

***Bethel Baptist YMCA***  
**School's Out After School Program**



**2007 – 2008  
PARENT HANDBOOK**

Bethel Baptist  
5028 Kentucky St., SW  
South Charleston, WV 25309

# AFTERSCHOOL PROGRAM COMPONENTS

**FOR:** Children Grades K through 5th

**LOCATION:** Bethel Baptist Church  
5028 Kentucky St. , SW  
South Charleston, WV 25309

**WHEN:** After-School Care - End of School - 6:00 p.m.  
Care will also be provided on snow days and school holidays.

**GOALS:**

1. To support and strengthen the family unit, focusing on; communication, togetherness, sharing values, and the increase of sense of community with other families.
2. Help children develop their fullest potential, focusing on; self-awareness, confidence, feelings of self-worth, academic achievement, physical skills, health and nutrition.
3. Deliver the program in a positive environment of safety, support, and care, focusing on; all children being safe and happy in the program, broadening the community, national and world understanding of children and parents.

**CURRICULUM:** The program offers study time, crafts, group games, tutoring, music, snack, physical education, some field trips, science projects and values based discussion groups.

**FACILITY:** Bethel Baptist Church

**STAFF:** The staff ratio required by state law is 16 to 1 children to teachers. For the most part, we will keep the ratio at 1 to 10. Staff will consist generally of college age individuals, many who are studying education as a major. YMCA will handle all staffing issues, hiring, payroll, insurance, etc. YMCA will provide training for all staff to include: Child Abuse Prevention, Driving Safety, CPR & First Aid, etc.

## **FEES**

Fees are quoted per week. Payments **must** be paid prior to week attending.

Base Fee: \$40 per week. Multi-Child \$35.00 each 1-5 Days

We accept Connect and Link.

### **Additional Fees**

The program ends at 6:00 p.m. promptly. Late pick-ups will be charged accordingly:

Every 15 minutes - \$5.00

### **Snow Days, Holidays & Faculty Senate Days and Holiday Weeks**

The Afterschool Program will be open for full-day care during school holidays, snow days, and faculty senate days. Holiday drop off will be the Charleston Family YMCA or the Tyler Mountain YMCA. Exceptions include the following days: Labor Day, Thanksgiving, the Friday following Thanksgiving, Christmas Day, New Year's Day and Memorial Day. Service may be canceled on additional days due to lack of participation.

Snow Days, Holidays, and Faculty Senate Days \$10.00

Holiday Weeks - \$10 per day

No additional fee for half days or early dismissal due to weather.

Non-Program Members - \$20.00 per day

On some holiday and faculty senate days there will be an activity scheduled such as a trip to the movies, roller-skating or Putt-Putt. The Y will pay for some of these activities but the child should bring spending money for games and such.

### **Lunches**

**Breakfast, lunch and afternoon snack are provided.**

# YMCA School's Out PERMISSION FORM

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the Afterschool Program.

I hereby grant permission for my child to leave the YMCA premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the YMCA programs for advertisements brochures.

I hereby grant permission for the Director or the Acting Director to take whatever steps may be necessary to obtain emergency medical care, if warranted, as stated on the Emergency Medical Authorization Form.

I understand that the YMCA Afterschool Program by design will incorporate a spiritual dimension and teach Christian values and I hereby grant permission for my child to participate in discussion, view movies and use various literature of a Christian nature.

I understand that Bethel Baptist Church, and the YMCA of Kanawha Valley is not responsible for anything that may happen as a result of false information given by parent or guardian at the time of enrollment.

I understand that the YMCA of Kanawha Valley Afterschool Staff will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or legal guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Father or legal guardian)

#### YMCA Contact Information

Please note that many of the following numbers will be changing as we relocate in April of 2005. New contact information will be provided to participants as it becomes available.

Bethel Baptist Church	768-4844
Tyler Mountain YMCA	776-3323
	Fax 776-0800
YMCA Childcare Director	776-3323
Tyler Mountain YMCA Branch Director	741-0440
YMCA of Kanawha Valley	340-3527
YMCA Billing Department	340-3540

## **AFTER SCHOOL RULES**

- 1) Wear a seatbelt at all times in a YMCA van in accordance with the WV State Seatbelt Law.
- 2) Treat others with kindness, and respect, including counselors as well as other participants. This includes teasing and name calling.
- 3) Resolve disputes peacefully with the aid of a counselor. I also understand fighting could result in a suspension or possible termination from the YMCA After School Program. No refunds will be given
- 4) Be A Good Sport!
- 5) Listen to the counselors and follow their instructions.
- 6) Abstain from the use of profanity.
- 7) Always remain in an area that is supervised by After School Staff.

### **Disciplinary Guidelines**

The following is a list of guidelines to be followed for disciplinary actions. Please read them over carefully and be sure that you and your child understand them.

1. Warning - The child will be given a warning for any inappropriate behavior. The staff shall point out specific behaviors to the child. Some behaviors, will receive no warning, instead the child will immediately be given a time- out.
2. Time-Out - Children will be given a time out if the warning does not affect their behavior. The child will receive a minute of time out per year of age. (Example an 8 year old will be assigned to 8 minutes of time out.) At the end of the time out session the child will be asked what they have done wrong and how they plan to improve.
3. Documentation - Parents will be notified verbally each day about any behavior problems. Written behavior reports will be sent home to parents when there is a consistent and continual behavior problem. These reports must be signed and returned and will be placed in your child file.
4. Conferences - If a behavior problem still exists, a conference will be set up with the director, parents and child.
6. Suspension - If after a conference the behavior problem still exists, the child may be suspended for a period of time. Immediate suspension will occur if the child is involved in a physical fight. The YMCA will not tolerate any type of bullying.
7. Removal from Program - When all avenues have been exhausted, the child will be removed from the program for the sake of others. There will be no refunds of monies paid.

## Youth Information

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Parent/ Legal Guardian

Mother's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Authorization List

Individuals listed below will be authorized to pick up your child from the afterschool program. These individuals will be issued an authorization card signed by parents/guardians. Contact the site director if new names need to be added.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Please list individuals who are NOT allowed to pick up your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

# Medical Information Form

Parents, please fill out and sign this health form and medical authorization. We do not ask that after school participants have a medical examination specifically for our program, but we do require that your child have a thorough examination by a physician within the last year. If you feel you do not have enough current information to fill out accurately, please contact your physician.

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone(h) \_\_\_\_\_ Phone(w) \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not available in an emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

HAS YOUR CHILD HAD:	<u>Yes</u>	<u>No</u>	<u>When</u>	<u>Yes</u>	<u>No</u>	<u>When</u>
Poliomyelitis	( )	( )		Rheumatic Fever	( )	( )
Tuberculosis	( )	( )		Meningitis	( )	( )
Scarlet Fever	( )	( )		Mumps	( )	( )
Pneumonia	( )	( )		Measles (Type)	( )	( )
Other	_____					

Serious Injuries \_\_\_\_\_

Any Operation \_\_\_\_\_

## **IF THERE HAS BEEN ANY HISTORY OF THE FOLLOWING, PLEASE CHECK:**

Frequent Headaches ( ) Heart Trouble ( ) Convulsions ( ) Asthma, Hay Fever ( )  
Hives ( ) Trouble with eyes ( ) Chronic Cough( ) Fainting ( ) Shortness/Breath ( )

Comments on checked items: \_\_\_\_\_

Any other allergies: \_\_\_\_\_

Unusual sensitivity to: ( ) Poison Oak or Ivy ( ) Any medicines  
( ) Insect stings ( ) If so, what: \_\_\_\_\_

Is your child currently taking any medications? (Specify) \_\_\_\_\_

Any medications to be taken at camp? Describe: \_\_\_\_\_

Are any activities to be restricted? No ( ) Yes ( ) If yes, specify: \_\_\_\_\_

Are there any specific needs your child has? No ( ) Yes ( ) If yes, specify: \_\_\_\_\_

**IMPORTANT:** Please notify the Director if this youth is exposed to any communicable disease during the program attendance.

## **PARENTS AUTHORIZATION:**

This history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Parent's Signature: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_