



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# New Traditions 2011-2012

AM & PM Care For Kids K-5

BUCHANAN YMCA YOUTH PROGRAMS

August 15 2011 May 25 2012



2011-12

# AM & PM CARE

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2011-12

Welcome

# AM & PM CARE

## Letter from the Directors...

Welcome to the New Traditions AM & PM Care Program!

As we look to this new year of school, the AM & PM Care Program welcomes you & your child to another year of wonderful programming! And to our new families joining us for the first time, it is my pleasure to welcome you to the AM & PM Care Program.

This school year, the Am & PM Care Program will continue to serve children from K-5th grades. AM care begins at 7:30A.M, PM care closes at 6:30 P.M. The program plan for this year includes homework assistance, peer to peer tutorials, sports and recreation, literacy circles, educational activities, group games and enrichment programs such as cooking, science, gardening and creative arts and media. The after-school staff is also looking forward to incorporating new enrichment activities such as nutrition education and leadership development. We will also bring back current partnerships with Acrosports and Tree Frog Treks! We encourage parents to volunteer for an activity session or become a part of our Parent Advisory Board. For more information or to volunteer, contact La Ronna Hall, Associate Youth Program Director at (415) 500-1114, or [lhall@ymcasf.org](mailto:lhall@ymcasf.org).

Please save this special date: Tuesday, September 13th, from 5 – 6pm, for our annual Parent Orientation and Family Potluck Social. The afternoon will include an orientation that will cover program basics in addition to giving parents an opportunity to meet our staff and other parents. The Parent Orientation session is required for parents of children who are new to the program. If you are unable to make the August Orientation, please be sure to arrange with La Ronna Hall, an alternate date. It is important that all program information is communicated.

As always, we thank you for choosing the New Traditions AM & PM Care Program and look forward to the promise of learning and fun that this year has to offer!

To a bright future!

Rodney Chin  
Executive Director

La Ronna Hall  
Associate Director of Youth Programs

## AM & PM Care Contact Numbers

General Registration	Member Services Department/Main Branch #	(415) 931-9622
Program Site	La Ronna Hall, Associate Youth Program Director	(415) 751-1622
Billing, FA & Registration	Estella Ramit, Business Services & Finance Director	(415) 292-3022
New Traditions School	2049 Grove Street, SF, CA 94117	(415) 750-8490

# Program Basics

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## PROGRAM DESCRIPTION

### Mission Statement

The YMCA of San Francisco builds strong kids, strong families and strong communities by enriching the lives of all people in spirit, mind and body.

### Program Location

New Traditions School, 2049 Grove Street (between Cole & Clayton Streets). The New Traditions AM & PM Care Program is located in the Multi-Purpose Room on the New Traditions School campus.

### Program Hours

7:30 – 9:30AM AM Care

3:30 – 6:30PM PM Care

PM Care begins one (1) hour early on early-out days for Parent-Teacher Conference Weeks (two times a year).

### How to Register

Register by visiting, calling, mailing or faxing your application to Buchanan YMCA. Advanced registration is required. Reserve your AM or PM Care space by submitting a \$75 deposit with your registration application. A \$50 Annual Program Membership is required for children who are new or renewing program participants. Subsidies such as Children Council, DHS, Wu Yee and other third-party payments are accepted (deposit not required for Children's Council recipients).

### Program Objectives & Activities

The afterschool program works towards meeting the following objectives for activities: 1) reinforcement & enhancement of a broad spectrum of skills that program participants are learning during the school day, 2) providing opportunities for program participants to learn new skills and to gain new experiences in the areas of enrichment, social and character development, and 3) providing needed homework support. Program activities that may be offered as part of the afterschool curriculum are cooking projects, group sports, creative and crafty arts, reading circles, fieldtrips & afterschool leadership opportunities.

### Weekly Activity Plans

Weekly activity plans are available at the beginning of each week of the program. The weekly plan is posted on the bulletin board behind the Parent Information Table and outlines the week's activities, group assignments and other special activity information.

### About Our Program Staff

In our commitment to provide a high quality program, we recognize that skilled staff plays a key role in shaping a great program. Our staff is selected as being the best possible role models for your child. Furthermore, our staff goes through extensive training prior to start of the program. All afterschool staff are CPR/First Aid trained. All of the program staff meets the standards required by State Licensing and the National Afterschool Association. Some mandatory trainings include child abuse prevention risk management, state licensing standards and on-going child development education.

### Homework

Activity leaders are available to help program participants with homework assistance during afterschool time. For the New Traditions PM Program, a homework sign-up form is available for those parents who would like their children to work on homework during the given homework period. Though we recognize that families have very busy schedules, the homework period during afterschool time is not intended as a substitute for time that children spend with parents on homework. As much as possible, the afterschool program will work with families in providing the additional support for their children to be successful in their academic studies.

### Field Trips

The YMCA enhances the curriculum with field trips that are fun and educational. Field trips may include neighborhood walks, museums or parks. Some trips may require use of public transportation (MUNI). Permission slips will be made available in advance for parents to sign. On fieldtrip days, parents are encouraged to pick-up their children before or after the fieldtrip since arranging meeting places/times can be difficult.

### Full Day Programs

Full Day Programs are provided at the Buchanan YMCA on Professional Development Days (Teacher In-service) and Furlough Days when the school is closed. **Children must be signed-up for Full Day Programs in advance through the AM/PM Care Program or at the Buchanan YMCA.** Full Day Program hours are 7:30AM-6:30PM. On these days, children will go on half to full day fieldtrips. Children should wear layered clothing and walking shoes. Lunch is not provided by the program; therefore, a sack lunch is required. Registration packets are available prior to the start of each Full Day Program. There is a separate fee and registration process for any of the Full Day Program days.

## **Parent Orientation**

Please join us for the Parent Orientation session and Family Potluck Social on Tuesday, September 13, 2011 from 5-6:30PM in the New Traditions AM & PM Care Multi-Purpose Room. A parent orientation session is required for parents of children who are new to the program. These sessions will give parents an opportunity to ask questions and to meet program staff. Individual parent orientation appointments may be made for those parents who cannot attend the initial orientation date.

## **Family Events**

The New Traditions AM & PM Care Program hosts several family events during the school year. The first of the school year events will be on Tuesday, September 13, 2011 beginning at 5PM. This event will be a combined Family Potluck Social and Parent Orientation session. The AM & PM Care Program welcomes any suggestions and volunteer support for coordinating.

## **Inclusion & Special Concerns**

Prior to registration, please inform the afterschool program staff of any special physical needs, allergies, emotional, behavioral and medical needs. Advanced notice will assist the staff in determining a plan for support.

## **Resource and Support for Families**

Collaboration with the Children's Council of San Francisco has provided the Buchanan YMCA with support staff who is available to talk with parents and staff as needed. If you and your family are in need of information, referral or support such as family counseling, please contact your child's Program Coordinator or Rodney Chin, Branch Manager, for more information.

## **Volunteering**

The AM & PM Care Program invites and encourages parents to join us for homework assistance, tutoring, general program activities, field trips and special activities. All volunteers must complete the volunteer application and placement process (application, background check, references and the Afterschool Volunteer Orientation). For field trips, parents must provide their own transportation, meals and payment for entrance fees on major trips (museums, etc.) Applications are available from the Member Services Department at the Buchanan YMCA and through the afterschool programs.

## **Administration**

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### **Payment Policy**

Fees are due and payable on the 25<sup>th</sup> of each month for the following month of service. Fees are subject to change with one month written notice. Fees are based on a monthly cycle. The AM & PM Care Program fees cannot be adjusted for absences or vacations. A \$25 fee will be applied to accounts that are not paid by the 25<sup>th</sup> of each month. Participants will be dropped from the program if payment is not received by the 1<sup>st</sup> of the following month. If your account becomes delinquent, your balance due will be turned over to a collection agency. For any questions about billing, please call Estella Ramit, Administrative Services Director at (415) 292-3022.

## **Cancellation & Missed Days**

To cancel program registration, parents are required to submit a two-week advanced written notice to the Program Coordinator or LaRonna Hall, Associate Director of Youth Programming. A Program Change Form is included in this packet or can be found on the Parent Information table at the program site. Please keep in mind that the YMCA cannot make adjustments for any missed days or absences, nor are we able to provide "make-up days" for missed days. The YMCA will gladly refund any remaining payments or deposits given two-weeks written notification to the YMCA and that the account is in good standing.

## **Monthly Timesheets for Children's Council**

Timesheets must be completed by the last day of the month of service in order to avoid suspension of services. Timesheets can be found on the sign-in/out table.

## **Financial Assistance**

Financial assistance must be renewed at the beginning of each school year cycle. Grants of 10% to 50% are available for parents who qualify. Financial assistance grants are not applicable towards Annual Program Membership fees. It is recommended that applications be submitted as soon as possible for the desired AM and/or PM Care registration. Financial assistance is granted for as long as funds for financial assistance are available. A financial assistance application may be found with the registration forms at the back of this brochure. Please keep in mind that a grant of financial assistance for AM and/or PM Care does not guarantee that a space will be reserved for your child. AM and/or PM Care registration must be made separately.

## **Policy and Procedure**

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### **School Holidays & Furloughs**

There is no program available when the YMCA is closed on federal holidays and YMCA Staff Development days. The YMCA observes the following holidays and Staff Development days:

Labor Day: September 5, 2011, Indigenous People's Day: October 10, 2011, Veteran's Day: November 11, 2011, Thanksgiving Break: November 23-25, 2011, Christmas Break: December 19-30, 2011, New Year's Day: January 2, 2012, M.L.K. Day: January 17, 2012 Lunar New Year: January 23, 2012, Furlough Day: February 17, President's Day: February 20, 2012 -- Furlough Day: March 16, 2012 -- Spring Break: March 26 - 29, 2012, Cesar Chavez Day: March 30, 2012, --Furlough Day: April 6, 2012 - Professional Development Day: April 23, 2012.

Full Day Programs and Vacation Camps are available during some non-YMCA holidays and during winter, spring and summer breaks. Winter, Spring & Summer Day Camp registration packets can be found on our website at [www.ymcasf.org/buchanan](http://www.ymcasf.org/buchanan) (see the Full Day Program description for information about those days). There is a separate fee and registration process for any of the vacation camps and for Full Day Programs. Early registration is recommended. Dates listed above are subject to change.

## Full Day Programs

Full Day Programs are provided for some Professional Development Days (SFUSD Teacher In service)/Furlough Days. The final calendar will be available at the beginning of the school year.

## Items to be left at home

PLEASE do not allow your child to bring Walkmans, iPods, skateboards, rollerblades, bicycles, radios or video games to the AM or PM Care Program. We are not responsible for lost, broken or stolen items. Please do not send your child with money. Your tuition covers the cost of everything your child will need in our program, including snack, fieldtrip entrance fees and transportation (Muni).

## Absences and Changes in Your Child's Schedule

It is the responsibility of the parent to notify the YMCA of any absences or changes in your child's regular schedule (sick, absent or added days). Parents may leave a voicemail message to notify him or her of your child's absence for the day (see phone directory).

## Sign in & Out, Release Policy

For your child's protection, we must have current release and participant information on file. We will not, without prior consent, release your child to any person other than the individuals authorized by you on the registration form. It is the parents' responsibility to keep this information current, along with changes in address or phone numbers. For children attending other on-site enrichment classes, the program must have written consent on file with the afterschool program. Your consent will give the enrichment instructor(s) authorization to sign-out course participants during the designated course time(s). Proper photo ID will be required for pick-ups- NO EXCEPTIONS.

There are no in/out privileges for the program unless your child is attending other on-site enrichment. Once your child is signed out, they are considered gone for the rest of the day. Parents are required by State Licensing standards to sign their child in and out of the program every day. This is for your child's safety to prevent unauthorized pick-ups. The sign-in/out book is located on the Parent Information table at the New Traditions AM & PM Care Program.

## Late pick-ups

Children must be picked-up by the program closing time at 6:30PM. A fee of \$1 per minute after 6PM will be assessed. The following procedure will be followed in the event that your child is not picked-up on time:

- We will attempt to call you and individuals authorized by you on your child's emergency form.
- If contact has not been made by 7:30pm, the Police & Child Protective Services will be notified to pick-up your child.
- Suspension or expulsion from the program could result from repeated tardiness for pick-ups.

**We are willing to support you as much as we are able to in case an emergency arises. Please be sure to contact the staff immediately and inform us of any situation that will cause you to be late picking up your child.**

## Health and Safety

### Medication

For each prescription medication, parents must complete and submit Consent for Administration of Medication Form. All prescription and non-prescription medications must be in their original containers with the original, unaltered label. All prescription medications shall be administered in accordance with the label directions as prescribed by the child's physician. Non-prescription medication may be administered without approval from the child's physician if the medication is administered in accordance with the product label directions on the non-prescription medication container. The instructions from the child's parents/guardian must not conflict with the physician's prescribed directions for prescribed medications or the product label directions for non-prescription medications.

### Medical Treatment

If your child is injured while in our program, the Site Director will take whatever steps necessary to obtain emergency medical care. The YMCA assumes no financial obligation for any such treatment. These steps will include:

- Attempts to contact parent/guardian;
- Attempts to reach people listed on your emergency form if you are not available;
- Call for an ambulance or paramedic, or have the child taken to an emergency hospital with a YMCA staff for treatment.

All staff are trained and certified in First Aid and CPR.

### Sick Children

For the safety of all the children and staff, we ask that you do not send your child to the program if he/she is sick. If your child becomes ill while at the program, you will be required to pick-up your child within one hour of notification. If you are unable to pick-up your child yourself, you must make arrangements for someone else to pick-up your child. If your child is absent from school due to illness, they cannot attend the program for that day.

### Emergency and Disaster

In case of an emergency, the afterschool program will remain in their program building (as safety permits). If we are required to evacuate, the program will relocate to evacuation sites listed below. The YMCA will attempt to contact you as soon as possible to let you know that your child is safe. For your convenience, a list of emergency contact numbers is located at the front of this handbook. Evacuation locations are subject to change. Parents will receive official notification of changes through the New Traditions AM & PM Care Program.

#### **First evacuation site:**

University of San Francisco (USF)  
Golden Gate & Parker Avenue, SF CA

#### **Second evacuation site:**

Buchanan YMCA  
1530 Buchanan Street, SF CA  
(415) 931-9622

### Program Guidelines & Discipline Policy

The ground rules listed here are general expectations that we have for all of our program participants. Ground rules will be reviewed with all program participants at regular intervals during the program's assembly time.

- Safety First
- Respect for Others
- Speak for Yourself/Listen Attentively
- Be Responsible

**We do not use corporal punishment.** Please also be aware that the Buchanan YMCA's policy for discipline has eliminated the use of "Time-outs." Children who hurt other children or who have difficulty with the general expectations of the program may be suspended or may be asked to leave the program.

### Licensing Information

The New Traditions AM & PM Care Program is licensed by the Community Care Licensing for the State of California. The Buchanan YMCA follows all of the State of California licensing procedures. Licensing is allowed to interview children in case of any incidents or complaints. Licensing is also allowed to visit the programs at any time. The licensing department can be reached at:

Community Care Licensing, 801 Traeger Avenue  
Suite 100, San Bruno, CA 94066 (650) 266-8843

### Other Buchanan YMCA Youth Programs...

Buchanan YMCA offers a wide variety of youth and community programs. Look for more information about our other youth programs on the parent information table, in the New Traditions weekly folders or contact Buchanan YMCA for more information.

### Vacation & Summer Day Camps

Camp activities are widely varied to give campers the opportunity to enjoy a wide range of experiences. Camp is a great setting for exploration, growth and education, and is as much an attitude as it is an experience. Summer Day Camp registration is open to children entering Kinder.-5<sup>th</sup> grades in the Fall. A Junior Leadership Program is also offered for students in 6-8<sup>th</sup> grades. Day Camp is held at Buchanan YMCA. Take advantage of our Early Bird & Camp Time registration specials to earn a FREE Kids Night Out and/or one month FREE Buchanan YMCA Facility membership! See the camp registration packet for more information!



### Kids Night Out

Kids Night Out is an overnight sleepover event at a Buchanan YMCA. For kids in K-5<sup>th</sup> grades. Overnight participants enjoy a theme-based party and an evening movie! An evening snack and breakfast are provided. Kids Night Out is offered on the last Friday of the month during all months except August, November and December. The program fee is \$40 for one child or \$70 for two siblings. Participants must have a Buchanan YMCA program membership (\$50 annual fee or \$75 for families). Program hours are from 7PM Friday night to 10AM Saturday morning. Our March Kids Night Out includes a weekend trip to Yosemite Valley for kids in Gr. 3-8 (fee TBD).



### Enrichment Courses

The YMCA is open to your feedback and interested in enrichment classes. In past sessions, the YMCA has offered basketball lessons as well as art enrichment during afterschool time. These classes have been offered as a series of courses for an additional fee. If you and your child have an interest for sports, dance, art, parent/child classes or other afterschool enrichment, please let us know & we will explore the possibility of adding enrichment!

### Junior Leadership

Buchanan YMCA offers opportunities for youth in grades 6-12 to develop their leadership skills. Placements are available in all of our youth programs and offer great opportunities for older students to serve as role models and mentors to younger program participants.



# Program Calendar

## 2011-2012 SFUSD Calendar

August 15	First Day of Instruction
September 13	Parent Orientation & Family Potluck Social, 5-6PM,
September 5	Labor Day Holiday Observed (Program closed)
October 10	Indigenous People's Day Full Day Program available
November 11	Veteran's Day (Program Closed)
November 23-25	Thanksgiving Recess (Program Closed)
December 19-30	Winter Break (Winter Day Camp Sessions at Buchanan YMCA) (Program closed Dec. 23 & Dec. 30)
January 2	New Year's Day Holiday Observed (Program closed)
January 16	Martin Luther King, Jr. Day Holiday Observed (Program closed)
January 23	Lunar New Year Observance (School Closed)
February 17	Teacher Furlough Day
February 20	President's Day
March 16	Teacher Furlough Day (School Closed)
March 26- 29	Spring Break (Spring Day Camp Session at Buchanan YMCA)
March 30	Cesar Chavez Day Observed
April 6	Teacher Furlough Day
April 23	Professional Development Day (School Closed)
May 25	Last Day of Instruction

\*Calendar subject to change.

### Save the Date...

#### Parent Orientation & Family Potluck Social!

Join us for our AM & PM Care Program Parent Orientation & Family Potluck Social on September 13, 2011 from 5-6PM in the New Traditions Multi Purpose Space! Look for the event sign-up on the Parent Information table leading up to the date!

### Payment Calendar Fee Schedule (subject to change)

Month of Service	Due Date	3 Days AM	3 Days PM	5 Days AM	5 Days PM
August, 2011*	September 1, 2011	\$75	\$150	\$95	\$205
September, 2011	September 1, 2011	\$130	\$260	\$165	\$360
October, 2011	October 1, 2011	\$130	\$260	\$165	\$360
November, 2011*	November 1, 2011	\$106	\$213	\$135	\$295
December, 2011*	December 1, 2011	\$71	\$142	\$90	\$196
January, 2012	January 1, 2012	\$130	\$260	\$165	\$360
February, 2012*	February 1, 2012	\$124	\$247	\$157	\$342
March, 2012*	March 1, 2012	\$95	\$190	\$120	\$262
April, 2012*	April 1, 2012	\$124	\$247	\$157	\$342
May, 2012*	May 1, 2012	\$107	\$215	\$136	\$297

A \$25 Late Fee will be assessed on payments received after the 10<sup>th</sup> of the following month for childcare payments.

\*Indicates shortened/pro-rated month of service.

# Registration

Child's Name \_\_\_\_\_

What grade will your child be entering in the Fall? \_\_\_\_\_ Anticipated program start date \_\_\_\_\_  
Membership Type (please circle): Program Member (\$50 annually) Family Facility Member (YMCA ID# \_\_\_\_\_)

Registration description (circle ALL that apply):  
 Current Participant (this school year) New Participant (\$50 Program Membership) Subsidy Recipient (Children's Council)

**REGISTRATION DESC.      DAYS      FEES      COST**

Parents will receive written notification for PROGRAM ACCEPTANCE. Fees are billed during the month prior to the start of services.

**AM Care**

3 days AM Care      M T W Th F      \$130 Per Month      \$ \_\_\_\_\_

5 days AM Care      Monday-Friday      \$165 Per Month      \$ \_\_\_\_\_

**PM Care**

3 days PM Care      M T W Th F      \$260 Per Month      \$ \_\_\_\_\_

5 days PM Care      Monday-Friday      \$360 Per Month      \$ \_\_\_\_\_

**Subtotal**      \$ \_\_\_\_\_

**DEPOSIT**

Deposits are applied to the last month of service. Deposit not required for subsidy recipients (Children's Council).

\$75 Deposit = \$ \_\_\_\_\_

**PAYMENT**

Annual program membership required for all NEW or RENEWING participants.

**Strong Communities Campaign**

The demand in our community for the programs and services that Buchanan YMCA provides has grown significantly, and continues to rise. Thanks to the generosity of donors, we have been able to respond to these needs and are working to preserve their benefits.

A contribution will directly impact the lives of the youth, teens, seniors and families of our communities.

Your contribution is tax deductible to the extent allowable by law.

Program membership (if applicable) \$50 = \$ \_\_\_\_\_

I would like to send a child to afterschool.

I would like to make a Campaign donation.= \$ \_\_\_\_\_

**Total** = \$ \_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

Credit Card Number \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Signature \_\_\_\_\_

**SUBSIDY OR THIRD PARTY PAYMENT INFORMATION**

Name of Agency/Specialist \_\_\_\_\_

Direct Phone Number of Specialist \_\_\_\_\_



**REGISTRATION & MEMBERSHIP INFORMATION**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Member # \_\_\_\_\_ Exp \_\_\_\_\_

Reg'd by/date \_\_\_\_\_ Date of admission \_\_\_\_\_ Date child left program \_\_\_\_\_

**Registration Form**

**4 Registration Forms (Required)**

Child's Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Birth date \_\_\_\_\_ Age in the Fall \_\_\_\_\_ School \_\_\_\_\_ Grade entering in the Fall \_\_\_\_\_

Membership Information (circle one) Program Member (\$50 annually) Family Facility Member (YMCA ID# \_\_\_\_\_)

**Family Information**

1. Parent/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Parent/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name of Person Responsible for Child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Care Information (Physician or Dentist To Be Called in an Emergency)**

1. Name of child's doctor \_\_\_\_\_ Contact phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name of child's dentist \_\_\_\_\_

Contact phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Hospital preference \_\_\_\_\_

Contact phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

**If physician cannot be reached, what action should be taken?**

Call Emergency Hospital  Other Explain: \_\_\_\_\_

Are there any other allergy, fears, disability or other special needs that the program staff should know about?

**Emergency Contacts & Persons Authorized to Pick-up Child**

*Minimum of two emergency contacts other than parents/guardian required. Names of persons authorized to take child from the facility (child will not be allowed to leave with any other person without written authorization from parent or authorized representative). Names of additional persons who may be called in an emergency.*

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Time that the child will be called for:  
\_\_\_\_\_

Signature of Parent or Authorized Representative & Date \_\_\_\_\_

**CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT**

CHILD’S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 FATHER’S NAME \_\_\_\_\_ DOES FATHER LIVE IN HOME WITH CHILD? \_\_\_\_\_  
 MOTHER’S NAME \_\_\_\_\_ DOES MOTHER LIVE IN HOME WITH CHILD? \_\_\_\_\_  
 IS THIS CHILD BEING UNDER REGULAR SUPERVISION OF PHYSICIAN? \_\_\_\_\_ DATE OF LAST PHYSICAL/MEDICAL EXAMINATION \_\_\_\_\_

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT\* \_\_\_\_\_ MONTHS \_\_\_\_\_ BEGAN TALKING AT\* \_\_\_\_\_ MONTHS \_\_\_\_\_  
 TOILET TRAINING STARTED AT\* \_\_\_\_\_ MONTHS \_\_\_\_\_

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps		

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS \_\_\_\_\_

DOES CHILD HAVE FREQUENT COLDS?  YES  NO HOW MANY IN LAST YEAR? \_\_\_\_\_ LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF \_\_\_\_\_

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP? \_\_\_\_\_ WHAT TIME DOES CHILD GO TO BED? \_\_\_\_\_ DOES CHILD SLEEP WELL? \_\_\_\_\_  
 DOES CHILD SLEEP DURING THE DAY? \_\_\_\_\_ WHEN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 DIET PATTERN: (What does child usually eat for these meals?)  
 BREAKFAST \_\_\_\_\_  
 LUNCH \_\_\_\_\_  
 DINNER \_\_\_\_\_  
 WHAT ARE USUAL EATING HOURS?  
 BREAKFAST \_\_\_\_\_  
 LUNCH \_\_\_\_\_  
 DINNER \_\_\_\_\_

ANY FOOD DISLIKES? \_\_\_\_\_

ANY EATING PROBLEMS? \_\_\_\_\_

IS CHILD TOILET TRAINED?  YES  NO IF YES, AT WHAT STAGE? \_\_\_\_\_

ARE BOWEL MOVEMENTS REGULAR?  YES  NO WHAT IS USUAL TIME? \_\_\_\_\_

WORD USED FOR 'BOWEL MOVEMENT'? \_\_\_\_\_

WORD USED FOR URINATION? \_\_\_\_\_

PARENT’S EVALUATION OF CHILD’S HEALTH \_\_\_\_\_

IS CHILD PRESENTLY UNDER A DOCTOR’S CARE?  YES  NO IF YES, NAME OF DOCTOR: \_\_\_\_\_

DOES CHILD TAKE PRESCRIBED MEDICATION(S)?  YES  NO IF YES, WHAT KIND AND ANY SIDE EFFECTS: \_\_\_\_\_

DOES CHILD USE ANY SPECIAL DEVICE(S)?  YES  NO IF YES, WHAT KIND: \_\_\_\_\_

DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?  YES  NO IF YES, WHAT KIND: \_\_\_\_\_

PARENT’S EVALUATION OF CHILD’S PERSONALITY \_\_\_\_\_

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN? \_\_\_\_\_

HAS THE CHILD HAD GROUP PLAY EXPERIENCES? \_\_\_\_\_

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN) \_\_\_\_\_

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL? \_\_\_\_\_

REASON FOR REQUESTING DAY CARE PLACEMENT \_\_\_\_\_

PARENT’S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Program Hours**

AM Care 7:30 – 9:30AM

PM Care 3:30-6:30PM

**Discipline Policy & Behavioral Expectations**

The general expectations for all program participants are 1) safety first, 2) Respect yourself & others, 3) Speak for yourself & listen attentively, and 4) Act responsibly. Children who hurt other children or who have difficulty with the general expectations of the program may be suspended or may be asked to leave the program.

**Inclusive Setting**

The Buchanan YMCA invites children with cognitive, affective, social and/or physical disabilities to participate in inclusive settings at Buchanan YMCA programs. Inclusion is made possible through individualized support plans to ensure the best possible afterschool experience. I would like to be contacted by the Director of Youth & Teen Programming. (Initial) \_\_\_\_\_

**Late Pick-ups**

After 6:30PM a late charge of \$1.00 per minute will be assessed. I understand program policy regarding late pick-ups.

**Medical Treatment**

Written consent from the parent or guardian is required for the administration of medications. In the event of an emergency in which the parent cannot be contacted, emergency medical staff and the YMCA will take appropriate action in the best interest of your child.

**Photography Waiver**

By signing this form, parents permit the YMCA to use pictures of their child as a program participant in promotional literature published and used by the YMCA.

**Subsidy or Third Party Payment**

For subsidy or third party payments, parents must contact their social worker or specialist in advance to initiate the contract process. I understand that I am responsible for any payments not covered by my subsidy agency or third party payee.

**Payment Policy**

I understand the policy regarding deposits, payment, cancellation and refunds. All outstanding fees on past programs must be paid in full prior to AM and/or PM care registration. Payment for AM and/or PM care is due on the twenty-fifth of each month for the following month. Fees are based on a monthly cycle. A \$25. late fee will be assessed to accounts that are not paid by the twenty-fifth of each month. Registration may be terminated if payment is not received by the first of the following month. Delinquent accounts will be referred to a collection agency for settlement. Program fees may be paid via phone with the Member Services Department at 931-9622.

**Parent Orientation**

A Parent Orientation session is **required** for all parents of new program attendees **or** children returning after an absence of one year or more. These sessions will give parents an opportunity to ask questions and to meet program staff. Individual parent orientation appointments may be made with the Site Director after the initial orientation date at the start of the school year. A combined Parent Orientation & Family Potluck Social is planned for September 13, 2011 from 5-6PM.

**Cancellation & Missed Days**

I understand that the YMCA requires two-weeks written notification to the YMCA is required. I also understand that the YMCA cannot make adjustments for any missed days or absences. Deposits will be applied to the last month of service.

**Refunds**

I understand that two-weeks written notification to the YMCA is required for program withdrawal or change. I also understand that deposits and/or program payments will be applied towards the last month of service and any other outstanding fees on the account before a refund request can be made.

**Lost Items**

I understand that the YMCA is not responsible for any personal items that have been lost or stolen.

**YMCA of San Francisco****Permission for Medical Treatment**

I authorize the YMCA of San Francisco to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well-being. Cost incurred for treatment of sudden illness or accident will be processed initially through my insurance prior to submitting claim to the YMCA. This authorization and consent for treatment is given to the YMCA in conjunction with any authorized event.

I understand and agree to the policies stated above.

---

Date

---

Child's Name

---

Parent Signature

**Release and Waiver of Liability and Indemnity Agreement 4 Registration Forms (Required)**  
**YMCA of San Francisco**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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.

I HAVE READ THIS RELEASE:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant/Parent

\_\_\_\_\_

Print Name of Applicant/Parent

\_\_\_\_\_

Print Name of Child in Program

### CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

#### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing O Community Care Licensing

Licensing O 801 Traeger Avenue, Suite 100, San Bruno CA 94066

Licensing O (650) 266-8843

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

LIC 995 (8/02)

(Detach Here - Give Upper Portion to Parents)

#### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
  - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

YMCA of San Francisco - New Traditions Afterschool  
2049 Grove Street, San Francisco, CA 94117

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**Financial Assistance Application**

**4 Supplementary Forms**

**Application Directions:** Financial assistance, to the extent possible, is made available through the generosity of our donors. Financial assistance applications may be submitted separate or together with the registration application. Financial assistance of 10% to 50% is available for parents who qualify financially. Financial assistance grants are not applicable towards Annual Program Membership Fees. It is recommended that applications be submitted as soon as possible for the desired camp sessions. Financial assistance is granted for as long as funds for financial assistance are available.

**Family income documentation must accompany this form. Incomplete forms will be returned.**

**Please print or type application. Please fill out this application completely and submit to Buchanan YMCA.**

Registration (circle registration options): 3 Days AM 3 Days PM 5 Days AM 5 Days PM Today's Date \_\_\_\_\_

**Participant Information**

Participant Name(s) 1. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
2. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
3. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Parent/Guardian Information**

1. Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
2. Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Monthly Income**

Monthly income from all sources:	<b>Gross (before taxes)</b>
Earnings (Salary, Wages, Commissions, etc.)	\$ _____
All other Assistance (Welfare, Social Security, Alimony, Child Support, etc.)	\$ _____
<b>Total</b>	<b>\$ _____</b>

List the total number of people in household dependent on the income represented here \_\_\_\_\_

**\*\*\*YOU MUST PROVIDE YOUR INCOME TAX RETURN, W-2, SOCIAL SECURITY FOR INCOME VERIFICATION.**

Write a few words describing the child and his/her background or special circumstances that should be considered when we determine financial assistance.

\_\_\_\_\_  
\_\_\_\_\_

Are you requesting financial assistance from another agency? If yes, agency name, contact name and number \_\_\_\_\_

I certify that the above information is true and correct and wuthorize the YMCA of San Francisco to verify all information listed on this form.

\_\_\_\_\_  
Signature of Parent or Guardian Date Signed

\_\_\_\_\_  
Signature of Parent or Guardian Date Signed

DO NOT WRITE BELOW THIS LINE

.....  
Date of Application Receipt \_\_\_\_\_ Date of FA Approval \_\_\_\_\_

# of Months/Service \_\_\_\_\_

Full ASP Fees \$ \_\_\_\_\_ FA Granted \$ \_\_\_\_\_ Date of FA Application \_\_\_\_\_

Completed By \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_

**ADDRESS AND/OR PHONE NUMBER CHANGE**

PLEASE NOTE THAT A TWO WEEK NOTICE IS REQUIRED FOR ANY REGISTRATION CHANGES AND ONLY VALID SIGNED AUTHORIZATIONS WILL BE HONORED. FAILURE TO PROVIDE PROPER NOTICE WILL RESULT IN YOUR ACCOUNT BEING CHARGED THE FULL PRICE PER THE ORIGINAL AGREEMENT.

**DESIRED EFFECTIVE DATE** (two-weeks notice required) \_\_\_\_\_

**ADDITION OR CHANGE IN AUTHORIZED PICK-UPS** (include name, number & relationship of authorized pick-ups)

- 1) Name, \_\_\_\_\_, Relation, \_\_\_\_\_, Phone, \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
- 2) Name, \_\_\_\_\_, Relation, \_\_\_\_\_, Phone, \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
- 3) Name, \_\_\_\_\_, Relation, \_\_\_\_\_, Phone, \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Please notify new authorized pick-up to bring proper photo ID to show to program staff when arriving to the program.

**CURRENT REGISTRATION**

AM Care

PM Care

3 days AM Care M T W Th F

3 days PM Care M T W Th F

5 days AM Care Monday-Friday

5 days PM Care Monday-Friday

Other AM: \_\_\_\_ # of days M T W Th F

Other PM: \_\_\_\_ # of days M T W Th F

**DESIRED REGISTRATION CHANGE**

AM Care (circle one)

ADD

DELETE

PM Care (circle one)

ADD

DELETE

3 days AM Care M T W Th F

3 days PM Care M T W Th F

5 days AM Care Monday-Friday

5 days PM Care Monday-Friday

Other AM: \_\_\_\_ # of days M T W Th F

Other PM: \_\_\_\_ # of days M T W Th F

**PROGRAM WITHDRAWAL** (include reason for withdrawal)

**AUTHORIZATION**

Received By (staff sign./date) \_\_\_\_\_ Effective Date \_\_\_\_\_

I have been notified by program staff of the effective date noted above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Registration changes completed by \_\_\_\_\_ Date \_\_\_\_\_ Notes:

**Administration of Medication/Nebulizer Care Consent**  
**(Reference Lic 9166, State of CA- Health & Human Services)**

**4 Supplementary Form**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. **A separate form must be filled out for each person who administers medication to the child.**

I, \_\_\_\_\_, give my consent for:

\_\_\_\_\_,  
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)

(PRINT NAME OF STAFF PERSON)

who works at **New Traditions Afterschool Program** to administer medication/inhaled medication to my child, \_\_\_\_\_, and to contact my child's health care provider.

In addition, I certify that I have personally instructed the above-named staff person on the pre-printed instruction for the medication/how to administer inhaled medication to my child. I have also provided the child care facility with written instructions from my child's physician (for example, a physician's assistance, nurse practitioner or registered nurse). These instructions include:

- ♦ Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- ♦ Potential side effects and expected response.
- ♦ Dose form and amount to be administered in accordance with the physician's prescription.
- ♦ Action to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- ♦ Instructions for proper storage of the medication.
- ♦ The telephone number and address of the child's physician.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Authorized Representative

\_\_\_\_\_  
Print Name of Parent/Authorized Representative

\_\_\_\_\_  
Address of Authorized Representative

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cell Number