

PLEASE REVIEW:

2020 Registration Checklist

REGISTRATION ANNUAL FEE WILL BE DUE UPON COMPLETION

FOR NEW CHILDREN: A COMPLETE REGISTRATION PACKET MUST BE SUBMITTED PRIOR TO SETTING UP AN ORIENTATION.

- **Child Enrollment Information**
 - At least **1 Emergency Contacts** must be completed; this person must be able to reach the center in 1 hour and over the age of 18 with an ID.
 - Information Consent & Wavier of Liability
 - Updated immunization record & provide updated Flu shot record
*See desk for next immunization

- **Emergency Evacuation Waiver**
 - Sponsor's & Spouse's Signature
- **Parent Center Agreement**
 - Please read and initial each page on the bottom right hand corner
 - Sponsor's and Spouse's Signature on very last page
- **Patron Emergency Information Card**
 - Please make sure card is completely filled out with home/work numbers for parents and Emergency Contacts.
 - List any allergies on top line of ER Card
- **Hourly Fees include:**
 - A non-refundable annual registration fee is \$20.00 is due at the time of registration in the form of credit card
 - Annual fee will be prorated quarterly.
 - January 1st-March 31st 20.00
 - April 1st- June 30th \$15.00
 - July 1st- September 30th \$10.00
 - October 1st- December 31st \$5.00
 - Every hour of care will be \$7.50 per child
- **Child's Health Assessment**
 - Your child's Health Assessment must be signed and stamped by a doctor and returned 30 days after start date.
- **Power of Attorney for Child Care**
 - If Military Sponsor is deployed, a Power of Attorney is required
- **Orientation**
 - Once paperwork is completed and turned in, an orientation for new parents will be set for you to attend. You will not be able to start booking reservations until Orientation is complete and Registration fee is paid.



ARMED SERVICES YMCA

January 01, 2020

Dear Parents,

Welcome to Armed Services YMCA (ASYMCA). Our goal is to provide your child with the best in recreation and childcare.

ASYMCA encompasses all aspects of childcare as well as providing high quality developmental and recreational programs for children. Children ages six weeks to five years with a military or Department of Defense sponsor are eligible for our program.

We continuously strive for excellence in our program and encourage parental participation. We also have an "open door" policy and invite you to visit your child's classroom or program at any time.

We are here to serve you and to assist you in balancing the competing demands of family life and accomplishment of the mission. We designed our program to meet the childcare needs of the military community and are always interested in your suggestions for improving or expanding our services.

Thank you for allowing us to provide quality services for you and your family. We trust that your experience with our program will be positive and rewarding.

Samantha Holt

Program Director



FISHER CENTER

DATE: _____

Child's Name		Gender	Age	Birthdate	Special Needs / Allergies	
Home Phone	Home Address			City	State	Zip code
Sponsor's Last 4 SSN	Sponsor's Name		Rank/Rate	Cell Phone	Branch of Service	
Sponsor's Work/Duty Station		Email		Work Phone	Sponsor's Birth Date	
Spouse / Parent Name			Rank/Rate	Cell Phone	Branch of Service	
Spouse / Parent Work/Duty Station		Email		Work Phone	Spouse / Parent Birth Date	
Home Phone	Home Address			City	State	Zip code

Requirement: List at least ONE person over the age of 18, who may be called in an emergency and who are authorized to take the child from the center. These people must be local and able to reach the Center in one hour.

1	Name				Relationship to Child	
Home Phone		Home Address		City	State	Zip code
Cell Phone						
Work Phone		Work Address		City	State	Zip Code
2	Name				Relationship to Child	
Home Phone		Home Address		City	State	Zip Code
Cell Phone						
Work Phone		Work Address		City	State	Zip Code
3	Name				Relationship to Child	
Home Phone		Home Address		City	State	Zip Code
Cell Phone						
Work Phone		Work Address		City	State	Zip Code
Registration Fee		Receipt #:		Date:		Initials:



Photo and Video Release Consent Form

Armed Services YMCA often takes photos and video of events within Fisher Children Center. Some of these photos or videos could potentially be used for Armed Services YMCA marketing materials depicting what our programs have to offer. None of the people in the photos/videos will be identified by name in the marketing materials.

This is voluntary release of liability and release of Marine Corps Base Camp Pendleton and the Armed Services YMCA from any and all liability, claims, demands, and actions resulting that my or my child's presence at Fisher Children's Center events and/or activities. I understand that my or my child's image(s) may be used in a variety of media (print, web, etc.) for marketing and promotional materials for Armed Services YMCA. I also understand that the image(s) may be used at any time, and that there is no guarantee that the image will be used.

Childs Name: _____

Parents Name: _____

Parent Signature: _____

Accept

Decline



ARMED SERVICES YMCA

Free Membership!

Membership required for program participation.

Become a Member Today:
<http://bit.ly/cpasymca>

*Save Time and Download the Amilia App



NEW ENROLLMENT STUDENT INFORMATION

Program: _____ Room: _____ Start Date: _____

Child's Name: _____ Date Of Birth: _____

Sponsor: _____ Spouse: _____

ALLERGIES / REACTION:

1. My child likes to be called:

(Example: My child's name is Donald, but goes by D.J.)

2. Does your child have any identifying birthmarks or scars? If so, indicate which part of the body.

(Example: Mongolian birthmarks, raspberry birthmarks, stork bites)

3. My child is frightened by:

(Example: I am afraid of dogs, loud sounds, sirens)

4. My child's special bathroom needs are:

(Example: My child needs to be reminded, when outside, to use the bathroom)

5. My child sleeps best when:

(Example: My child likes to sleep with a teddy bear)

6. My child enjoys playing:

(Example: Ball, Dolls, Trucks, Legos, Alone, with others)

7. When my child is ill he or she:

(Example: Cries, becomes inactive, runs a fever, get quiet, withdraws)

8. Special concerns about my child:

(Example: During the summer my child needs to wear a hat while outside because he/she is very sensitive to the sun)

9. Developmental goals I would like my child to work on are:

10. Holidays my child celebrates are:

- **Attention Teacher: Please place completed form into the child's developmental guideline folder.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 5013; 10 USC 5041; DODI 6060.2-4; EO9397 (SSN)

PRINCIPAL PURPOSE: To develop childcare programs that meet the needs of children and families; provide child and family program eligibility and background information; and verify health status of children and verify immunizations.

ROUTINE USES: To Local, State, and Federal officials involved in Child Care Services, if required, in the performance of their official duties relating to child abuse reporting investigations.

DISCLOSURE: Disclosure or personal information is voluntary. However, if requested information is not provided, new student will not be enrolled in subject program.

Rev. 1/2020



ARMED SERVICES YMCA

INFORMED CONSENT AND WAIVER OF LIABILITY PERMISSION FOR EMERGENCY EVACUATION

PLEASE READ AND SIGN

As a parent/guardian of the herein named minor child, I grant my permission for him/her to be transported by bus, personal vehicle, or walking by Armed Services YMCA (ASYMCA) staff in the event of natural disaster or acts of terrorism. All children will be evacuated to a safe area previously designated by the Emergency Plan Coordinator.

In consideration of the herein named minor child's participation in ASYMCA evacuation, I hereby assume all risks associated with such activity and agree to identify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, Marine Corps Base, Camp Pendleton, California, ASYMCA, ASYMCA employees, and any other individuals or entities connected in any way to the ASYMCA from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my herein named minor child's participation in the ASYMCA evacuation.

By my signature below, I affirm that I am the natural parent or legal guardian of the minor child whose name appears on the line above my signature, that I have the legal capacity to act on behalf of that named minor child and that I have executed this document on behalf of the named minor child.

Name of Minor Child Participant: _____

Allergies to any food or animals: _____

Signature of Parent: _____ Date: _____

Signature of ASYMCA witness: _____

Child's Name: _____ Age: _____

Home Phone: _____ Home Address: _____

City, State: _____ Zip Code: _____

MEDICAL RELEASE

IN CASE OF ACCIDENT OR INJURY, I HEREBY AUTHORIZE MEDICAL TREATMENT AS THE UNDERSIGNED PARTICIPANT (OR AS THE PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE) AT THE NEAREST MEDICAL FACILITY. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT OF HOSPITAL CARE REQUIRED. IT IS GIVEN TO PROVIDE ANY AND ALL SUCH DIAGNOSIS, TREATMENT CARE WHICH ANY STAFF MEDICAL OFFICER IN THE EXERCISING OF HIS BEST JUDGEMENT MAY DEEM ADVISABLE. THIS AUTHORIZATION IS GIVEN IN PURSUANT TO THE PROVISION OF SECTION 25.A OF THE CIVIL CODE OF THE STATE OF CALIFORNIA.

Signature of Parent: _____ Rank/Rate: _____

Sponsor's Work Phone: _____ Cell Phone: _____

Spouse's Work Phone: _____ Cell Phone: _____

Emergency Name: _____ Phone Number: _____

(OTHER THAN PARENT/GUARDIAN)

PRIVACY ACT STATEMENT

Authority: Title 5 U.S. Code, Section 552a, authorizes the disclosure of Social Security Number and other personal information. Use of social security number for identification is authorized under Executive Order 9397 of 22 Nov 1943. Principal purpose: To identify persons authorized to use the ASYMCA programs. Routine use: Social Number is available in the event of an emergency. Disclosure is voluntary, however failure to provide this information may result in privileges being denied.



ARMED SERVICES YMCA

STATEMENT OF UNDERSTANDING REGARDING CARE OF CHILDREN

Armed Services YMCA needs to be aware of any special needs your child may have **prior** to enrolling your child into Fisher Child Development Center. Every effort shall be made to provide childcare services to qualified patrons on Camp Pendleton, who have children with special needs.

Please answer the following questions below:

1. If your child has any special needs, please list the diagnosis or concern below:

2. If your child has a diagnosed special need, is he/she enrolled with the Exceptional Family Member Program (EFMP)?

YES

NO

3. Does your child have Asthma?

YES

NO

4. Does your child take any medication on a continual basis?

YES

NO

5. Does your child have and mental or emotional conditions?

YES

NO

6. Does your child have any behavioral conditions?

YES

NO

7. Has your child had any previous surgery or is pending surgery?

YES

NO

If yes, please Explain: _____

8. Does your child have allergies?

YES

NO

Please list any allergies: _____

9. Do you have any special dietary request for your child (Ex: vegetarian, religious dietary restriction or lactose intolerance)?

YES

NO

Please list any dietary requirement: _____

▪ **If you marked yes to any of the questions above, please request an IAT Packet.**

Child's Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____



This is to certify to the best of my knowledge, that my child _____
is in good physical condition and has had all necessary immunizations at this time.

SPONSOR SIGNATURE

DATE

SPOUSE / PARENT SIGNATURE

DATE

Children will invariably become ill at the most inappropriate time. It is the CDC's suggestion that you have a contingency plan in the event you child becomes ill. Preplanning for this event will make it less stressful.

Contingency plan possibilities might include child care by a relative, either parent staying home from work, or hiring an individual to care for your ill child. This plan will not release you from your responsibilities of picking up your child within one hour of being notified, nor does it release you from payment fees.

MEDICAL RELEASE / CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I, _____, do hereby appoint the Camp Pendleton Armed Services YMCA as my agent in obtaining emergency medical for, _____ as a result of illness or injury, in the event a parent cannot be contacted. Furthermore, I hereby authorize the Naval Regional Medical Center, Camp Pendleton, California to treat the above named dependent, employing such treatment as is deemed medically advisable.

SIGNATURE OF SPONSOR

DATE

Field Trips and Photographs

Field trips and nature walks are considered an important part of the educational program and will be scheduled periodically. Armed Services YMCA will provide the required responsible adult supervision for these excursions. Your permission for your child to participate in such excursions is part of this agreement.

Parent participation is encouraged and welcomed. Photographs of the children participating may be taken from time to time and may appear on pictures, posters and in special activities that are displayed in the centers. Your permission for taking and using photographs of your child without compensation is part of the agreement unless otherwise specified in writing.

PARENT SIGNATURE

DATE



ARMED SERVICES YMCA

PARENT-PROGRAM AGREEMENT

Welcome to Armed Services YMCA. The purpose of this agreement is to create a set of mutual terms and an agreement for childcare arrangements. **Please initial each page of this agreement.**

It is your responsibility to let us know of any changes of address or telephone and emergency numbers. Parents are welcome to visit at any time.

HOURS AND DAYS OF OPERATION

Childcare services may be scheduled after orientation. The hours of operation are 0700-1500, Monday-Friday.

The site is closed on Saturdays, Sundays, and the following holidays:

New Year's Day	Memorial Day	Thanksgiving Day
Martin Luther King Jr Day	Veteran's Day	Day after Thanksgiving
President's Day	Labor Day	Christmas Eve
Columbus Day	Independence Day	Christmas Day

Other partial and full day closures are determined by the Executive Director or higher authority.

ADMISSION REQUIREMENTS

Patronage is limited to childcare between the ages of 6 weeks and 5 years who are dependents of Active Duty military personnel, Department of Defense (DoD) Civilians, Reservist on active duty or inactive duty training status, Combat related wounded warriors, surviving spouse of military members who died from a combat related incident, those acting on parents behalf for the dependent child of an otherwise eligible patron and DoD contractors stationed aboard Camp Pendleton, and Retirees.

By initialing, I understand the above page. Initial _____

GENERAL POLICIES AND REGULATIONS

1. Parents must complete the enrollment forms before using the program. This includes your child's immunization record and the identification of any allergies or special needs.
2. Parents must check their child in and out at the reception desk by using a photo ID. Parents are required to accompany their child to his/her classroom. Identification is required both at the front desk and in the classroom at drop off and pick up.
3. Emergency numbers must be kept up to date. The person or persons designated by parent(s) as additional emergency contacts must be local and able to reach the center/site in one hour. If the emergency numbers are not kept current and correct, the patron may be refused service until proper emergency numbers are obtained. Failure to provide the required information could result in automatic disenrollment. We make every effort to contact parents first, and then proceed in order of emergency contact listing.
4. All ASYMCA programs are nut free and Shellfish free.
5. Children are not permitted to bring their own toys unless requested by the staff for a special program. The program is not responsible for any toys brought in by a child. Security blankets (**other than infants/see GENANMIN, USMTF, 2007**), pillows, etc. are allowed on a case-by-case basis.
6. Divorced or separated parents, who do not have physical custody of a child, may not pick up the child unless authorized, in writing, by the child's sponsor. The sponsor must have primary physical custody for the child to be eligible for enrollment. The custodial parent must provide the program documentation of the custodial rights of the other parent when appropriate proceedings are completed.
7. Unless prior arrangements have been made in writing with the Site Manager, only a parent or persons designated in writing by a parent may take a child from the program. No unauthorized person may pick up a child under any circumstances. Children will not be allowed to leave the site unaccompanied, nor will they be released to minors, to include siblings under the age of 18 years.
8. In case of illness, accident, or injury, staff must be able to make prompt arrangements for notification of the parents and for medical care. If possible, parents will be notified immediately of any illness or injury to the child, and their specific instructions regarding action to be taken shall be obtained. If parents cannot be reached in the event of an emergency, the child will be transported via ambulance to the Emergency Room at Naval Hospital, Camp Pendleton.
9. Suggestions and/or concerns should first be discussed with the Site Manager, then with the Armed Services YMCA Program Director. Children are expected to adhere to rules and regulations. A meeting with program management will be required to discuss placement for children with documented chronic behavior problems. Children disenrolled from the facility for behavioral problems will not be permitted to use any ASYMC program for 30 days. Reenrollment will be contingent on the outcome of meeting with the ASYMCA Program Director and/or designee.

By initialing, I understand the above page. Initial _____

10. Patrons using profanity or disrespectful conduct in ASYMCA programs will not be tolerated and may result in voidance of the agreement and permanent suspension of ASYMCA services. Disrespectful conduct will be considered as behaviors that cause a hostile work environment for the staff.

FIELD TRIPS AND PHOTOGRAPHS

1. Fields trips and nature walks are considered an important part of the educational program and will be scheduled periodically. ASYMCA will provide the required responsible adult supervision for these excursions. Your permission for your child to participate in such excursions is part of this agreement. Parent participation is encouraged and welcomed.
2. Photographs of the children participating may be taken from time to time and may appear on pictures, posters and in special activities that are displayed in the center. Your permission for taking and using photographs of your child without compensation is part of the agreement unless otherwise specified in writing.

CENTER MONITORING & RECORDING

1. Parents are invited to observe their children in real time over the monitoring system within ASYMCA facility. Requests to review recordings must be made through the facility manager and Camp Pendleton's Freedom of Information Act (FOIA) representative. All requests must be made in writing and will need to be specific as to date and time of the recording to be reviewed. Decisions regarding all FOIA requests are made at the command level in accordance with SECNAVINST 5740.33F and not by ASYMCA.
2. The request process can be time consuming; therefore, site management and the ASYMCA Program Director will review recordings and provide feedback to families during the interim. Unofficial release of the information would violate the privacy of all others (children) appearing. A copy of the recording will be maintained until the issue is resolved or a minimum of one year. All other recordings will be maintained for a maximum of 30 days.

CLOTHING

1. Children have opportunities to participate in art, sand and water, sensory, science and gardening experiences. They create and explore with paint, glue, markers, colored water, ice, shaving cream, pudding, Jell-O and sand. While these items are nontoxic and generally washable, they can be very messy; therefore, children should wear comfortable play clothes, which may get dirty during indoor and outdoor activities. Caregivers make every effort to have the children use smocks when appropriate, but their clothing can get soiled. Every child must be allowed to participate in all of the different activities. We cannot exclude them in order to keep clothing neat. Having a child worry about dirty clothes can put a damper on an otherwise fun filled day. Children must be fully clothed when brought to the site, including socks, shoes, pants, shirt, underwear, and a jacket when the weather warrants.

By initialing, I understand the above page. Initial _____

Sandals, to include flip-flops, "Crocs", jelly shoes, etc., are a safety hazard and may not be worn at the sites. Shoes must be close-toed and have a supportive back. Foot must be fully enclosed in the shoe to include the heel. No sling backs or straps. Jewelry for young children is not allowed; (teething necklace, bracelets, necklace charms and earrings or the backings) may fall off and become choking hazards.

2. Children must have at least one extra change of clothing in case of accidents or bad weather. Please label all items of clothing. ASYMCA will not be responsible for lost or damaged items. Soiled clothing will be returned to the parents. Children must be fully potty trained in order to be placed in the Preschool classroom.
3. Parents must furnish disposable diapers and baby wipes for infants. No cloth diapers allowed. ASYMCA is not authorized to use baby powder/talcum powder.
4. Bottles must be provided and clearly labeled by the parent with the child's first and last name, the contents of the bottle (milk/formula), the amount, and the current date. No glass bottles will be permitted.

HEALTH STANDARDS

1. ASYMCA health forms will be filled out for each child and turned in within 30 days of enrollment. These forms provide management with basic health information on all children and must be updated annually. An updated immunization record must be provided at the time of registration. The immunization requirements are listed in enclosure (1) of this agreement.
2. A child with a temperature in excess of 101 degrees with an Exergen thermometer and/or shows other signs of illness while attending any ASYMCA program will be isolated from the other children and the child's parent will be notified. The parent must pick up the sick child within 1 hour of notification. If you cannot be reached, we will call one of the emergency numbers you have listed. If the illness is contagious, the parent must notify the program, and a doctor's written clearance will be required before the child can return to the program. Children must be fever free for 24 hours and be able to participate in routine activities indoors and outdoors before being re-admitted to the center. The 24 hours fever free policy does not begin from the time the child is picked up by his/her parent. Children who are sent home with an elevated temperature must stay home the following day and be fever free for 24 hours (one day). This policy helps to ensure the health and well-being of all children in the program. Final authorization for re-admittance into the center or site will be at the discretion of the Site Manager.
3. Please let management know if the child's medical provider informs you the child has diarrhea with *E. Coli*, *Shigella*, or *Salmonella*. If your child has two or more accidents, you will be notified to pick up.
4. No child will be admitted to the program without current immunization against tetanus, diphtheria, whooping cough (pertussis), and poliomyelitis. No child 17 months or older may be admitted without current immunizations against measles, mumps, rubella, and HIB vaccine. Any requests for variations to this policy will be reviewed on a case by case basis.

By initialing, I understand the above page. Initial _____

Documentation from a physician with signature and stamp will be required to waive this agreement. All children six months and older who attend ASYMCA are required to receive the annual influenza vaccine unless documented exemption is in participant's file. See reference MARADMIN 192/14.

5. The Site Manager may grant admission to well children only. Children will be screened upon arrival by the primary caregiver. Children may be sent home if they show signs of a possible contagious illness, signs of a communicable disease, episodes of diarrhea or fever. Any symptoms of illness, child abuse or neglect will be reported to the Site Manager. The Site Manager is trained in proper procedures for reporting child abuse/neglect.
6. The law in California (Section 11165-11174 of the Penal Code, effective 1/1/81 and amended 9/11/81) requires that individuals/organizations working with families and/or children must report any suspected child abuse. The ASYMCA staff are mandated reporters and will make these reports to the appropriate sources. Child Abuse Hotline/Child Protective Services (CPS) 1-800-344-6000. DoD Child Abuse and Safety Violation Hotline 1-877-790-1197.
7. The Site Manager must be alerted prior to admission if a child has any physical, emotional or psychological special needs. The child must be enrolled in the Exceptional Family Member Program (EFMP) and a meeting/review with, and by the Inclusion Action Team (IAT), must occur prior to enrollment to determine appropriate placement.
8. Medication must be on the ASYMCA approved medication list. No "over the counter" medications will be administered unless ordered by prescription. Medication must be in the original container dispensed from the pharmacy. Medication must have a proper prescription label, with the child's first and last name, name of the medication, dosage/strength, route, frequency to be administered, fill date, and name of the health care provider who prescribed the medication. The medication must also be enclosed in a plastic bag, Ziploc style, with a proper measuring device dispensed from the pharmacy. All oral medications are to be administered by the parent for the first 48 hours. Epi-pens and asthma/allergy medications on as needed basis will be administered contingent on completion of an IAT. Medication will be administered only to children in the ASYMCA program. A physician (health care provider) must prescribe the medication and there must be no other reasonable alternative to the medical requirement for the child. ASYMCA staff members may not accept nor administer any form of medication without the thorough completion of the dispensing medication authorization form.
9. No "as needed" medication labels will be administered without specific instructions from the physician and the approval of the Pediatric Clinic, Naval Hospital, Camp Pendleton, and an IAT meeting has taken place. All sunscreen (non-aerosol), lip balm (non-medicated), 100% Vaseline or 100% petroleum jelly, diaper ointment with zinc oxide as first (highest) active ingredient, Vitamin A & D diaper rash (yellow/brown tube) ointment/skin protectant/emollient, must be turned into the front desk. The only approved over the counter lotions are: Aquaphor ointment, Moisturel/Eucerin lotion/cream (turn into front desk).

By initialing, I understand the above page. Initial _____

FOOD SERVICE OPERATION

1. Meals are to be provided by parents.

Center Schedule

Breakfast: 0800-0900

Lunch: 1100-1200

Snack: 1400-1500

Preschool Program Schedule

Breakfast: 0830-0900

Lunch: 1130-1200

If your child is scheduled for any times above, please provide a nutritious, age-appropriate meal. Keep in mind that we are a nut-free and shellfish-free facility. Any food containing these products will not be offered to your child and you will be notified to bring a replacement; our center does not provide an alternative. For sanitation purposes, any unfinished meals will be discarded after each meal.

ALLERGIES

1. Any known food allergies, medical restriction or requirements for your child's diet must be recorded on an allergy form (available at the front desk), and be accompanied by signed, and stamped doctor's note stating the specific food restriction, requirement or allergy.

PHILOSOPHY OF DISCIPLINE

1. The purpose of discipline in Camp Pendleton's ASYMCA is to instruct children in proper conduct and to teach them to develop their own inner controls so they can live according to established standards of behavior in our society.
2. Techniques of discipline must be fair, consistent and respectful of children and their individual needs.
3. Acceptable discipline techniques include:
 - a. Setting fair and consistent standards.
 - b. Clearly defining expectations.
 - c. Redirecting the child to appropriate activities.
 - d. Temporary removal of the child from a stressful situation.
 - e. Limiting the child's participation in certain activities.
 - f. Contacting the child's parents.
 - g. "Time outs" are not utilized.
4. Humiliating or frightening punishment is strictly forbidden. This includes:
 - a. Physical punishment such as spanking, slapping, hitting, pinching, or shaking.
 - b. Verbal abuse, threats, or derogatory remarks about a child or his/her family.
 - c. Restriction or confinement by physical means.

By initialing, I understand the above page. Initial _____

5. Since the child's behavior is the ultimate responsibility of his/her parent, parents are expected to see that their child conforms to acceptable standards of behavior within the program. The following behaviors are considered inappropriate and unacceptable:
 - a. Causing physical harm to another child or adult by hitting, biting, kicking, throwing, or any other physical action.
 - b. Use of inappropriate language, spitting, or other forms of verbal abuse or degradation by children directed at other children or adults.
 - c. Repeated refusals by a child to comply with center or room rules and/or failure to listen to instructions by caregivers.
 - d. Children's behavior which is potentially harmful to themselves.
6. Failure to conform to these standards may result in the child's removal from the facility/program. Children removed from the facility for behavioral problems may not be admitted to any ASYMCA program for 30 days. Parent participation in a behavioral IAT meeting will be required. Re-admittance is contingent upon outcome of meeting of ASYMCA Administrator and/or designee.

FEES AND CHARGES

The non-refundable annual registration fee is \$20.00; the fee is due at the time of enrollment and may be prorated quarterly.

1. A late fee of \$5.00 after a five-minute grace period and \$5.00 per quarter hour thereafter will be charged, per child. This is in effect for children left after their scheduled time. If the site is not notified within 30 minutes of closing, the proper authorities will be called to pick up the child. Late fees are due prior to the child re-admitted to the program. Children left after closing on the third occasion are subject to disenrollment. Patrons will receive a verbal warning on the first offense, a written warning after the second offense and are subject to disenrollment after the third offense.
2. If you are 30 minutes late for your reservation, you will be considered a no-show and the \$12 minimum fee will be imposed and your spot will be offered to the waitlist.

Part Day Programs

3. Weekly fee for part day program is due at the beginning of each week. A late fee of \$10.00 will be added to any account that has not been paid by close of business on Thursday.
4. Fees will be prorated on holidays that our facility is closed.
5. You have 48 hours to accept a spot that has been offered to you. You are obligated to pay for your weekly program even when on vacation or out sick. Please make payment arrangement with the front desk.
6. If you choose to extend your child after the part day program, you may utilize hourly care at a rate of \$7.50 per hour.
7. Notify the front desk when you are planning to disenroll your child from the part day program. A two-week notice form needs to be completed.

By initialing, I understand the above page. Initial _____



PARENT UNDERSTANDING

I hereby agree to comply with the rules and regulations of Camp Pendleton Armed Services YMCA regarding registration, reservations, fees, sign in/out procedures, health standards, food service, clothing, and other items specified in the Fisher Children's Center Hourly Care Parent Handbook.

By signing, I understand the Fisher Children's Center Hourly Care Parent Handbook.

Date: _____ Signed: _____

(SPONSOR/SPOUSE/LEGAL GUARDIAN)

Date: _____ Signed: _____

(CENTER MANAGEMENT)

2020 CHECKLIST

Parent: _____ Child: _____ Date: _____

	<p>Enrollment – Parent must complete the enrollment process prior to using the program’s services. This includes: annual registration packet, payment of annual registration fee, copy of child’s current immunization record, orientation, and IAT packet (The identification of any allergies or special needs). At the beginning of January, all patrons are required to complete a new registration packet and pay the annual registration fee. Please ensure each participating child is a member of the ASYMCA. Become a Member Today: http://bit.ly/cpasymca * Save Time and Download the AMILIA App.</p>
	<p>Reservations – Reservations may be made up to five days in advance on a space available basis. There is a two-hour minimum for care. Reservations will be given away 30 minutes after the reserved time if a cancellation or late arrival notice is not received. Patrons must cancel a minimum of one hour prior to reservation. Patrons, who do not follow the cancellation protocol, will be charged a two-hour fee of \$15.00. The fee must be paid prior to new reservations being accepted. Further, two “No Show” reservations will result in cancellation of future reservations.</p>
	<p>Sign In/Out Procedures – Proper photo ID is required daily; both at the front desk and the classrooms. Children must be checked in and out at the reception desk and in their child’s classroom. Only a parent/legal guardian or a person over the age of 18 designated in writing by a parent/legal guardian may take a child from the center.</p>
	<p>Ratio – Infants are 4 to 1. Pre-Toddlers are 5 to 1. Toddlers are 7 to 1. Pre-school are 12 to 1.</p>
	<p>Emergency Contacts – At least one person over the age of 18 and within an hour from the center and have base access. Patrons are welcome to add additional emergency contacts and/or authorized pick-ups. Please see front desk administrative staff for further information.</p>
	<p>Fees – Hourly rate is currently \$7.50 per hour, per child.</p>
	<p>Payment – Payment must be paid at the end of each day of attendance with debit/credit card</p>
	<p>Late Pick-ups and Fees – Late pick-up of \$5.00 after a five-minute grace period and every 15 minutes thereafter your reserved time will be charged. Our facility hours are 0700-1500 M-F. The military police will be contacted if children are not picked up within 30 minutes of our closing time.</p>
	<p>Meals and Meal Time- Meals are to be provided by parents. Breakfast 0800-0900, Lunch 1100-1200, and Snack 1400-1500. If your child is scheduled for any of these times, please ensure that they have a meal packed. All meals will be refrigerated unless notified by parent. Per Headquarters Marine Corps, we are not able to microwave any meals. Keep in mind that we are a Nut and Shellfish free facility. Our facility does not offer an alternative and parents will be notified to bring a replacement.</p>
	<p>Diaper Checks – Your child’s diaper is checked hourly and is changed if needed. Parents must provide a minimum of one disposable diaper for every hour their child is in attendance and diaper wipes. No cloth diapers are allowed.</p>
	<p>Potty Training – Potty training is done in coordination with the parent and teacher. Children must be fully potty trained in order to be placed in the Preschool classroom. Parent must bring enough pull-ups/underwear in the event of potty accidents. Soiled underwear will be sent home in a plastic bag with parents.</p>
	<p>Incidents/Accidents – Incidents and accidents are documented on a form. Parents will receive a courtesy call for all injuries above the shoulders. If incident/accident is serious, parents will be notified and 911 will be called. The child will be taken to the nearest hospital if needed (Naval Hospital).</p>
	<p>Allergies – A doctor’s diagnosis is needed for all allergies and/or medical condition. The IAT process will need to be completed.</p>
	<p>Medications – Medication will be administered <u>only to children who have completed the IAT process</u>. Parents must provide medication prescribed by physicians only and the medication must be on ASYMCA’s list of approved medications. Medication must be properly labeled with the child’s name (first and last), in the original container, dosage strength and frequency of administration, dated with the physician’s name and instructions for use. No “as needed or over the counter” medications will be administered without specific instructions from the physician and the approval of the Pediatrics Clinic, Naval Hospital, Camp Pendleton. Non-aerosol sunscreen and diaper cream can be administered in the classroom as needed. Please see front desk for further details.</p>
	<p>Illness – Please keep your child at home if he/she has a fever of 101 or higher, and/or has excessive diarrhea or vomiting. If this occurs at the CDC you will be called to pick up your child within one hour. Your child will need to be fever free and diarrhea/vomiting must have diminished for 24 hours in order to return to the center. If illness is contagious, doctor’s written clearance will be required before returning to center. The Center Director may grant admission to well children only.</p>

	<p>Appropriate clothing and change of clothes – Bring your child to the center in appropriate clothing for the weather of the day. If it is cold outside make sure you send a coat. Parent must provide a minimum of one change of clothes; to include socks and shoes. Soiled clothes will be sent home with parents. Per safety regulations, all children (including walking infants) must wear hard-sole fully enclosed shoes. Open-toe/heel, sandals or Croc's are not permitted.</p>
	<p>Cots and Blankets – The children take naps from 1200-1400 on cots. The center provides both sheets and blankets; however, your child may bring their own blanket. Pacifiers are okay during nap time in our Pre-Toddler/Toddler rooms.</p>
	<p>Toys from home- All toys from home are restricted unless the teacher informs you of a share day.</p>
	<p>Infant Room: Infant feedings- Parents must provide one 4-8 oz. bottle for every 3-4 hours their infant is in attendance plus 1 extra for emergency cases. Formula must be prepared at home. Please do not put cereal in the bottles; we will not be able to accept them. Whole milk cannot be introduced until 12 months old. At 4 months old, parents will need to provide cereal and fruit/vegetable in unopened baby food jars. Bottles: Must be prepared at home, clearly labeled with child's full name, ounces, formula name and date. Only plastic bottles will be permitted. Daily Sheets- Parents must fill out a daily sheet (in detail to child's schedule and needs) that is provided at drop off. If not, parents will be called back to complete one.</p>
	<p>Part-Day Parents-</p> <ul style="list-style-type: none"> • Once your child is enrolled into a classroom, you have 30 days before being eligible to transfer into another class. • A two-week notice is required in order to disenroll from part day program. • Payments are due by the end of each week. On Friday afternoon, a late fee of \$10 will be charged to any unpaid accounts. • Payments will be prorated on the holidays and early closures that interfere with your child's program day. • If your child is absent, you will continue to pay in order to keep your child enrolled in the program.
	<p>Parent-Teacher Conference- If you would like to arrange a one on one meeting with your child's teacher, forms are available upon request at the front desk.</p>

Parent's Signature: _____ Manager's Signature: _____



ARMED SERVICES YMCA

CHILD HEALTH ASSESSMENT

NAME OF SPONSOR & SPOUSE (Last, First, MI)	TELEPHONE (Home)	TELEPHONE (Duty)
--	------------------	------------------

NAME OF MEDICAL TREATMENT FACILITY / PHYSICIAN

ADDRESS (Include Zip code) TELEPHONE

CHILD HEALTH INFORMATION

NAME OF CHILD	BIRTHDATE	GENDER	HEIGHT	WEIGHT
---------------	-----------	--------	--------	--------

HAS CHILD BEEN UNDER REGULAR SUPERVISION OF A PHYSICIAN (If yes, explain circumstances(s) and current status)? Yes No

HAS CHILD BEEN SCREENED FOR ENROLLMENT IN EXCEPTIONAL FAMILY MEMBER PROGRAM? Yes No

COPY OF IMMUNIZATION RECORD SUBMITTED. Yes No

DISEASES AND ILLNESSES (CHECK YES OR NO)

CHICKEN POX Yes No RUBELLA Yes No TEN-DAY MEASLES Yes No
MUMPS Yes No POLIOMYELITIS Yes No SCARLET FEVER Yes No
RHEUMATIC FEVER Yes No
OTHER (List)

CHRONIC ILLNESS AND CONDITION (CHECK YES OR NO)

VISION PROBLEMS Yes No ASTHMA Yes No DIABETES Yes No
ORTHOPEDIC PROBLEMS Yes No AUDITORY PROBLEMS Yes No
SEIZURE DISORDER Yes No
OTHER (List)

ALLERGIES (List)

COMMENT/INDICATE FREQUENCY

COLDS
EAR ACHES

STOMACH ACHES

HEADACHES

DIARRHEA

CONSTIPATION

BED WETTING

SLEEP DIFFICULTIES

POOR EATING HABITS

TANTRUMS

EXCESSIVE ACTIVITY

DESCRIPTION OF SERIOUS CHRONIC ILLNESS/CONDITION

ILLNESS/CONDITIONS	DESCRIPTION

ON-GOING MEDICATION

TYPE	DOSAGE	FREQUENCY	CDC ADMINISTERED

SPECIAL MEDICATION CONSIDERATIONS

DESCRIBE ANY SPECIAL PROGRAM NEEDS, CONSIDERATIONS, OR RESTRICTIONS WHICH THE CHILD REQUIRES, IN ORDER TO PARTICIPATE IN CDC.

MEDICAL STATEMENT

The above-named child has been given a routine medical examination (per age requirements) and is free of infectious or contagious diseases, and is considered to be capable of participating fully in CDP with the exceptions listed above.

SIGNATURE OF SPONSOR/ SPOUSE

DATE

SIGNATURE & STAMP OF PHYSICIAN

DATE



Part Day Programs:

Infant Program

6wks-14mo

Monday & Wednesday 0800-1400 \$78.00/week

Tuesday & Thursday 0800-1400 \$78.00/week

Pre-Toddler Program

14mo-2yrs old (Walking & off bottles)

Monday & Wednesday 0800-1400 \$78.00/week

Tuesday & Thursday \$78.00/week

Toddler Program

2yrs old

Monday & Wednesday 0800-1200 \$52.00/week

Tuesday & Thursday 0830-1230 \$52.00/week

Monday, Wednesday, Friday 0800-2pm \$117.00/week

Preschool Program

3yrs-5yrs (potty trained)

Monday, Wednesday, Friday 0800-2pm \$117.00/week

Monday & Wednesday 0800-1200 \$52.00/week

Tuesday & Thursday 0830-1230 \$52.00/week

Tuesday and Thursday 0800-2pm \$78.00/week

If you are interested in placing your child on the waitlist for any of these programs, notify the front desk.

Both programs run all year long. When you decide to disenroll from either program, a two-week notice form will be needed.