



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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CHILDCARE REGISTRATION PACKET



YMCA OF METROPOLITAN FORT WORTH



Childcare Enrollment Form

DATE OF ADMISSION						DATE OF WITHDRAWAL		
SCHOOL/CENTER NAME		SCHOOL PHONE NUMBER	CHILD'S AGE		DATE OF BIRTH		GRADE IN FALL	
CHILD'S NAME			SEX		PRIMARY NUMBER			
CHILD'S ADDRESS				CITY		STATE	ZIP	
CHILD'S RACE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> UNABLE TO DETERMINE				CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____				
ETHNICITY <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC <input type="checkbox"/> UNABLE TO DETERMINE								
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER		ALTERNATE NUMBER		EMAIL ADDRESS	
HOME ADDRESS				Same as Child's <input type="checkbox"/>	CITY		STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER		ALTERNATE NUMBER		EMAIL ADDRESS	
HOME ADDRESS				Same as Child's <input type="checkbox"/>	CITY		STATE	ZIP
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED				RELATIONSHIP		PRIMARY NUMBER		
HOME ADDRESS				CITY		STATE	ZIP	
THE FOLLOWING MEALS ARE SERVED TO MY CHILD WHILE IN CARE <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> SNACK				MY CHILD WILL BE IN CARE <input type="checkbox"/> Mon. thru Fri. 6:30a to 6:00p OR <input type="checkbox"/> Mon. thru Fri. 2:30p to 6:00 pm OR <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F from _____ to _____				
I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:								
NAME		RELATIONSHIP				PHONE NUMBER		
NAME		RELATIONSHIP				PHONE NUMBER		
CUSTODY AND COURT ORDERS								
Are there any court orders affecting custody of this child? _____ Yes _____ No <i>(If yes, you MUST provide the YMCA with a copy of these orders.)</i> Are there any restraining orders? _____ Yes _____ No Who has Primary custody of this child? _____ Child may be released to: () FATHER () MOTHER () OTHER Notes: _____								

Parent's Acknowledgements and Statement of Consent

I HEREBY GIVE CONSENT FOR THE FOLLOWING (CHECK ALL THAT APPLY):

TRANSPORTATION: My child may be transported by the YMCA during emergency care, field trips, and transportation to the program.

FIELD TRIPS: My child may participate in field trips supervised by the YMCA.

WATER ACTIVITIES: My child may participate in the following water activities:

Water Table Sprinkler Play Splash/Wading Pools Swimming Pools

PHOTOGRAPH RELEASE: My child's picture may be taken in conjunction with YMCA activities and events.

SCHOOL AGE CHILDCARE ONLY

PLAYGROUND NOTICE: The YMCA is not responsible for the maintenance of the playgrounds at public schools and playgrounds may not meet TDFPS standards. By acknowledging this, you are giving your child permission to utilize the playground on sit at your child's school.

IMMUNIZATION: A current copy of my child's shot records is on file at: Name of Elementary School _____
 Address of Elementary School _____ Phone Number of Elementary School _____

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



CHILD'S NAME	CHILD'S DATE OF BIRTH	CHILD'S AGE
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Health History

Please list any DIETARY or PHYSICAL restrictions: _____

Please list any known ALLERGIES (including dietary): _____

Have any allergies been diagnosed by a doctor? YES NO
*If yes, please provide the treatment plan to the childcare center.

Please list any behaviors you are aware of that may require assistance: _____

Please check all the following that apply to your child's HEALTH HISTORY:

ADD ADHD TAKES MEDICATION
 DIABETES EXISTING ILLNESS
 ASTHMA OTHER: _____

Authorization for Emergency Medical Treatment

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:

Name of Licensed Physician: _____
Address: _____

Phone Number: _____

Name of Hospital or Clinic: _____
Address: _____

Phone Number: _____

OR

Cooks Children's Hospital
801 7th Avenue Fort Worth, Texas 682-885-6800

PARENT HEALTH STATEMENT

My child has been examined within the past year by a health care professional and is able to participate in the childcare program. Within 12 months of admission, I will obtain a health care professionals signed statement and will submit it to the child care center for my child to continue care.

Physician's Name: _____
Physician's Address: _____

Signature of Parent/Legal Guardian: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Signature of Parent/Legal Guardian: _____

The YMCA of Metropolitan Fort Worth Child Care Programs generally has a staffing ratio of 1 staff per 4 infants; 1 staff per 6 toddlers; 1 staff per 8 two year olds; 1 staff per 10 preschoolers; and 1 staff per 15 school -age children. We do, however, at times operate within state ratios which are higher. Do you feel this will be adequate for your child's needs? Yes No _____

Signature of Parent/Legal Guardian: _____

Parent Understanding

I understand that my child's enrollment is on a probationary period of up to two weeks. During this probationary period, the YMCA will observe him/her in the program environment to assess if the needs of the child are being met. Please refer to the Child Code of Conduct for further information.

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

YMCA OF METROPOLITAN FORT WORTH RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The YMCA of Metropolitan Fort Worth will not assume responsibility for any injury incurred while participating in athletic events, childcare programs, parent/child event and outings, special events, sports programs, or any related YMCA sponsored activity. Certain risks of injury are inherent during participation in these programs and events. Nor will the YMCA of Metropolitan Fort Worth be responsible for any lost or stolen items while members and/or program participants are using the YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and my heirs, do hereby release the YMCA of Metropolitan Fort Worth and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation. This includes any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give permission to the YMCA of Metropolitan Fort Worth to use photographs, film footage, or tape recordings, which may include my image or voice, for purposes of promoting or interpreting YMCA programs for no compensation.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

PARENT/GUARDIAN NAME: _____ **PARENT/GUARDIAN SIGNATURE:** _____ **Date:** ____/____/____

All information is verifiably true, and no changes need to be made. (Please initial next to each check-point date.)

August January May

I have received the parent handbook and operational policies.

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

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. The YMCA of Metropolitan Fort Worth offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to your childcare center.**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to your childcare director in person or by phone

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, do not hesitate to speak with your childcare director.

Sincerely,

YMCA of Metropolitan Fort Worth

**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"/>
	<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 <i>List of Eligible Federal/State Funded Programs (H1660)</i> , provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____ Check here if no eligibility number <input type="checkbox"/>				
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>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.</i> Sign here: _____ Print name: _____ Date: _____ Address: _____ Phone Number: _____ City: _____ State: _____ Zip Code: _____ Last four digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> 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 American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.



<p>Introduction</p> <p>T.D.F.P.S. Minimum Standard 746.501(17)</p>	<p>We hope you and your child have an enjoyable experience in our childcare program. Good communication between your child, staff, and you help make each day smooth and rewarding. Please take some time to read this information carefully. Your YMCA Director will be available to answer any questions you may have. These policies are also listed in your parent handbook for future reference. Thank you for letting us serve your family.</p>
<p>Philosophy</p>	<p>The YMCA childcare program philosophy is to provide an enriching environment, giving children opportunities to develop naturally. We want to enrich the whole child: spirit, mind and body. At the YMCA, we provide opportunities for children to learn, hands-on, through age appropriate activities.</p>
<p>YMCA Mission</p>	<p>To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.</p>
<p>Texas Department of Family and Protective Services</p> <p>T.D.F.P.S. Minimum Standard 744.501(19) (20) & 746.501 (20)</p>	<p>It is required, by law, that all Child Care facilities in the State of Texas be licensed and follow the Minimum Standard Rules for Child Care Centers. As a parent, you have the right to view your child’s file, the most recent copy of the center’s licensing inspection report, and the minimum standards. Parents may contact the local Child Care Licensing offices at 1501 Circle Drive, Fort Worth, Texas 76119, 817-321-8604. Each Childcare Center is assigned to a licensing representative by zip code area. Their website is www.dfps.state.tx.us/childcare.</p>
<p>Child Abuse Prevention</p> <p>T.D.F.P.S. Minimum Standard 744.501(20) & 746.501 (21)</p>	<p>The YMCA of Metropolitan Fort Worth takes allegations of Child Abuse very seriously and reports all suspected child abuse to Child Protective Services and The Texas Department of Family and Protective Services. Reports of abuse and neglect can be made to the DFPS abuse hotline at 817-252-5400 or www.txabusehotline.org.</p>
<p>Information, Questions or Concerns</p> <p>T.D.F.P.S. Minimum Standard 744.501 (11)(16) & 746.501 (6) (17)</p>	<p>The YMCA of Metropolitan Fort Worth has an open door policy. Any information, questions, or concerns should be directed to your director. If you feel as though speaking with personnel from our Metropolitan Office is necessary, please do not hesitate to call the YMCA of Metropolitan Fort Worth Childcare Services Department at 817-335-9622. <u>Notification of operational policy changes will be done in writing and given to all parents prior to the change.</u></p>
<p>Registration and Admission</p> <p>T.D.F.P.S. Minimum Standard 744.501(11) & 746.501 (12)</p>	<p>The registration packet, including all required documentation, must be complete and approved prior to your child attending a program. Fees must be paid prior to attendance. Please note that it could take up to five business days to process all registration information. No child will be refused admittance to the program due to race, religion, or gender. The YMCA makes every attempt to register a family regardless of economic status. As a parent or guardian, it is your responsibility to keep all records on your child current. Failure to keep records current could result in monetary penalties.</p>
<p>Operation Hours</p> <p>T.D.F.P.S. Minimum Standard 744.501(1) & 746.501 (1)</p>	<p>Early Childcare programs generally operate Monday thru Friday from 7:00am until 6:00pm. School Age Childcare programs generally operate Monday thru Friday from school dismissal until 6:00pm. <u>Some programs may vary, please see your parent handbook or branch for specific hours of operation.</u> The YMCA of Metropolitan Fort Worth will be closed all major holidays. Notification of closures will be done in writing and given to all parents prior to the closure. There will also be posted notices at sign in/out areas.</p>

I have read and understand these policies.

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



<p>Discounts and Scholarships</p>	<p>The YMCA provides discounts and scholarships to all families that qualify. The YMCA of Metropolitan Fort Worth is a United Way recipient and raises additional funds each year through the YMCA Annual Campaign. All YMCA childcare programs are vendors for Child Care Management Services.</p>
<p>Procedures For Sign-In and Release of Children</p> <p>T.D.F.P.S. Minimum Standard 744.501(2) &</p>	<p>Children are responsible for prompt arrival into the program. For safety reasons, failure to comply with this rule is subject to disciplinary action. YMCA Staff will sign the children into the Afterschool Program each day. Parents and those adults authorized to pick up children, as noted on the registration form, will be required to sign the children out each day. Authorized persons will be required to show state approved identification and have their driver's license number and car license plate numbers recorded by a YMCA staff member on their first pick up. The information will be retained in the child's records for at least three months. If an unauthorized person comes to pick up a child, the parent will be called for verification. The YMCA will not release a child without parent verification, proper identification from the individual picking up the child and a valid signature. We will also record the individual's driver's license number and car tag numbers. This information will be recorded and retained in the child's records.</p>
<p>Late Pick Up</p> <p>T.D.F.P.S. Minimum Standard 744.501(2) & 746.501 (2)</p>	<p>If a parent, guardian, emergency contact, and any other authorized individual noted on the admission form cannot be reached when the program has been closed for one hour or longer, the local Police Department will be called to assist and supervise the child(ren) until parents or guardians can be located. Monetary penalties will be issued per each individual program for late pick-ups in the amount of one dollar per minute after closing.</p>
<p>Absences</p>	<p>The YMCA must be notified if your child will not be attending the program that day. Please remember to provide the child's name and school or center site when reporting an absence from the program. You are also welcome to leave a message at the phone number provided for each school or center.</p> <p>The YMCA does not credit for missed days or closing due to weather.</p> <p>The YMCA reserves the right to drop your registration from the program if your child is more than two (2) weeks absent from care without parent notification. To prevent being dropped from the program, please notify the YMCA if your child will be absent for an extended period of time.</p>
<p>Parent Notification</p> <p>T.D.F.P.S. Minimum Standard 744.501(6) & 746.501 (6)</p>	<p>After ensuring the safety of the child, parents will be notified immediately after a child:</p> <ul style="list-style-type: none"> • Is injured and the injury requires medical attention by a health-care professional; • Has signs or symptoms requiring exclusion from the child care center or program; • Has been involved in any situation that places the child at risk; • Has been involved in any situation that renders the child care center or program unsafe. <p>Parents will be notified at the time of pick up when a child experiences: minor cuts, scratches, bites from other children, bumps and/or bruises. Parent will be notified in writing within 48 hours when: a child or care-giver has contracted a communicable disease that, by law, requires reporting. This includes head lice or other infestation groups. Written notice will be posted in a visible place easily viewable by parents.</p>

I have read and understand these policies.

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



<p>Discipline Policy for Children</p> <p>T.D.F.P.S. Minimum Standard 744.501(7) & 746.501 (7)</p>	<p>YMCA of Metropolitan Fort Worth childcare centers focus on positive guidance and redirection, following the Discipline and Guidance guidelines set by The Texas Department of Family Protective Services. A copy of the Discipline and Guidance policy, along with the Code of Conduct, can be found in the Parent Handbook.</p>
<p>In Case of an Accident or Medical Emergency</p> <p>T.D.F.P.S. Minimum Standard 744.501(5) & 746.501 (5)</p>	<p>A YMCA employee, certified in first aid, will carry out immediate assistance. Parents will be notified when picking up their child. If immediate medical attention is needed, a YMCA employee will contact parents to make arrangements to pick up the child. If medical attention is urgent, 911 will be called. In the event a parent cannot be reached, the emergency contacts will be called. In the event an emergency contact cannot be reached, adults authorized to pick up the child will be called. If no one on the registration form can be reached, due to the severity of the accident, the YMCA will seek medical attention from the physician and/or medical facility listed on the admission form.</p>
<p>In Case of an Illness</p> <p>T.D.F.P.S. Minimum Standard 744.501 (3) & 746.501 (3)</p>	<p>If a child feels ill, or cannot participate in the program, they will be given a quiet place to rest and parents will be notified. The YMCA does not provide "Get Well Care". The same notification process will be used as "in case of an accident". Parents will be asked to pick up their child for the following reasons:</p> <ul style="list-style-type: none"> • Excessive Diarrhea • Vomiting • Mouth Sores with Drooling • Uncontrollable Behavior Changes • Unknown Severe Rash • Fever over 100.4° Fahrenheit • Abnormal Breathing (In urgent cases, 911 will be called.) • Other Signs That a Child is Severely Ill <p>Your child must be symptom free, without medication, for 24 hours before they may return. Children who contract lice must be nit free before they may return. Any contagious disease requiring medical attention, in which a doctor has restricted the child from being in care, requires a "release from care" from the doctor.</p>
<p>Changes at Home</p>	<p>Any problems or changes that your child may be facing at home can directly affect his or her behavior while in care. Please keep us informed of such problems or changes in your child's life, so that we can be sensitive to your child's needs. We would like to work as a team; this will enable us to provide the best environment for your child's growth and development.</p>
<p>Administration of Medication</p> <p>T.D.F.P.S. Minimum Standard 744.501(4) & 746.501 (4)</p>	<p>State licensing requirements do not permit childcare facilities to administer medication without written permission from the parent or guardian. Any medication brought to the program must be in its original container, clearly labeled with first and last name, and include the dosage and directions for administering the medication prescribed a physician. All medications are kept in a locked cabinet or locked first-aid box. The Director or designated staff member will administer medication and document the date, time, and dosage when medication is given.</p>

I have read and understand these policies.

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



<p>Immunization Requirements</p> <p>T.D.F.P.S. Minimum Standard 744.501 (9) & 746.501 (9)</p>	<p>Licensed Child Care Facilities in the State of Texas require that all children be up-to-date and current on immunizations that include age appropriate doses of the following:</p> <table border="0"> <tr> <td>Hepatitis B</td> <td>MEASLES</td> <td>Hepatitis A</td> </tr> <tr> <td>DTP/DTaP/DT</td> <td>MUMPS</td> <td>TB Test</td> </tr> <tr> <td>Hib</td> <td>RUEBELLA</td> <td>POLIO IPV or OPV</td> </tr> <tr> <td>POLIO</td> <td>Varicella</td> <td>Pneumococcal (conjugate vaccine)</td> </tr> </table>	Hepatitis B	MEASLES	Hepatitis A	DTP/DTaP/DT	MUMPS	TB Test	Hib	RUEBELLA	POLIO IPV or OPV	POLIO	Varicella	Pneumococcal (conjugate vaccine)
Hepatitis B	MEASLES	Hepatitis A											
DTP/DTaP/DT	MUMPS	TB Test											
Hib	RUEBELLA	POLIO IPV or OPV											
POLIO	Varicella	Pneumococcal (conjugate vaccine)											
<p>Tuberculin Test, Vision and Hearing Screening</p> <p>T.D.F.P.S. Minimum Standard 744.501 (10) & 746.501 (10)(11)</p>	<p>TB test are not required by the State of Texas. For early childcare programs, children, at the age of four, are required to complete a vision screening and hearing test. These tests are administered annually at each Early Childcare site. If you prefer, these test can be completed by your healthcare professional using the health history form attached.</p>												
<p>USDA</p>	<p>Some childcare programs participate in the Child and Adult Care Food Program. Participants in child care will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief. Anyone who believes that they have been discriminated against should write immediately to: Director, Civil Rights Division, W-206, Texas Department of Human Services, P.O. Box 149030, Austin, Texas 78714-9030, or the Secretary of Agriculture, Washington, D.C. 20250. NOTE: Discrimination complaints based on religion or political beliefs must be referred only to the Director, Civil Rights Division, and Texas Department of Human Services.</p>												
<p>Meals</p> <p>T.D.F.P.S. Minimum Standard 744.501(8)</p>	<p>Breakfast, lunch, and/or afternoon snacks are provided to all children. All foods meet USDA guidelines and are served in a family style environment. The family style environment helps enhance self-help skills along with social skills. Children with special dietary needs must be noted on the Medical/Health history and are permitted to bring alternate food.</p>												
<p>Breastfeeding Accommodations</p> <p>T.D.F.P.S. Minimum Standard 746.501(24)</p>	<p>The YMCA of Metropolitan Fort Worth encourages positive interaction, at all levels, between a mother and her child. As such, each of our Early Childcare Centers offer reasonable accommodations with private nursing facilities and staff who are trained in the storing and serving of breast milk.</p>												
<p>Personal Belongings</p>	<p>Please mark all belongings with your child's name. <u>Do not send money, valuables, or toys with your child.</u> The YMCA will not be held responsible for lost or stolen items. Show and tell items will be allowed on designated days. During the program, your child will be provided with a separate, labeled space for all their belongings.</p>												
<p>Inclement Weather</p>	<p>In case of inclement weather, the YMCA childcare operation will follow the direction of the operating branch it is associated with and/or school district.</p> <ol style="list-style-type: none"> 1. If the School District associated with your child's program closes for the day, the program will be closed. To find information concerning school closings, listen to WBAP 820AM or watch KXAS Channel 5. 2. If the branch is closed or closes early due to inclement weather, the childcare program will be closed/close early. <p>All closure information can be obtained by calling your branch.</p>												

I have read and understand these policies.

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



<p>Parent Participation</p> <p>T.D.F.P.S. Minimum Standard 744.501 (17)(18) & 746.501 (18)</p>	<p>We invite parents to come visit any of our programs. If you would like to share a particular talent, volunteer on a field trip, or just spend quality time with your child, please do so. When visiting your child, no notification is necessary unless a court of law restricts your visitation. We do suggest, however, being aware of your child’s sensitivity to separation anxiety. Some children do not experience visitation well until they are fully acclimated to the program.</p>
<p>Animals in School Age Childcare Programs</p> <p>T.D.F.P.S. Minimum Standard 744.501(15) & 746.501 (16)</p>	<p>YMCA staff will notify parents, in writing, when animals will be present. Animals will be in a contained environment, and staff are to ensure the animals do not create unsafe or unsanitary conditions. Staff and children must wash hands after handling or coming into contact with an animal, or items used by an animal such as water bowls, food bowls and cages. Chickens, ducks, snakes, turtles, lizards, iguanas, frogs and toads must never have contact with children. If you do not want your child to participate with animals in your child’s program please notify the Director or Staff.</p>
<p>Water Activities</p> <p>T.D.F.P.S. Minimum Standard 744.501(13) & 746.501 (14)</p>	<p>To meet the requirements of the state during water activities when children are using a splashing or wading pool (two feet of water or less), the following will be in place:</p> <p>For children ages 0-23 months; 2 caregivers to 4 children For children ages 2 years; 2 caregivers to 5 children For children ages 3 years; 2 caregivers to 12 children For children ages 4+ years; 1 caregiver to 10 children</p> <p>Other water activities may include water tables or sprinkler play.</p>
<p>Outdoor Play</p>	<p>Weather permitting, children have outside time daily. Please make sure to dress your child accordingly. This includes close toed shoes and clothing that your child can run, jump, and play freely in. Children will not go outside on ozone alert days, or days that are excessively hot or cold.</p>
<p>Field Trips and Transportation</p> <p>T.D.F.P.S. Minimum Standard 744.501 (12)(14) & 746.501 (13)(15)(19)</p>	<p>In the event that the childcare program offers a field trip or transports children, the following procedures will be in place:</p> <p>Permission for Field Trips is required, and parents will be notified 48-72 hours in advance of all field trips. Notices will also be posted 48 hours in advance at the sign in/out area.</p> <p>Field trips are age appropriate and parent volunteers are strongly encouraged to attend. Volunteers must agree to a background check, and be cleared through the YMCA and TDFPS.</p> <p>A qualified staff person will be in charge of a specific group of children. Each group will not exceed the state ratio for field trips. Volunteers are to assist staff with the group of children and are not permitted to have a group of children of their own.</p> <p>Each staff will have a written list of the children in their group with them at all times and perform face to name checks before, during, and after the trip.</p> <p>The Director is required to go on all field trips. The Director will be responsible for bringing the children’s necessary documents on the field trip.</p> <p>The YMCA uses qualified drivers through Durham Transportation services or approved YMCA Mini Buses. Drivers must have a clean criminal background, CPR, First Aid, drug screen, and be 21 years of age or older. YMCA drivers will be oriented to child care operation and standards.</p>

I have read and understand these policies.

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



<p>Gang Free Zone</p> <p>T.D.F.P.S. Minimum Standard 746.501 (22)</p> <p>Bill 2086 Chapter 42-section 42.064</p>	<p>All YMCA childcare programs operate in a Gang Free Zone. Any gang related criminal activity is prohibited. Our gang free zone is within 1000 feet of the program. Engaging in organized criminal activity within 1000 feet of the center is a violation of the law and is therefore subject to increased penalty.</p>
<p>Child Products Certification</p>	<p>All childcare programs check with the United States Consumer Product Safety Commission to ensure there are no unsafe children’s products in the center. All items that are recalled are immediately removed from the center.</p>
<p>Emergency Preparedness Plan</p> <p>T.D.F.P.S. Minimum Standard 744.501 (21) & 746.501 (23)</p>	<p>For the following emergencies, the YMCA program will relocate to an area in the center of the building until the emergency is no longer a threat: earthquake, severe weather including tornados, or a situation involving an unsafe person.</p> <p>For the following emergencies, the YMCA program will relocate to an area outside of the building until the emergency is no longer a threat: gas leak, bomb threat, fire, or flood. Once relocated, all children will be accounted for and the appropriate YMCA staff and licensing officials will be notified. The YMCA will be responsible for communicating with parents and licensing should the program need to be relocated for an extended period of time.</p> <p>Each program has an Emergency Preparedness Plan, specific to their school and program, available on site. This plan is available for review by YMCA staff, licensing, and parents.</p>

I have read and understand these policies.

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



Health History Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name:		
Gender:	Date of Birth:	Age:
Height:	Weight:	

Immunizations

All immunizations are current. Immunization record is attached.

Immunizations are not current. The following are required: _____

Medical Diagnoses and Treatments

ADD/ADHD – Treatment: _____

Asthma – Treatment: _____

Food Allergies: _____

Other Allergies: _____ Epi-Pen

Other (Please Explain): _____

Restrictions on Physical Activity (Please Explain): _____

Restrictions on Outdoor Play (Please Explain): _____

Clear for Participation in Physical Activity

Prescription Medications (Please include prescription name, dosage, frequency taken, etc.):

Over the Counter Dosages

My child may be treated, with the following over the counter medication, for: High Fever Allergic Reactions

Medication	Dosage	Frequency
Acetaminophen/Tylenol		
Ibuprofen/Advil		
Diphenhydramine/Benadryl		

Any other important medical information:

VISION	R 20/ _____	L 20/ _____	o Pass	o Fail
HEARING	1000 Hz	2000 Hz	o Pass	o Fail
	R			
L				

I have completed a physical examination on this child, and s/he is able to attend school.

Physician's Signature/Stamp: _____ **Date:** _____

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

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by:

Role:

- Parent
 Caregiver/Employee
 Household Member (CH. 747 only)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____