



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

GROWING GREAT TOGETHER

Richmond District YMCA Before and After-School Program K-5th
2019-2020 Argonne YMCA Licensed Program Registration Packet

What We Do

The Y is a strong leader in Youth Development. We understand the importance of helping children realize their potential. At the YMCA Afterschool program, we are intentional about fostering Achievement, Relationships and Belonging. We incorporate a holistic approach to develop youth academically and emotionally. Youth have fun while engaging in enriching experiences that help them to build skills, develop strong friendships, and feel like they are part of something great.

Who We Are

Our staff are trained in CPR/First Aid, Child Abuse Prevention, and a series of Youth Development Modules. They meet weekly to plan programs that are creative and engaging with age appropriate learning objectives. Our ratio is 1:14 and all our teachers are required to have at least 6 college units of Early Childhood Education. We want to empower students to be leaders in their community. Our number one priority is to ensure that they have a safe place to do that.

YMCA Youth Department Contacts

General Program Questions:

Stephanie Brennan

Argonne Site Coordinator

Direct Number: 415-666-9621

Sbrennan@ymcasf.org

Financial Assistance and Billing:

Maria Santos

Billing/Financial Assistance/Agency

Assistance

415-666-9613

Msantos@ymcasf.org

**Welcome to
theYMCA!**



ADMINISTRATION POLICY

We are honored that you have chosen the YMCA for your child care needs. We believe all kids have potential and should have the opportunity to discover who they are, express themselves, and thrive in a nurturing environment. We look forward to a great year!

Payment Policy

Tuition rates are based on a set 180 school days. Holidays and School In-Service days are not included. Rates are divided into 10 payments per school year. Please note that August and December fees are prorated at 50%. • Payments are due 10 days before the first of each month for the following month of service. • Automatic Bank Draft is available and is the preferred method of payment. • We do not accept CASH payment at the sites. • Checks, money orders or cashiers checks must be dropped off OR mailed to the Richmond District YMCA at 360 18th Ave, San Francisco, CA, 94121. • Parents can register, manage and schedule their own payments online. Please go to our website www.ymcasf.org/Richmond and click the "Online Profile." • A \$15 Bank fee will be applied to all rejected child care auto payments. • Program fees cannot be credited or adjusted for absences, teacher work days, holidays, or vacations. • A \$25 late fee will be applied to accounts that are not paid by the 1st of each month. Participants will be automatically dropped from the program if payments are not received by the 10th of each month. • If your account becomes delinquent it will be turned over to a collection agency. • Fees are subject to change with a one-month written notice. • Camp is provided during school breaks and teacher work days at an additional cost.

Receipts

Please retain your receipts for tax purposes and flexible spending accounts. You can print receipts from your online account at www.ymcasf.org/richmond. The Richmond YMCA's tax ID number is 94-099-7140.

FSA

Flexible Spending Account (FSA) a Site Coordinator or Youth Director can provide signatures. Receipts can be obtained at the Richmond District YMCA located at 360 18th Ave or through your online account with the YMCA.

Financial Assistance

We never want money to be a barrier in developing youth in our community. The Richmond YMCA offers financial assistance to all families who apply and rewards are based on need and a sliding scale. Financial Assistance is available because of generous donors to our Annual Giving Campaign and we are appreciative for community support. It is important that families communicate if payment will be late or if they are in need of additional funding. The YMCA has the right to cancel financial assistance if: your payments are late; a check is returned because of insufficient funds; or false information is found on your application. Financial Assistance is valid for one school year and it is the parent's responsibility to renew financial assistance each year. Acceptance dates for applications begin April 10 for the fall. Download an application from our website at www.ymcasf.org/richmond or visit us at the Richmond District YMCA.

Youth Attendance/ Personal Belongings

It is the responsibility of the parent/guardian to inform the childcare site of absences.

If site is not informed in advance of absence and we expect the child(ren) to attend our program that day we take the following steps: 1. Call school office to confirm. 2. Call primary contacts (parent/guardian). 3. Call down the emergency pick-up contact list. 4. If we do not hear back from any of the emergency contacts confirming whereabouts of the child(ren) within 30 minutes we will contact the local police department. The YMCA is not responsible for any personal items lost or stolen.

Non-YMCA Program Schedules

Parents are required to notify the Y staff of non-YMCA extracurricular activities that may alter the time their child is in our care. If the child is enrolled in before/after school programs hosted by the school, a sports team, etc. the Site Coordinator or staff should be notified.

ADMINISTRATION POLICY

Sign-in/Sign-Out

California licensing regulations require that children be signed in/out by their parents or guardian with a full signature. Initials will not be accepted. Any other adult authorized to pick up your child must be listed on the Emergency form. Please inform the site in writing if someone not listed on emergency form is picking up your child and please keep your authorized pickup list updated. We will ask to see a photo ID if the staff does not know the person who comes to pick up your child.

Medication Treatment

The YMCA does not normally administer any medication and will only do so when directed in writing by parent or guardian. Please indicate on your child's Medical Release Form any medication (prescription or over-the-counter) that he/she needs. Medication must be given to a staff person in its original container and with complete written instructions. In the event of an emergency in which the parent cannot be contacted, emergency medical staff and the YMCA may take appropriate action in the best interest of the child.

Late Pickup Policy

If children are not picked up by closing time, a late fee of \$1 will be charged for every minute beyond closing time. Financial assistance will not be applied to this fee nor will Third Party Agency pay this fee. If your child is not picked up after 30 minutes, we will call those listed on your emergency contact pickup list. If we can not contact anyone, we will call the police and CPS. If your child is picked up late more than 5 times, the YMCA has the right to terminate care.

Cancellations/Reduction of

A 30 Day written notice is required to cancel or decrease days. In order for us to process your request, you must email Youth Director or Site Coordinator. Reduction of days takes effect on the 1st of the following month after written notice is provided.

Behavior Guidelines

At the time of registration, any behavioral challenges, or special physical, allergies, psychological or medical needs of your child should be identified and discussed with the director and afterschool teachers.

The YMCA of San Francisco's approach to working with children utilizes positive redirection and self-discipline. Staff work with the children using positive reinforcement, preventive measures, and programs that support children's success. Each participant in the YMCA program is expected to respect themselves, other people, and their belongings. Restorative Practices are used to build community and can help set things right when the integrity of the community is challenged by harmful behaviors.

When an incident occurs, we follow these steps:

1. Talk to the child.
2. Remove child from activities, institute a cooling off period, implement Restorative Practices.
3. Call parent.
4. Insist that parent pick up child and attend mandatory meeting.
5. Put child on a behavioral agreement.
6. Suspend child from program.
7. Expel child from program.

I have read the above Policies and I understand and agree to comply with all terms and conditions therein.

Parent Signature _____ Print Name _____ Date _____

HOLIDAY INFORMATION

Out of School Time (OST) & Holiday Breaks

The Y provides programs during teacher in-service days, staff development and school closure days and will feature a variety of popular activities, guest visitors and local field trips. OST days are based on themes that will add growth and learning opportunities for your child.

Locations: Argonne Playground Clubhouse: 463 18th Avenue and Geary Blvd, SF 94121

Payment is due upon registration. Registration is available on-line at www.ymcasf.org. Registration closes the Thursday before the session starts.

September 2, 2019: Labor Day (No Camp Offered)

October 14, 2019: Indigenous People's Day

November 11, 2019: Veterans Day

**November 25 - 27, 2019: Thanksgiving Recess
(No Camp on 28th or 29th)**

**December 23-January 3, 2019/2020: Winter Break
(Exact Camps Days TBD)**

**January 20, 2020: Martin Luther King Jr. Day
(No Camp Offered)**

January 24, 2020 Lunar New Year

February 17, 2020 President's Day (No Camp Offered)

March 30- April 3, 2020 Spring Break

May 25, 2020 Memorial Day (No Camp Offered)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RICHMOND DISTRICT YMCA

2019-2020 Afterschool Program Registration

Processed Date: _____

Staff Initials: _____

PROGRAM LOCATION

- SCHOOL: Argonne Elementary Jefferson Elementary
 LEAP (Middle School Program) Argonne Clubhouse Lafayette Elementary

APPLICANT INFORMATION

Student's Name: _____ Entering Grade (2019-2020 School Year): _____

Gender: Male Female Undecided Decline to State Date of Birth: _____ / _____ / _____

Home Address: _____
Street City State Zip

Parent/Guardian E-mail: _____

Household Income (please check one):

- \$0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999 \$40,000-\$74,999 \$75,000 and above Decline to state

PARENT/GUARDIAN 1

(Emergency contact & authorized to pick-up child)

Name: _____ D.O.B: _____ / _____ / _____

Primary Phone: _____

Secondary Phone: _____

PARENT/GUARDIAN 2

(Emergency contact & authorized to pick-up child)

Name: _____ D.O.B: _____ / _____ / _____

Primary Phone: _____

Secondary Phone: _____

ADDITIONAL AUTHORIZED PICK-UPS/EMERGENCY CONTACTS:

Pick-Up #1 Name: _____

Phone: _____

Pick-Up #2 Name: _____

Phone: _____

Pick-Up #3 Name: _____

Phone: _____

UNAUTHORIZED PICK-UPS:

(Anyone NOT authorized to pick up the child, please list here)

List any allergies we should know about:

Can your child participate in this program without additional supports?

- Yes
 No

If your answer is no, please state briefly the nature of the additional supports your child may need.

Does your child have one of the following?

- SST 504 IEP

Do you authorize consent for program staff to access your child's SST, 504 and/or IEP?

- Yes*
 No

*If yes, please sign the attached SFUSD Authorization for Release of Confidential Information.

What else should we know to ensure your child has a successful experience in this program?

MONTHLY CO-PAY FEES PROGRAM

Applicants who are members of a YMCA facility are offered reduced monthly co-pay. If you are interested in a YMCA Facility Membership, please visit our website at www.ymcasf.org. You may also sign up as a Community Participant at no cost (access to YMCA programs only).

Please check the box that you would like to register for:

| Rates with Community Participant Membership | | | Rates with Facility Membership | | |
|---|----------|----------------------------------|--------------------------------------|----------|----------------------------------|
| Summer Session | Flat Fee | | Summer Session | Flat Fee | |
| <input type="checkbox"/> 5 days/week | \$578 | Fees due in full at registration | <input type="checkbox"/> 5 days/week | \$495 | Fees due in full at registration |
| <input type="checkbox"/> 3 days/week | \$416 | | <input type="checkbox"/> 3 days/week | \$357 | |
| <input type="checkbox"/> 2 days/week | \$298 | | <input type="checkbox"/> 2 days/week | \$255 | |

| Kinder Summer Session | Flat Fee | | Kinder Summer Session | Flat Fee | |
|--------------------------------------|----------|----------------------------------|--------------------------------------|----------|----------------------------------|
| <input type="checkbox"/> 5 days/week | \$289 | Fees due in full at registration | <input type="checkbox"/> 5 days/week | \$247 | Fees due in full at registration |
| <input type="checkbox"/> 3 days/week | \$209 | | <input type="checkbox"/> 3 days/week | \$180 | |
| <input type="checkbox"/> 2 days/week | \$149 | | <input type="checkbox"/> 2 days/week | \$128 | |

Please check which session your kinder will be in:

Argonne 2019 Kinder Summer Session Session 1 Session 2

Please check the days that your child will attend:

Argonne Summer MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

| Argonne School Year | MONTHLY FEE | DEPOSIT (August) | Argonne School Year | MONTHLY FEE | DEPOSIT (August) |
|--------------------------------------|-------------|------------------|--------------------------------------|-------------|------------------|
| <input type="checkbox"/> 5 days/week | \$485 | \$243 | <input type="checkbox"/> 5 days/week | \$416 | \$208 |
| <input type="checkbox"/> 3 days/week | \$350 | \$175 | <input type="checkbox"/> 3 days/week | \$301 | \$151 |
| <input type="checkbox"/> 2 days/week | \$251 | \$126 | <input type="checkbox"/> 2 days/week | \$214 | \$107 |

Please check the days that your child will attend:

Afterschool Program MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PLEASE NOTE: Months of August and December are prorated due to school year breaks. One-day camps and weekly camps are available to all through the Richmond District YMCA at additional fees.

SIBLING DISCOUNT: We offer a 20% discount on monthly child care fees for siblings.

FINANCIAL ASSISTANCE: We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet.

- YES! I am applying for Financial Assistance.**
- YES! I have attached my Financial Assistance Application.**

PAYMENT - PLEASE COMPLETE ONE SECTION

MONTHLY CO-PAY FEES PROGRAM - PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Monthly co-pays are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or at the main facility at 360 18th Avenue San Francisco, CA 94122.
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1st of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10th, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that only the months of August, and December are prorated.
- I acknowledge that August 2019 fees are non-refundable.
- Refund Requirements: A 30 day written or email notice is required for program cancellation (including school transfers) and a 14 day notice is required for schedule changes. It is the parent's responsibility to notify Richmond District YMCA by written note or email. Withdrawal of student from program is not considered notice of program cancellation and will not terminate child care payments.

Parent/Guardian Name

Signature

Date

PAYMENT DUE

\$ _____ Deposit: This pays for August 2019 fees and June 2020 pro-rated fees (school year ends June 2) and is due at registration. NOTE: Deposit is NON-REFUNDABLE

\$ 0.00 Community Participant Membership (if new to YMCA or if membership expired): No Fee Required.

\$ _____ Donation to Richmond District YMCA's "Annual Giving Campaign" (Support Financial Assistance to qualifying families)

TOTAL

\$

Payment Method: Charge account on file

Families in monthly co-pay fee-based program must have an account on file for monthly drafts.
New families may contact the Richmond District YMCA at 415 666 9622 to set one up.

STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, _____, understand and agree to meet the following requirements of the Afterschool Program:
Student's Name

- I will report to program immediately afterschool and sign-in.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times, and never leave the program alone whether on or off school grounds
- I will follow school rules and directions from staff members both during and afterschool
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the Afterschool Program.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- I may be asked to participate in a Restorative Meeting.
- If I continue to break the rules, or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the Afterschool Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- If inappropriate behavior continues, depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

ABOUT YOUR STUDENT

This section asks for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

1. Student Race/Ethnicity (select one):

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern-Arab |
| <input type="checkbox"/> Black-Other: Specify: _____ | <input type="checkbox"/> Middle Eastern-Iranian |
| <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Middle Eastern-Other Specify: _____ |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Samoan |
| <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Pacific Islander-Other Specify: _____ |
| <input type="checkbox"/> Asian-Other Specify: _____ | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Hispanic/Latino-South American | |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | |
| <input type="checkbox"/> Hispanic/Latino-Other Specify: _____ | |

2. Home Language (select one):

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Taishanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other: Specify: _____ | |

3. Student English Fluency (select one):

- Fluent
 Somewhat Fluent
 Not Fluent

4. Housing Status

- Permanent/Stable Housing
 Homeless- Transitional /Supportive Housing
 Homeless- Shelter/Emergency Housing
 Homeless- Motel/Hotel
 Homeless- Staying with Friends/Family
 Homeless- Unsheltered
 Unknown

YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

Release and Waiver of Liability and Indemnity Agreement

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 their self, and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that they have, 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 therein 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 COVENANTS 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 their 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 releases 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.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

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.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____

SFUSD AFTERSCHOOL PROGRAM ENROLLMENT FORM 2019-2020

If Applicable:

PERMISSION TO ACCESS 504 PLAN OR INDIVIDUALIZED EDUCATION PLAN (IEP)

I authorize the exchange of information for _____ (student name) described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

Agency(s) _____ (Name)

This authorization applies to the following information (Check each line that applies):

504 Plan

Individualized Education Plan (IEP)

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Parent/Guardian Signature _____ Date _____

Indicate relationship to student: _____

If Applicable:

PHOTO/VIDEO RELEASE OPT OUT FORM

During your child's attendance in the Afterschool Program, they may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

By not submitting an opt out form, I authorize the SFUSD or any third party it has approved to photograph or videotape my child during Afterschool program activities and to edit or use any photographs or recordings at the sole discretion of SFUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the SFUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ (parent initial) I DO NOT give my permission for my child to be photographed/videotaped by the Afterschool program for promotional purposes.

Authorization for Release of Confidential Information

YMCA OF SAN FRANCISCO

Participant Name: _____ Date of Birth: _____

Our agency is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on June 30, 2023.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____
Date: _____



DCYF Photography Release Form

Participant Name: _____ **Date of Birth:** _____

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ Date: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

| | | | | | |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

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)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION | |

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

| | | |
|------------|-------------------|-----------------------------|
| WALKED AT* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
| MONTHS | MONTHS | 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? <input type="checkbox"/> YES <input type="checkbox"/> 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?* | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORD USED FOR "BOWEL MOVEMENT"* | | WORD USED FOR URINATION* | |

PARENT'S EVALUATION OF CHILD'S HEALTH

| | | | |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES CHILD USE ANY SPECIAL DEVICE(S): | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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 |
|--------------------|------|

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

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 Office Name: Community Care Licensing Division

Licensing Office Address: 851 Traeger Ave #360

Licensing Office Telephone #: (650) 266-8800

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.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(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.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

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

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)