



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TIME TO EXPLORE



**Before &  
After School  
Program**

**REGISTRATION PACKET  
2020-2021**

**ST JOHNS COUNTY  
YOUTH DEVELOPMENT**  
170 Landrum Lane  
Ponte Vedra, FL 32082  
904.543.9622  
SJCYD@FCYMCA.org

YMCA OF FLORIDA'S FIRST COAST

**FCYMCA.org**

# YMCA Before & After School Program

## Registration Overview



### REGISTRATION

**Enrollment is open to any child currently in Kindergarten – 6<sup>th</sup> grade and attending the school where the YMCA Before and After School program is offered.** Registration is not complete until the registration packet has been completed and returned along with a \$50 registration fee, per child, and payment for the 1<sup>st</sup> week of attendance. Registration fee is waived for participants with a YMCA Family membership.

### HOURS

**Before School:** 6:30am – 8:00am

**After School:** End of school until 6:00pm

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

### 2020/2021 Clay County Before and After School Rates

		AM Rates	PM Rates	AM/PM Rates
The Webster School	Regular Rates	\$30	\$59	\$70
	3 Days a Week	\$21	\$40	\$48

Financial Assistance is available to those who qualify.

**Extended programs and services are available on days when school is not in session. Additional fees are required for these services, contact the Youth Development Office for more information.**

### FEE SCHEDULES

Regular fees are based on a five-days-per-week schedule. A three-day-per-week schedule is only available on a limited basis. Partial-week students choose the three days they will attend in advance and must commit to the schedule set in place. Any changes in schedule require a written two week notice.

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

**A Healthy Snack based on USDA guidelines is provided for children daily, included in weekly fee.** Parents provide a healthy lunch and drink on ½ days. Please, no fast food or candy. For more information about our program, you may contact the Before and After School site locations above during program hours or contact our office at 904.471.9622 or by email at [SJCYD@fcymca.org](mailto:SJCYD@fcymca.org).

**ST JOHNS COUNTY YOUTH DEVELOPMENT | [SJCYD@FCYMCA.org](mailto:SJCYD@FCYMCA.org) | 904.471.9622 | [FCYMCA.org](http://FCYMCA.org)**



## Parent's Role

A parent's role in quality child care is vital:

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



More  
information  
and free  
resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



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



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

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

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)





## General Requirements

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

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

### Health Related Requirements

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

### Training Requirements

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

### Food and Nutrition

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

### Record Keeping

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

### Physical Environment

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

## Quality Child Care

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

### Quality Activities

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

### Quality Caregivers

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

### Quality Environments

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





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**Office Use Only**

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

# YMCA BEFORE & AFTER SCHOOL PROGRAM

## REGISTRATION FORM | 2020-2021

YMCA of Florida's First Coast | St Johns County Youth Development | 904.471.9622 | SJCYD@FCYMCA.org

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

### PROGRAM INFORMATION

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

**5-DAY PLAN**  AM  PM  AM/PM

**3-DAY PLAN**  AM  PM  AM/PM **WHICH 3 DAYS** (PLEASE CIRCLE) MON. TUES. WED. THURS. FRI.

### CHILD INFORMATION **\*Child must be in Kindergarten – 6<sup>th</sup> grade\***

**CHILD'S NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_ **DATE OF BIRTH** / /

**GENDER** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **ETHNICITY** (CIRCLE ALL THAT APPLY) W B A H I OTHER

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOUSEHOLD PHONE** \_\_\_\_\_ **HOUSEHOLD EMAIL** \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### MOTHER OR LEGAL GUARDIAN NAME

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

#### FATHER OR LEGAL GUARDIAN NAME

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

#### WHO HAS LEGAL CUSTODY?

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN) \_\_\_\_\_

#### WHO IS PERMITTED TO REMOVE THE CHILD? (If only one parent is checked, Court Order documents for proof required.)

MOM ONLY  DAD ONLY  BOTH PARENTS  OTHER (PLEASE EXPLAIN) \_\_\_\_\_

#### EMERGENCY CONTACTS & AUTHORIZED TO PICK UP (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

#### ID IS REQUIRED TO PICK UP YOUR CHILD (Only those authorized in writing by Parent/Guardian, are able to remove child from program)

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

### MEDICAL INFORMATION

**CHILD'S PHYSICIAN** \_\_\_\_\_ **PHYSICIAN PHONE** \_\_\_\_\_

**PLEASE SIGN ATTACHED WAIVERS**



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# YMCA BEFORE & AFTER SCHOOL PROGRAM CHILD INFORMATION FORM | 2020-2021

YMCA of Florida's First Coast | St Johns County Youth Development | 904.471.9622 | SJCYD@FCYMCA.org

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

### MEDICAL INFORMATION

**PLEASE INDICATE ANY OF THE FOLLOWING:**

- MEDICAL CONDITION/DIAGNOSIS: \_\_\_\_\_
- CHRONIC ILLNESS: \_\_\_\_\_
- HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: \_\_\_\_\_
- PHYSICAL RESTRICTIONS: \_\_\_\_\_
- ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): \_\_\_\_\_
- SPECIAL DIETARY RESTRICTIONS: \_\_\_\_\_

SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW):  YES  NO

**Does your child require reasonable accommodations to participate in the YMCA Before & After School Program?**  YES  NO

If yes, the parent will need to meet with the Youth Development Leadership Staff to discuss reasonable accommodations. We ask that the parent contacts the Youth Development County Office directly to set up an appointment.

PLEASE DESCRIBE YOUR CHILD'S NEEDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD HAVE AN IEP?**  YES  NO **DOES YOUR CHILD HAVE A 504 PLAN?**  YES  NO

### MEDICATIONS

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

### ADDITIONAL INFORMATION

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

**PLEASE SIGN ATTACHED WAIVERS**

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

## **PER DCF REGULATIONS**

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

### **DCF Brochure: “Know Your Child Care Facility”:**

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

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PARENT / GUARDIAN SIGNATURE

---

DATE



**CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION**

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

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

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

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

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

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

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

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

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

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

**ACCEPTANCE**

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

\_\_\_\_\_  
PRINTED NAME OF CHILD

\_\_\_\_\_  
SITE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PER DCF REGULATIONS**

ONLY THE INDIVIDUAL WHOSE SIGNATURE APPEARS ON THE ORIGINAL REGISTRATION FORM IS AUTHORIZED TO MAKE CHANGES TO THE REGISTRATION FORM, INCLUDING ADDING, DELETING, OR TEMPORARILY DESIGNATING INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD.

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

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SIGN WAIVER ON BACK OF THIS FORM**



**FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY**

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

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN BEFORE & AFTER SCHOOL PROGRAM**  
**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE**

YMCA of Florida's First Coast | St. Johns County Youth Development | 904.471.9522 | SJYD@FLYMCA.org

**AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY**

**SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO WITHDRAWAL FREQUENCY:**

**Weekly** - I request fees for the upcoming week to be collected on (please circle day):  
 Monday Tuesday Wednesday Thursday Friday

**Monthly** - I request monthly fees to be drafted on (please circle):  
 1st of every month 15th of every month

**Automatic Withdrawal Billing Method:**

**Draft from a Checking Account (Please attach a voided check)**

**I HAVE READ THE ABOVE (WAIVER, RELEASE, AND INDEMNIFICATION) AGREEMENT:**  Change Account

Name on Account: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

SIGNATURE OF PARTICIPANT (if less than 18-years-old, parents or legal guardians must sign below) \_\_\_\_\_ DATE \_\_\_\_\_

**Draft from a Credit/Debit Card**

Use Account On File (Must list last 4 digits of card): \_\_\_\_\_  Add New Account \_\_\_\_\_  Change Account \_\_\_\_\_

PARENT / GUARDIAN Name on Card: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_ Expiration Date (month/year): \_\_\_\_\_

**Draft Terms of Agreement**

- I understand that authorization is to remain in full force, and if I wish to terminate or change my draft in any way, I must give the YMCA a 30 day written notice.
- Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee that my bank may charge.
- I hereby authorize the YMCA of Florida's First Coast to initiate weekly or monthly debit entries to my account indicated above.

Signature: \_\_\_\_\_ Date: / /