



FOR YOUTH DEVELOPMENT\*  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stonestown Family YMCA

## 2019-2020 Before/Afterschool Program Registration

Processed Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### PROGRAM LOCATION

SCHOOL:  Commodore Sloat  Jose Ortega  Miraloma

### APPLICANT INFORMATION

Student's Name: \_\_\_\_\_ Entering Grade \_\_\_\_\_

Gender:  Male  Female  Non-Binary  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 or medications 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  No

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?

This program supports learning for youth in grades K-8. The goal of this program is to increase students' academic success and boost self-confidence, while also engaging families in the education process.

**PURPOSE OF THE PROGRAMS** The purpose of our programs is to provide students with academic enrichment opportunities which are designed to complement students' regular academic program and provide a safe environment for students. Our programs are designed in collaboration with the schools that the students attend and are in alignment with district guidelines.

**HOW ARE THE PROGRAMS FUNDED?** All of the SFUSD ExCEL Afterschool Programs in elementary, K-8, and middle schools are available at low cost to families thanks to federal and state grant funds as well as funding from SFUSD and the of Department of Children, Youth & Families (DCYF).

In SFUSD, most school-based afterschool and summer learning programs are co-sponsored by SFUSD (the ExCEL program) and a partnering community-based organization. The majority are funded through a combination of family fees and city, state, and federal grants that are not guaranteed to be renewed once a grant cycle has ended.

In addition to the local, state, and federal grants, the YMCA of San Francisco also contributes resources, both in-kind and in-cash, in order to serve more families and/or provide more enrichment opportunities for students.

Each school site receiving afterschool funding is required to: 1.) Operate an afterschool program at least 3 hours/day for at least 15 hours/week and until 6pm 2.) Provide academic support, enrichment, and both recreational and physical activities 3.) Provide nutritious snacks 4.) Operate with student-to-staff ratio that will not exceed twenty-to-one (20:1)

**PRIORITY FOR PROGRAM SLOTS** Since the demand for programs often exceeds the funding capacity, students who are identified by the program as homeless youth or in foster care are given priority for enrollment. In addition, priority also goes to students who attend the full-day program, five days a week. Students are also identified through a school site specific process based on, but not limited to: academic need, English Learner support, truancy, and socio-emotional behavior needs. Priority is also given to students who attend the school site of the program.

**Early Release for the Program:** Per grant guidelines, enrolled elementary & middle school students are expected to attend the program every day until 6pm. Priority for enrollment is given to those students who attend the program every day until 6pm. Early release from the program can be arranged. Whenever you pick up your child, prior to the end of program, please be aware that the staff are REQUIRED to give you a code to use on the sign-out Sheet.

**Fee based Programs:** All programs in elementary and middle schools are fee-based programs. There is a district wide co-payment fee structure for ALL elementary/K-8 and middle school programs.

The monthly co-payment fee will be waived for a family with a child in the program who is a homeless youth or for a child who is in foster care. ● The monthly co-payment fee will be waived for a family that is eligible for FREE or REDUCED lunch except for those co-payments required by local, state or federal tuition subsidy programs. Families should complete the Meal Application on an annual basis to be eligible for the monthly co-payment fee waiver. If a family completes the application online, an eligibility letter can be printed from a family's online account. If a family completes a paper application, an eligibility letter will be sent to the house. ● A family that is not eligible for free/reduced lunch will pay a co-payment fee on a sliding scale from \$50- \$500/month.

## HIGHLY SUBSIDIZED SLOT PROGRAM

There are a limited number of highly subsidized slots available at each program location. Please note, these subsidized spots waive the monthly co-pay fee and instead have an ANNUAL application fee based on Free/Reduced lunch eligibility.

**Eligibility for the Highly Subsidized Slot Program is determined by the following criteria:**

- Financial need - Annual Household Income\*
- Committed to attending the program 5 days/week and fully participating in program offerings
- Identified by the school's administrative staff and teachers as students who will benefit from the program
- Complied with program/grant attendance requirements during the 2018-2019 school year
- Identified by the program or school as homeless (as defined by the federal McKinney-Vento Homeless Assistance Act) or as being in foster care

**Subsidized spots are not guaranteed. If your student does not qualify and you still want to participate, you may apply for the monthly co-pay fees program (please refer to rates below).**

**SIBLING DISCOUNT:** We offer a 20% discount on Annual Registration Fee for siblings.

**YES! I am eligible for the Highly Subsidized Spot Program**  
(Will be confirmed by a Free/Reduced Lunch letter provided by the district)

## OR

## MONTHLY CO-PAY FEES PROGRAM

Applicants who are members of a YMCA facility are offered a reduced monthly co-pay. If you are interested in a YMCA Facility Membership, please visit our website at [www.ymcasf.org](http://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:**

Community Participant Rates			YMCA Facility Member Rates		
BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August)	BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August)
<input type="checkbox"/> 5 days/week	\$200	\$100	<input type="checkbox"/> 5 days/week	\$157	\$79
<input type="checkbox"/> 3 days/week	\$144	\$72	<input type="checkbox"/> 3 days/week	\$111	\$56
<input type="checkbox"/> 2 days/week	\$91	\$46	<input type="checkbox"/> 2 days/week	\$68	\$34
Please check all of the days your child will attend: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY					

AFTERSCHOOL	MONTHLY FEE	DEPOSIT (August)	AFTERSCHOOL	MONTHLY FEE	DEPOSIT (August)
<input type="checkbox"/> 5 days/week	\$513	\$257	<input type="checkbox"/> 5 days/week	\$446	\$223
<input type="checkbox"/> 3 days/week	\$357	\$179	<input type="checkbox"/> 3 days/week	\$309	\$155
<input type="checkbox"/> 2 days/week	\$305	\$153	<input type="checkbox"/> 2 days/week	\$262	\$131
Please check all of the days your child will attend: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY					

**PLEASE NOTE:** One-day camps and weekly camps are available at additional fees. The following months are prorated due to school-year breaks: August, December and June

**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 the Monthly Co-Pay Fees Program**
- YES! I have attached my Financial Assistance Application**

Americans with Disabilities Act (ADA) Unlike the school day, which is required to comply with Individualized with Disabilities Education Act (IDEA), the program must comply with Americans with Disabilities Act (ADA). Services and activities provided by a public entity to the public, whether directly or through an agency, must be accessible to students with disabilities with reasonable accommodations (e.g. federal, state and local disabilities rights such as Section 504). Enrollment in program can include query if s student needs additional support, but cannot use that information to influence enrollment. If a student has a 504 plan or IEP plan, the ExCEL program may request access to that information in order to identify what reasonable accommodations can be made to support access to program.

**Safe and Supportive Environments:** YMCA of San Francisco must ensure policies and protocols within our programs are sufficient to ensure staff, student, and family member safety. Programs are required to document injuries, referrals and crisis situations. Each agency will share their Progressive Response to Challenging Behavior with staff, students, and families. Progressive Response to Challenging Behavior should include universal practices across programs to promote a safe and supportive community. It should also include internal processes for managing challenging behavior that may result in alternative consequences (e.g. restorative circles), Tier II intervention (e.g. behavior contract) or suspension from program.

### **YMCA OF SAN FRANCISCO PROGRAM EXPERIENCE SURVEY AUTHORIZATION**

YMCA of San Francisco improves program quality and impact through member and participant surveys and data analysis. By signing this form, you authorize your child(ren) to participate in YMCA of San Francisco’s anonymous and voluntary program experience surveys.

In addition to anonymous survey answers, we may collect the following participant information:

- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level; and
- Participation in activities and services, such as attendance dates and hours attended.

YMCA of San Francisco will not disclose the personally identifiable information of your child(ren) and will limit the collection of survey answers and participant information to no more than is reasonably necessary to accomplish the purpose of the collection. YMCA of San Francisco does not rent or sell personally identifiable information, survey answers, or participant information, including information provided about children, to third parties. YMCA of San Francisco may share youth experience survey answers and participant information with trusted service providers in order to analyze such information and improve program quality and impact.

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 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 333 Eucalyptus Drive, San Francisco, CA 94132
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1<sup>st</sup> of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10<sup>th</sup>, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that only the following month(s) are prorated: August 2019, December 2019 and June 2020
- I acknowledge that the following month's fees are non-refundable: August 2019
- 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 the 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 (school year ends June 2nd )  
Deposit is due at registration and NON-REFUNDABLE

\$ \_\_\_\_\_ Donation to our Annual Campaign which supports financial assistance  
for qualifying families at Stonestown Family YMCA

**TOTAL**

\$

#### Payment Method:

- Families in monthly co-pay fee-based program must have an account on file for monthly drafts.
- Charge account on file       I will provide new account information by contacting  
Stonestown Family YMCA 415-242-7100

## OR

## HIGHLY SUBSIDIZED SLOT PROGRAM / ELIGIBILITY & PAYMENT

### Financial Need Eligibility:

- YES! I am eligible for the Highly Subsidized Slot Program.**

(Will be confirmed by a Free/Reduced Lunch letter provided by SFUSD)

**Notification:** The week of June 2nd, 2019 families will be informed of their student's acceptance/waitlist status.  
**Please note, applications received after June 2nd may be waitlisted.**

- If your student is accepted into the program, you are required to secure your slot with a \$150 non-refundable deposit by submission of application. The remaining balance is due by August 9th, 2019.
- Full payments not received by August 9th, 2019 will result in cancellation of student's spot in the program.

### PAYMENT DUE

\$

#### Payment Method:

- Charge account on file  
 Check/money order attached payable to Stonestown Family YMCA

**Please note: Returned payments will result in a \$15 bank fee.** No one will be turned away because of their inability to pay.

## STUDENT CONTRACT

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

I, \_\_\_\_\_, understand and agree to meet the following requirements of the program:  
Student's Name

- I will report to program immediately after school 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 after school
- 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 any of our programs.
- 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 any of our programs, 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:<br>Specify: _____          | <input type="checkbox"/> Middle Eastern-Iranian                   |
| <input type="checkbox"/> Asian-Chinese                           | <input type="checkbox"/> Middle Eastern-Other<br>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<br>Specify: _____ |
| <input type="checkbox"/> Asian-Other<br>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<br>Specify: _____                  |
| <input type="checkbox"/> Hispanic/Latino-South American          | <input type="checkbox"/> Decline to Specify                       |
| <input type="checkbox"/> Hispanic/Latino-Caribbean               |   |
| <input type="checkbox"/> Hispanic/Latino-Other<br>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:<br>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: \_\_\_\_\_

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) YMCA of San Francisco (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): June 2nd, 2020

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 EXCEL 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.

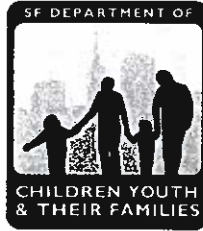
**Expiration:** This authorization expires on June 30th, 2023

**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: \_\_\_\_\_

## PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

During your child's attendance in the ExCEL After School Program, they may benefit from aligned support across the school day into after school program.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (*Parent Initial*) I give permission for the ExCEL After School Program Staff to review my child's school data (test scores, report cards, and other performance indices) for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Program. I also give permission for After School Program Staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

## 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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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
(Names must reflect the same names as above)	

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

PLEASE SIGN AT BOTTOM

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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST
LUNCH		LUNCH
DINNER		DINNER
ANY FOOD DISLIKES?	ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*
<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 \_\_\_\_\_



# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

Stonestown YMCA- Commodore Sloat ES . This Child Care Center/School provides a program which extends from 7 : 00  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to 6:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

---

**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

---

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



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

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

Stonestown YMCA- Commodore Sloat ES 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 (    )



**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

Community Care Licensing

ADDRESS

801 Traeger Avenue Suite 100

CITY

San Bruno

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

650-266-8843

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)

Stonestown YMCA- Commodore Sloat ES

(PRINT THE ADDRESS OF THE FACILITY)

50 Darien Way, San Francisco CA 94127

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.  
 Licensing Office Name: Community Care Licensing  
 Licensing Office Address: 801 Traeger Avenue Suite 100  
 Licensing Office Telephone #: 650-266-8843
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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](http://www.meganslaw.ca.gov)*

LIC 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, Stonestown YMCA- Commodore Sloat ES  
Name of Family Child Care Home

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

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

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995A (8/08)

