointments, etc. A note is required upon drop-off. An example of a typical day in camp can be seen below. Schedules vary with planned activities.

- | | |
|----------------------------|--|
| • 7:00a.m. – 7:30 a.m. | Drop Off Arrival Continued Programming |
| • 7:30 a.m. – 8:30 am | Morning Snack |
| • 8:30 am -- 11:00 a.m. | Activity Rotations |
| • 11:00 a.m. -- 12:00 p.m. | Lunch |
| • 12:30 p.m. – 2:30 p.m. | Nap Time * Preschool and Head Start * |
| • 12:00 p.m. – 3:30 pm | Activity Rotations |
| • 3:30 pm – 4:30 pm | Afternoon Snack |
| • 4:30 p.m. – 5:00 p.m. | Last Activity Rotation |
| • 5:00 p.m. – 6:00 p.m. | Pick –up/ Continued Programming |

Cancellation Policy

If you need to withdraw your child or cancel registration, a two weeks written cancelation is required, and can be emailed to Childcare Accounts Coordinator Arlene Pagan at apagan@ymcasanangelo.org. Email must be received Monday through Friday to qualify for the 3-day written cancellation policy.

CCS Cancellation Policy

CCS parents must follow the CCS program cancellation policy (refer to the CCS policy book). Written notification of cancellation must be given to the childcare account coordinator and the CCS caseworker. Notification given to program staff or Welcome Center staff does not fulfill the notification obligation.

Refund Policy

The Y does not issue refunds or credits for scheduled days the Summer Day camp program cannot operate due to unforeseen environmental, inclement weather, or other situational emergency circumstances. **There are no refunds or credits for days or weeks missed due to illness, illness related to COVID-19, disciplinary action or any other circumstance.** Weekly \$15 Deposits are nonrefundable and nontransferable; these deposits are made to secure the child's place in the summer day camp. Withdrawing/cancelling a week of enrollment before and in the duration of the program will forfeit your weekly deposit.

Holiday Schedules

The Child Care Program does not operate on the following days:
July 4th.

Bad Weather/Emergency Closure

If the summer day camp program site must evacuate due to an emergency, staff will lead children to the places listed on the posted, "Emergency Care and Disaster Plan." The alternate location for a toxic fume evacuation is the Judge Edd B. Keyes Building, 113 W Beauregard Ave San Angelo, TX.

Absentee Policy

If your child is going to be absent, it is **VERY IMPORTANT** that you call the YMCA before 9:00 a.m., the day of the absence. If the childcare accounts department is not available, you may leave a message for your convenience. CCS parents must follow the program absentee policy and notify CCS caseworker of absences, you risk losing CCS services if you fail to notify the caseworker. Notification given to program staff or Welcome Center staff does not fulfill the notification obligation.

Release of Children

Parents and authorized persons are expected to be prepared to show identification. Child will not be released to anyone without proper identification/ authorization. Child will not be released to anyone other than a parent/guardian or a person designated as an authorized pick up in writing by the parent/guardian. If someone other than those persons authorized on the registration form is to pick up a child, parent/guardian must notify the site director and provide proper identification such as ID#. The staff is required to ask for identification to verify with the authorization pickup list; staff will record a driver's license number if necessary. Primary parents/guardian have the option to have a copy of photo ID to be attached to child's enrollment form.

Refusal to show identification is grounds for suspension/termination from the program.

Custody Issues

The San Angelo YMCA child care program will follow any court order provided to us regarding child custody and release. A copy of the order in place must be provided at time of enrollment or before 1st day of camp. For further explanation or information in regards child custody concerns or procedures please contact Youth Service Director, Dustin Estes at 325-617-4990.

For any restricted legal guardians (parents), orders must be in place by court and provided to the YMCA. A copy will be attached to the enrollment form and filed with the Youth Service Director. Be advised that without a legal document of custody, we cannot deny the other parent's pick up rights. Parents / guardians are responsible for notifying Youth Service Director of any changes.

Sign-out Procedures

Children must be signed out by a parent/guardian/authorized person on registration form and must provide government issued identification to program staff. Program staff will be available to welcome and sign in child and for pick up at the pick-up table. Upon the arrival of children, staff members will promptly record attendance to ensure all program participants are accounted for.

**** Changes to personal information must be done in-person, at your child's program site. This includes changes to contact information, authorized pick-up's, and more. See the program's Site Director for these changes. ****

Late Pick Up

YMCA licensed child care ends at 6:00 p.m. However, please notify the program director if you anticipate being late; This will reassure your child that you are on your way.

**Late pickup fee charges per child are as follows:
6:01pm and thereafter a \$1.00 fee per minute**

Parents/guardians who do not answer the courtesy call can expect the following sequence of events to occur.

Late pick up fees must be paid by upcoming Friday. Failure to pay late fees may result in additional fees or dismissal from the program

- 5:50 p.m. Courtesy call will be made to the parents.
- 6:00 p.m. Program closes, and staff member calls Childcare Director in charge.
- 6:05 p.m. Program staff in charge begins calling parent/guardian personal and work number(s) to make contact. If contact is not made, emergency contact listed on the enrollment form will be called.
- 6:30 p.m. Program staff in charge contacts local authorities to determine if any problem related to the parent/guardian has been reported.
- 7:00 p.m. Parents should contact the YMCA at 655-9106 for location of child. If the Y has not been contacted by the parent, guardian, authorized pick-up, or emergency contact by 7:00 p.m., CPS will be contacted and the child may be turned over to the Tom Green County Sheriff's Department (or local Police).

You risk suspension/dismissal from the program if:

- You fail to pay the late pick-up fee.
- You are late in picking up your child(ren) three (3) times from the program.

Notice to Parents/Guardians

When you sign out your child each day, please check for any up-to-date information or notices at the parent/guardian information area. Please check any posters and brochures for other information pertaining to YMCA activities.

Remind Texting System

Remind registration is a requirement of program participation. Primary parent/guardian listed on the enrollment form will be required to register for REMIND texting system at time of enrollment. The primary parent will then receive text messages with information about the summer childcare program, account information, and marketing (Do not block or delete REMIND text system). It is the parent's responsibility to call and update the childcare accounts manager when a phone number is changed. Do not block telephone numbers provide to summer childcare program. It is the parent/guardian responsibility to call and update information if wanting to add another parent/guardian Remind, contact Arlene Pagan, Childcare Accounts Manager at 325-655-9106

Media Release

The YMCA of San Angelo frequently utilizes images, video, and film footage for promotional purposes for use by the YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and third parties collaborating with the YMCA of San Angelo. The YMCA of San Angelo will create, reproduce, edit, broadcast, or rebroadcast any video, film, footage, soundtrack recordings, and photographic reproductions depicting children and/or their narrative experiences at the YMCA of San Angelo, for publication, display, or exhibition in promotional materials, advertising, and other legitimate business uses, without any compensation or claim. No child/children may or will not be identified in such reproductions, they will not be named as endorsing any specific commercial products or services.

Illness Before/ During Program Hours

If a child has a temperature of 100 degrees/101 degrees' oral temperature, is vomiting, or shows signs of illness, s/he may not attend the summer day camp program. Any child who is showing symptoms of COVID-19 may not attend the program and must follow CDC guidelines.

If your child becomes ill during program hours, s/he will be isolated from other children and you will be contacted to pick him/her up. If parent/legal guardian cannot be reached, the YMCA will contact the emergency contact.

If your child is injured during program hours, the staff member in charge will take the proper steps deemed necessary to obtain emergency medical care as warranted. These steps may include but are not limited to:

- Providing immediate first aid or CPR;
- Attempting to contact a parent or guardian;
- Attempting to contact others listed on your registration forms;
- In case of serious injury, contacting appropriate emergency medical assistance;
- Ensure supervision of other children in the group.

In the event of any head injury, Y staff are required to contact parents, should a child become unconscious, 911 will be contacted immediately, followed by a call to the child's parents.

Medication Taken During the Program

Any medication which needs to be administered during program hours must:

- Be accompanied by a complete medication authorization form and must be signed by the parent with clear written instructions regarding dosage and time that medication is to be given (forms are available from Site Director).;
- Be brought directly to the Site Director in its original container with the child's full name, physician's name, expiration date, and drug name on the container; medication will not be accepted without the original packaging and prescription label; and
- Have specific written instruction for amounts, times, etc.

Additional rules:

- Staff will only administer medication as indicated on the label instructions.
- No over-the-counter medication, including aspirin, cough medicine, etc. will be given without a doctor's order.
- Staff cannot split pills or administer amounts other than specified on bottle.

- Staff cannot administer expired medications.

It is the parent's responsibility to ensure the site has an adequate supply of medication on hand for the child. The parent must request any unused medication be returned on the child's last day of program. Medication not picked up will be discarded/destroyed.

Immunization Requirements/Hearing and Vision Screening Requirements

Immunization records must be current and on file at the school the child attends. Children must also have a vision and hearing screening on file at the child's school. If current immunization record is not on file with SAISD, a copy of current immunization record/exemption affidavit must be provided to the program director before child can attend camp.

Lice Protocol

Children identified with live lice/nits will be sent home and not participate in the summer day camp program until treatment is completed by the parents or guardians. Children who are sent home for head lice infestation must be free of live lice and all nits must be removed from the hair before the student may return to the summer day camp program. Upon a student's return to the program, the student shall be re-examined. If live lice/nits are found, the student will be sent home. The previous procedure will be followed until the student is free of live lice and all nits.

Parent may contact their child's physician for treatment options or purchase a FDA approved, over-the-counter lice/nit treatment product. It is important that a lice comb is used to remove the nits and dead lice. Retreatment is recommended in 7-10 days.

Meals and Food Practices

The summer day camp program for school age participant will provide a morning snack, lunch, and an afternoon snack for the month of June. The Summer Day Camp program for school age participants will provide a morning snack and afternoon snack for the months of July and August, parents will be required to provide a sack lunch during the months of July and August. The summer day camp program for Headstart age participants, parents will be required to provide a sack lunch. Children will not have access to a microwave or refrigerator during these times. The meal menu is posted in the white notebook and accessible to parents at all times. After-school and day camp program follow nutritional guidelines set by the Federal Child and Adult Care Food Program.

Parents are welcome to supplement or provide alternate meals for their child.

The above statement subject to change based on SAISD Summer Food Program being available.

Food Allergies: A Food Allergy Plan of Action Form signed by a doctor or physician must be provided prior to the child beginning camp.

Attire/Dress Code

Clothing should be clean, neat, and comfortable. Children will be required to wear a YMCA t-shirt (purchased at time of enrollment). The t-shirt will identify the child by color group he/she is enrolled in, it will provide the YMCA program contact information. If a child is not wearing a YMCA shirt, a YMCA jersey will be provided at a fee of \$5.00 a day and YMCA jersey will be returned at the time of child's release from program. The following guidelines must be observed while attending the YMCA summer day camp:

- Students must wear their YMCA summer day camp t-shirt upon arriving to the camp location.
- Hats may be worn for outside activities. Baseball caps are permitted; however, they do not provide adequate protection for head, neck, and ears. A wide brimmed hat would offer better protection from the sun's rays.
- No oversized clothing. This will include shorts and shirts. Shorts should fit properly in length and at the waist. Sagging is not allowed.
- Shorts may be worn, but a desired degree of modesty must be maintained. Shorts must not be shorter in length than the child's extended fingertips.
- Vulgar, suggestive, profane, or violence-oriented slogans or pictures on clothing or personal items will not be permitted.
- Clothing or personal items that promotes products or activities inappropriate for children such as alcohol or tobacco-related advertisements may not be worn.
- Shoes must be worn with socks and be comfortable for walking as well as athletic activity. Sports sandals are acceptable as long as they securely fasten to the child's feet. **Flip Flops are NOT acceptable**, unless during swim time. You may pack flip flops in your child's swim bag for them to wear to the pool.
- All swim attire must properly fit the child. Swim attire including towels that promote products or activities inappropriate for children such as alcohol or tobacco-related advertisements are not permitted.
- We strongly advise that parents properly label all of the child's possessions, including lunch boxes, towels, goggles, back packs, water bottles, etc.

The director shall determine if any item, not covered by this dress code, is disruptive to the environment or creates a safety concern. It shall be addressed on an individual basis

Lost and Found

Please mark all your child's belongings (e.g., lunch boxes, jackets, coats, backpacks, etc.)

Electronics and toys are not allowed to be brought to program only on specified days designated by program staff on the activity schedule. Please do not allow your child to bring these items on non-designated days. The YMCA will not be responsible for lost, damaged, or stolen articles. Please do not send valuables.

USE OF A PERSONAL CELL PHONES DURING THE PROGRAM IS NOT ALLOWED. We understand the importance of children having a phone to communicate to parents, while in the summer day camp program hours, parent may contact the site phone number to check on child. Failure to comply with no cell phone policy could result in suspension/termination from the program.

Transportation

During the summer day camp program children may be bused from various locations for care or field trips. We utilize YMCA busses to go swimming, bowling, and various other field trips.

Field Trips

Parents will be notified a minimum of 48 hours in advance of planned field trip. Children not participating in the field trip will be provided with an alternative activity on that day.

Water Activities

Permission is required for children to participate in water activities during the summer day camp programs; permission is authorized by parent when signing the enrollment form statement at time of registration. A reminder will be given of water activities at time of sign in /sign out.

Screen Time

The San Angelo YMCA summer program limits children's screen time to no more than one hour a day per Texas Licensing guidelines

Playground Equipment Usage

The San Angelo YMCA summer Program uses the public school facilities' outdoor playground equipment which may not meet Licensing standards specified in the Minimum Standards.

Questions and Concerns

Your site director will be able to answer most questions related to your child's site. Questions about schedule changes, behavior concerns, program concerns, policies and procedures or program ideas can be directed to the Day Camp Director. If you have any questions or concerns about the account balance, please contact the childcare accounting department at the YMCA.

Please speak with the site director at your child's site if you have any concerns. If you feel that your child's needs are not being met, please call the YMCA to speak with the program directors.

Grievance Procedure

The San Angelo YMCA encourages parents/participants to resolve minor disputes with the help of a department supervisor or department director. If the informal complaint is not *fairly and constructively resolved* within 7 business days, the parent may file a formal grievance with the human resource department.

Visiting Your Child's Site

Visiting your child's site during normal operating hours to observe your child, the site's operation, and program activities requires an approval from the Youth Service Director. Proper identification will be required. Emergency Contacts and Authorized Pick Ups may not visit or participate in the program outside of picking up the child.

Participating at Your Child's Site

Due to supervision concerns, parents are not allowed to attend or participate in program field trips. Emergency contacts and authorized pick ups may not visit or participate in the program outside of picking up the child.

Inclusion of all Children

YMCA welcomes children with medical disabilities into our program. Please identify any health/medical/home language/cultural background concerns your child may have when enrolling child in the after school program, so that our staff can determine together with you to provide a stimulating and positive experience in the program and determine what accommodations your child may need to be successfully included. If you have any questions or concerns, please do not hesitate to contact Dustin Estes, Youth Service Director.

Parent/Guardian Conferences

Parent/guardian conferences will be schedule to review parent/staff concerns, disciplinary actions, and any other needs. Please speak with the Site Director at your child's site if you have any concerns. If you feel that your child's needs are not being met, please call the YMCA to speak with the Youth Service Director to schedule a parent/guardian conference.

Participant Code of Conduct

The San Angelo YMCA takes seriously the importance of the protection and safety of the children enrolled in programs. It is our intent that each child enjoys the planned activities by understanding that s/he is responsible for his or her actions. Child must be made aware of how to exercise self-discipline [and to understand] that we are here to assist her or him and that we expect them to succeed. YMCA house rules are posted at every YMCA program center. Character development is an important part of our program.

As a participant in the YMCA Summer Day Camp Program, I agree to:

1. Keep my personal belongings in my storage area during the Program.
2. Remain seated and quiet during roll call and announcements and answer only for myself.
3. Follow all Program rules during free play, snack time, activity time, and emergency drills.
4. Follow all instructions given by the Program staff.
5. Participants are expected to behave in a respectful manner when at the YMCA program. Foul, abusive, threatening language, physical or abusive behavior directed toward any YMCA staff, this includes counselors, directors, Welcome Center staff and children will not be tolerated, and will be grounds for participant's dismissal from the program.
6. Tell the Program staff if I am sick or hurt.
7. Follow the timeout instructions of the Program.
8. Respect all other children and the Program Counselors at all times.
9. Respect all YMCA and school program supplies, equipment, and property.

10. Respect all personal belongings of other children.
11. Help clean up after myself following all activities.
12. Never leave the Program site without permission or authorized Program Staff.
13. When on the bus, remain seated and quiet and keep body parts inside the bus. Obey all instructions of the bus driver.

Parental Conduct Expectations

Parents are expected to maintain a professional and respectful demeanor when present at or calling any YMCA site. Foul, abusive, or threatening language, as well as physical or abusive behavior directed toward any YMCA staff members—including counselors, directors, Welcome Center staff, and other participants—will not be tolerated. Such behavior may result in dismissal from the program.

Social Media Policy

To protect the privacy of our children and staff, public discussions or comments on social media sites related to the program, children, or staff are prohibited. Any post that may negatively impact the YMCA's childcare reputation or offend a child, parent, or staff will be reviewed by the Youth Services Director. If necessary, the responsible individual may face termination from the program.

Parent's Statement of Understanding

1. I understand that I am not to leave my child at the YMCA site unless a YMCA staff member is present.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff.
3. Should I or another authorized person appear to be under the influence of drugs or alcohol and seek to sign out my child, staff are empowered to contact local law enforcement authorities and place my child in their custody.
Please do not place staff in a position to make this judgment.
4. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. The Child Abuse Hotline is 1-800-252-5400.
5. I understand that I will be charged late fees if I fail to pick-up my child by the agreed upon stated time.
6. I understand that YMCA staff is not allowed to baby-sit or transport children outside of program hours.
7. I understand I may request a meeting with the Site Director and Program Director to ask questions about the childcare centers policies and procedures. You are encouraged to contact the Child Care Department at 325-655-9106 any time you have a concern or comment about the operation of this site.
8. I am aware of the TDFPS Local contact phone number 325-657-8833. I may also visit TDFPS at their web site www.dfps.state.tx.us.
9. I understand a copy of the TDFPS Site Inspection Report is posted on the site bulletin board.

10. I understand a copy of the Minimum Standard Rules for Licensed Child-Care Centers is available at the site in the Posted Book located at the sign-in, sign-out table.

11. I understand that I must submit a two week written notice in advance to the YMCA child care accounting department when withdrawing my child(ren) from the summer day camp program.

Discipline

The Y strives to use constructive discipline processes that build and reinforce positive relationships. This discipline process serves only as a guideline and the Y reserves the right to skip any or all steps in the process at the sole discretion of the program director. Disciplinary action may include the following:

1. **Reasoning:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating. Parents will be notified of any behavior concerns regarding their child(ren).
2. **Parent Communication:** Communication with parents, both verbal and written, will be utilized to inform them of any behavior issues and the steps being taken to address them.

If reasoning has been attempted and behavior has not improved, the child may be removed from the activity involved for an appropriate duration. The denied activity should be directly related to the misbehavior, and the removal should not exceed 15 minutes. Other duty-oriented consequences suitable to the inappropriate behavior may also be applied at this stage.

If inappropriate behavior continues, the child and staff will discuss the behavior and potential solutions. The child will be actively involved in finding ways to correct their behavior and will receive support in making necessary changes.

If needed, the program staff, child and parent may meet together to discuss the behavior and develop solutions to address the issue.

3. **Program Suspension:** When the previous methods do not achieve a satisfactory correction of inappropriate behaviors, the child may be suspended from the program. The duration of the suspension will be determined by the program directors, and is designed to give the parent and child time to discuss and commit to improving the behavior.
4. **Program Termination:** In the event that the behavior is not corrected, the program directors may determine a program termination is necessary.

Every effort will be made to follow this discipline process. Behavior that harms the child, another person, or property, or places the child in danger will be dealt with swiftly and may skip steps outlined in this process. Examples of these behaviors may be harming another person or property, or running away from the program.

The safety of a child is the highest priority for setting behavior management procedures.

- When a child has a serious discipline problem (on any ONE occasion), the parent/guardian may be called by staff and asked to pick up the child within thirty minutes of the call. (Biting or injuring another child or staff member, or damaging property are examples of a serious discipline problem.)
- Should it be decided by YMCA directors that a child poses a serious discipline problem the child may be suspended from the program or may be removed from the program entirely.

By signing the Summer Day Camp enrollment form, I hereby acknowledge reading and understanding the following:

- By enrolling my child in the Summer childcare program, I understand and agree to follow all policies outlined in the parent handbook (provided to you at registration or can be obtained online). By signing, I hereby, for myself and my child/children, or those for whom I hold legal guardianship, waive and release any and all rights and claims, which I may have, or which may accrue against the YMCA of San Angelo, its perspective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in these activities. I hereby acknowledge that this program provides no insurance coverage, and my own insurance will be used in case of any accident.
- I have received a copy or obtain a copy through our website www.ymcasanangelo.org of the San Angelo YMCA Parent/participant Handbook. I understand that it is my responsibility to read and understand the policies, rules, and benefits described in the Parent/Participant Handbook.
- I understand that if I have any questions regarding this information I should consult the childcare department, Youth Service Director, or human resources department.
- I understand that the Y has the right to change these policies, rules, and benefits without notice.
- I understand that future changes in policies and procedures may modify, suspend, supersede, or cancel those found in this handbook, in whole or part, and that I and other employees typically will be notified of such changes through normal communication channels.
- I understand that the benefits information in this handbook is only a brief summary and that I can find more information on these plans in informational material and plan documents. If any discrepancies occur between information in this handbook and the actual plan documents, I understand that the plan documents will prevail.
- I understand that any written or oral statements by a supervisor contrary to this handbook are invalid and should not be relied upon.
- I expressly understand that this handbook is provided as a guide and that it does not constitute a contract of service.
- I understand and agree that I will read and comply with the policies and information contained in this handbook and that my continued participation in the program is contingent on my following these policies.

Parent Resources

UT Health McGovern Medical School

<https://med.uth.edu/psychiatry/patient-care/adult-services/autism-spectrum-disorder/about/>

Navigate Life Texas

<https://www.navigatelifetexas.org/en/>

PATH Project-Partners Resources Network

<https://prntexas.org/texas-ptis/path-project/>

Texas Parent-to-Parent (Children Disabilities Resources)

<https://www.txp2p.org/Media/resource-lists/Houston-Vicinity-2018-en.pdf>

Parent Companion: First Five Years

(A guide for Texas parents and caregivers of children with diagnosed or suspected disabilities from birth through five years of age)

<http://www.parentcompanion.org/>

Bilingual Parent Resources (Help for Parents. Hope for Kids)

<http://www.helpandhope.org/default.asp>

Spanish <http://www.helpandhope.org/Spanish/default.asp>

[http://www.helpandhope.org/Spanish/Consejos para Padres/parent-resources-library.asp](http://www.helpandhope.org/Spanish/Consejos_para_Padres/parent-resources-library.asp)

Breastfeeding Help Sources:

<http://www.houstontx.gov/health/WIC/documents/client-help-sources-handout-20180726.pdf>

Farm Fresh Resources:

<https://squaremeals.org/FandNResources/TexasFarmFresh/GardenBasedLearning.aspx>

Oral Health Resources:

<https://www.healthychildren.org/English/healthy-living/oral-health/Pages/default.aspx>

Child Care Health Consultant (CCHC) Resources:

http://www.texasaeyc.org/UserFiles/Server_5273627/File/HCCT/CCH%20Information.pdf

Healthy Child Health Texas Resources:

Http://www.texasaeyc.org/programs/healthy_child_care_texas

Health Benefit Resources

<https://www.texaschildrenshealthplan.org/what-we-offer>

ECI Resources:

<https://hhs.texas.gov/services/disability/early-childhood-intervention-services>

https://www.cdc.gov/ncbddd/actearly/pdf/help_pdfs/How-to-Get-Help-for-Your-Child_CombinedODF_EngSpn-2-15-20_8.pdf

Screen Time Resources:

https://www.healthychildren.org/English/family-Life/Media/Pages/Where-We_Stand-TV_Viewing-Time.aspx