



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EXTENDED THROUGH MAY 1 DUE TO SCHOOL CLOSURES

The Prescott YMCA of Yavapai County is committed to providing a safe and enjoyable experience for everyone who enters our doors. Due to growing concerns about the potential spread of COVID-19 in Arizona and in order to align ourselves with recent federal recommendations to limit member and staff exposure to the virus, we have limited space but offering emergency child care through May 1.

This program is different than traditional YMCA afterschool, preschool programs and will include the following components:

- Staff and participants will be evaluated for symptoms of illness upon entry. Anyone displaying symptoms will not be allowed to attend.
- Children will be in small groups led by staff across the building. No large gatherings inside or outside.
- Handwashing is prioritized; youth and staff are washing hands after every activity, before and after meal time.
- The Y is now providing breakfast, lunch and for every participant. Meals provided by the PUSD food service are pre-packaged which eliminates food handling by staff and increases sanitation.
- Please send 2 snacks and a refillable water bottle for your child daily
- The program will run daily 6:30am – 6:00pm, any changes due to the evolving nature of the pandemic will be communicated quickly.

50% Scholarship for First Responders, Health Care Workers, Government Employees: Show your employee ID at registration to receive this scholarship.

Scholarships are available to all based on need, inquire at the time of registration.

Registration forms are online at prescottymca.org under the Childcare program tab. For more information please call (928) 445-7221.

PRESCOTT YMCA OF YAVAPAI COUNTY | CONTACT INFO: RACHELLE SKVAREK,
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YMCA OF YAVAPAI COUNTY
2020 EMERGENCY CHILDCARE REGISTRATION

Child's name _____ Birth date _____ Grade _____ Age _____
 Parent's name _____ Birth date _____ (Required for registration)
 Address _____ City _____ AZ Zip code _____
 Primary Phone (C) or (H) _____ Work _____
 Parent's E-mail address _____ (Required for registration)

Week of: <input type="checkbox"/> March 30 – April 03 <input type="checkbox"/> April 06 – April 10 <input type="checkbox"/> April 13– April 17 <input type="checkbox"/> April 20 – April 24 <input type="checkbox"/> April 27 – May 1	Payment Due at Time of Entry	
EMERGENCY CARE DAYS – Ages 2 years (Must be potty trained) to 12 years old	Member Rate	Non-Member Rate
Check the box for the week/day(s) you wish to enroll: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$30	\$35

REGISTRATIONS MUST HAVE THE FOLLOWING ATTACHED:

- Signed registration form Completed emergency card YMCA Daily Wellness Check
 Immunization record Best of Care form Immunization record

DES participants must attach your Certificate of Authorization to this form.

Parent Daily Copay \$ _____ Caseworker's Name _____

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- Handwashing is prioritized; youth and staff are washing hands after every activity, before and after meal time.
- Snacks and meals provided by the YMCA are pre-packaged which eliminates food handling by staff and increases sanitation.
- The program will run daily 6:30am – 6:00pm, any changes due to the evolving nature of the pandemic will be communicated quickly.

Due At Time Of Registration:

\$30 or \$35	X # of days _____ = \$ _____			For office use only: Member # Non-Member #
PAYMENT:	<input type="checkbox"/> Debit/Credit Card	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	Comments:

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies.

I have read, understand, and agree to adhere to the YMCA childcare program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.

 Parent/Guardian's Signature

 Date

Financial Assistance is available upon request.
 You must fill out, attach a Financial Assistance form, and provide proof of income.



CDC/SGH# or name: 12001

**Arizona Department of Health
Services Bureau of Child Care
Licensing**

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	No	Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	No	Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	No	Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	No	Yes
Additional comments:		
Other special instructions:		

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH
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PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
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PROVIDER/CENTER NAME

Has your child attended child care in the past? Yes No
If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other children

Does your child have a favorite toy or comfort object? Yes No
If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

Happy?

Sad?

Mad?

Tired?

Other?

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain:

Does your child have any other special needs? Yes No

If yes, please explain:

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.



BEHAVIOR MANAGEMENT GUIDELINES

It is the Y’s goal to provide a healthy, safe, and secure environment for all program participants. Children who attend the program are expected to follow the behavior guidelines based on the Y’s four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **CARE** for ourselves and for those around us.
- **HONESTY** will be the basis for all relationships and interactions.
- People are **RESPONSIBLE** for their actions.
- We **RESPECT** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child’s behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
- Leaving the program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver’s signature

Date

Child’s signature



YMCA Daily Wellness Check

Child's Name _____ Date of Birth _____

Temperate Checks will be done daily upon arrival.

Please check off which days, including today, your child will attend this session March 30-April 30

- Wed 1 Thu 2 Fri 3
- Mon 6 Tue 7 Wed 8 Thu 9 Fri 10
- Mon 13 Tue 14 Wed 15 Thu 16 Fri 17
- Mon 20 Tue 21 Wed 22 Thu 23 Fri 24
- Mon 27 Tue 28 Wed 29 Thu 30 Fri 1

Everyone is equally susceptible to contracting COVID-19 upon exposure. Currently, there is no cure or vaccination available to prevent contracting COVID-19. Proper sanitation practices, avoiding contact with infected persons, and self- quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community.

This information abides by all YMCA confidentiality policies. To help us monitor health conditions in our program, please check off any symptoms below that your child has exhibited within the past 48 hours. The below symptoms are not only for COVID-19, but other viral, bacterial, or fungal infections. List compiled from www.Yavapai.us/chs

- | | | | | |
|-----------------|----------|----------------------|------------------|-------------------|
| Fever over 100° | Diarrhea | Abdominal Pain | Nasal Congestion | Rash |
| Sore Throat | Vomiting | Difficulty breathing | Runny nose | Stiffness in neck |
| Body Aches | Fatigue | Shortness of breath | Cough | Rapid heartbeat |

The YMCA will seek immediate medical attention if we notice your child exhibiting any of the following warning signs of a case of COVID-19:

List compiled from [CDC.gov/coronavirus/2019-ncov](https://www.cdc.gov/coronavirus/2019-ncov)

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in chest
- Disorientation, lethargy, or inability to arouse
- Bluish lips or face

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if YMCA staff, or any of their partners from Yavapai County Health, Arizona Department of Health, or any other entity involved in the facilitation of this program notice my child displaying any of the above symptoms, I or another emergency contact will be available to retrieve my child from care within one hour of being contacted.

Name (Printed) _____ Signature _____ Date _____



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What to bring to the YMCA childcare: LABEL everything with first and last name

- Ages 2-5 crib size sheet and blanket
- 2 snacks
- Closed toed shoes
- Jacket or sweater
- Breakfast and lunch will be provided through PUSD food service, you may provide your own if you wish

