



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHTER FUTURES

WESTPORT WESTON FAMILY YMCA  
After School Program  
2016–2017



Registration Packet and Handbook

# YMCA After School Program at a Glance

Here are a few of our policies at a glance. You can find more information in the following pages of the handbook. If you have any questions about the Westport Weston Family YMCA's After School Program, please contact the Program Director.

## Program Contact Information

Program Director: Meg George, 203-226-8981 x 119, [mgeorge@westportymca.org](mailto:mgeorge@westportymca.org)  
Youth and Teen Coordinator/ Head Teacher: Sam Kenny, 203-226-8981-117, [skenny@westportymca.org](mailto:skenny@westportymca.org)  
Westport Weston Family YMCA, 203-226-8981

## What Is the Daily Schedule of the After School Program?

Students are picked up at their school at dismissal and bused to the Family YMCA's Bedford Family Center at 14 Allen Raymond Lane in Westport. Children have a snack, homework or quiet play time. On Tuesdays and Thursdays the children swim and on Monday, Wednesday and Friday they have gym time or outside time. Children must be picked up by 6:00pm.

## What If I Have to Change My Child's Schedule?

One time changes should be communicated both to the Program Director at [mgeorge@westportymca.org](mailto:mgeorge@westportymca.org) or 203-226-8981 x119, as well as the school through the dismissal manager. If you need to change your child's schedule for a long period of time, please contact the director so the schedule can be changed on the rosters. Be sure to let the school know of any changes you make as they are the ones who organize the children at dismissal and send them to the YMCA bus.

## How Do the Payments Work?

Tuition is due the month prior. For example, October's payment is due September 1. Upon registering, you will provide the YMCA with a method of payment. If you need to change that payment method during the school year, please let us know so we can keep all of your information up to date.

## What Is the Policy for Early Dismissal Days and School Holidays?

On most pre-scheduled early dismissal days, the After School Program will pick the children up early and run until 6:00 pm as usual. If there is an early dismissal because of an emergency or inclement weather, the After School Program may not run. Please make sure you have an alternative day care option for these situations and keep an eye out for notifications from the YMCA. Please make sure we have the best email address to send notifications too. We will make sure to let you know as soon as possible if we will be running or not.

On many of the local school holidays we will run a Vacation Special Program. Our Vacation Day Programs run at the YMCA and include a field trip, swimming, gym time, a movie and more. This program has limited space and is first-come, first-serve.

## How will the Program Staff Reach Me?

It is very important that we have the most current contact information for you and the emergency contacts we keep on file for your child. You will be called and/or emailed when we need to reach you. Throughout the school year we will provide you with a form to update your information, but if something changes, please remember to let the staff know.

## About the YMCA After School Program

The Westport Weston Family YMCA After School Program provides a safe, fun and educational environment for children in Kindergarten through the 5th grade from the time the school day ends until 6:00 pm. Our program is located at The Family YMCA's Bedford Family Center at 14 Allen Raymond Lane. Children from Westport Public Schools will be picked up from their school and bused to the YMCA for the program. On school half days, children who are normally scheduled on those days will be picked up at early dismissal and brought to the site. The program will run until 6:00 pm as usual.

Meg George, Director of Camp & Family Services, and all the program staff at the After School Program work hard to make this program enjoyable for the students and parents involved.

## What Are the Goals of the Program?

### To help kids socialize by:

- Providing opportunities for children to play together as a group, pairs or as individuals.
- Providing forums of discussion on values and beliefs, problem solving, cultural awareness and individualism.
- Working as a group, expressing and sharing ideas to communicate and demonstrate respect for others.
- Providing qualified leadership that demonstrates a positive attitude, patience, acceptance and caring for others.
- Providing opportunities for leadership and responsibility.

### To teach a healthy lifestyle by:

- Providing opportunities for group, team and individual physical activity.
- Offering nutritious snacks daily as well as opportunities for physical activity.
- Encouraging proper personal hygiene and cleanliness.

### To encourage growth by:

- Providing a safe environment with caring, consistent staff that place high value on integrity.
- Encouraging individuals to try new things.
- Promoting the mission of the Westport Weston Family YMCA and incorporating values such as Caring, Honesty, Respect and Responsibility.
- Strengthening relationships with their families through family events and communication between parents and child(ren). Building upon each child's strengths and needs while respecting their individuality.

## What Are the Teachers and Staff Like?

The Westport Weston Family YMCA After School Staff is made up of caring individuals who work to provide a safe and nurturing environment for your child. Our teachers are CPR and First Aid certified, and have been cleared to work through a rigorous process, including a thorough background check. The following are minimum requirements for positions with the Westport Weston Family YMCA School Age Program: Our teachers have experience working with children either in a child care or summer camp setting. Staff participate in trainings each year focused on First Aid/CPR, youth development, risk management and other related areas.

## How Will My Child Get from School to the Y's After School Program?

A Family YMCA bus will transport the children to the School Age Program site immediately after school is dismissed. If your child misses the bus, he/she should report to their school's office. Someone from the Main Office will then call the Family YMCA and an authorized driver will pick up your child from the school.

## A Sample Weekly Schedule for the After School Program\*

Schedule	Mon, Wed, Fri	Tues, Thur
Arrival 3:00 pm – 4:00 pm	Sign-in, Greet Snack & Homework	Arrival at the Y, sign-in and snack.
Active Play 4:00 pm – 5:30 pm	Gym Games/ Playground	Swimming and Gym at the Y
Small Group Activities 5:30 pm – 6:00 pm	Reading and quiet games Prepare to leave	Quiet games until pickup before 6:00 pm

\* Schedule subject to change depending on availability of program spaces.

## What Happens After Children Get to the Program?

Upon arrival, teachers greet and assist the children with sign-in. They then serve nutritious snacks. This is also a time when children can get help with their homework. Children then go to "choice tables" where they can play with Legos, blocks and manipulative toys.

## Do They Get Snack?

The YMCA encourages healthy eating for our children. We believe that starting these habits now will help our children lead a healthy lifestyle for years to come. Our snacks focus on whole grains and fruit or vegetables being served at every snack. We do not include fried foods, foods high in sugar or foods containing trans-fats. Water is served with each meal as well.

Children may not bring snacks or beverages from home to the After School Program; this includes food that is left over from their school lunch or snack. This is partially because of our need to control foods that may trigger allergies in other participants as well our desire to make sure our kids are eating healthy foods and beverages in our programs.

## Will Staff Help with Homework?

Children will be given time to work on homework, and staff will assist them as they are able. Homework is a family responsibility, so please be sure to check your child's homework when he or she gets home. Some children have more homework than others, either from school or outside programs. We will do our best to have children complete the assignments but must also give the children active play time as well.

## What Kinds of Active Play Does the Program Offer?

### Active Play

Teaching our kids that exercise can be fun is another aspect of healthy living. Each day, children will have at least 30 minutes of active play including games in our basketball gymnasium or having fun on the grounds of Camp Mahackeno.

### Small-Group Activities

Small-group activities give children the opportunity to choose from several different options. These may include board games that offer mental and intellectual challenges, puzzles, arts & science activities.

## **How Will I Be Kept Informed of Any Changes to the School Age Program?**

We know communication can help make changes and transition easier for our children and their parents. Because of that, sharing information with our families is important to us. We will communicate with you through the following ways:

- Weekly schedules of activities and monthly snack menus will be posted at the site.
- Newsletters will go out to the families throughout the year to keep you informed. Emails will be sent to notify you of any changes. Please make sure you have your most current email address.
- Program staff will call or speak in person with parents to communicate information on a one-on-one basis.
- Please feel free to reach out to the Meg George, Director of Camp & Family Services, if you have any questions and need more information about the program.

## **What If There Are Problems in School or at Home that Carry Over to the After School Program?**

We want to make sure that the After School program is fun for our students. We know that sometimes there may be issues that your child may be having at school or at home which can affect his/her behavior at the After School Program. Please keep us informed of such issues so we can be sensitive to your child's needs. The Family YMCA staff works as a team with school and family. This enables us to provide the best environment for your child's growth and development.

## **What Happens If My Child Is Absent from School?**

Safety is our number one concern. The Director of Camp & Family Services MUST be called at the Family YMCA at 203-226-8981, ext. 119 or an email sent to [mgeorge@westportymca.org](mailto:mgeorge@westportymca.org) by 12:00 pm on days your child will be absent for any reason. For the safety of your child, it is important that we know if your child will be missing any of their normally scheduled days. This is also important if your child attends a school other than Saugatuck as the bus may be delayed waiting for your child to arrive.

## **Will My Child Go to the YMCA for Activities?**

Children who are a part of our After School Program are able to also register for other YMCA programs that take place during the time the kids are at the YMCA. This includes swimming, dance and sports classes. After registering their child for the program, parents should notify the YMCA of the day and time of the program. Program staff will walk the child to the program and parents will pick them up at the end of the class.

## **How Do I Enroll for the Program?**

A child will be accepted for admission if (1) there is a space in the program, (2) has all enrollment and release forms completed and signed and a copy of the most recent regularly scheduled school physical is submitted. (3) Enrollment from their school allows us to pick up at that site. Children must be enrolled for a minimum of two days a week.

## **How Do Tuition and Payments Work?**

Fees are paid in advance and are due the first day of each month prior to attendance.

If fees are not paid by the 10th day of the month prior to attendance, the tuition will be considered not paid and the child will not be eligible to be in the program. Payment can be made by debit or credit card or in the form of an EFT, which would come directly from your checking account. A late payment charge of \$25 will be imposed if any form of payment is declined or if the payment is made after the 15th of the month it is due.

The YMCA is a nonprofit organization that prides itself on being able to meet the needs of the community. If you need financial assistance in order to attend the program, please contact the YMCA for an application or download it from [westportymca.org](http://westportymca.org).

## **Do I Receive Credit for Absences/ School Vacations?**

We do not give refunds for days that children are absent. Staffing costs and supplies are fixed for the number of children in the program each day, and we cannot adjust them for absences. If you have to make a change to the days your child will be attending the program, we require 30 days notice of the change and it must be a permanent change. We cannot make changes on a week to week basis.

## **What About a Refund If We Withdraw?**

We require thirty (30) days notice prior to withdrawing a child from the program. No refunds will be given for payments made or for any portion of a month during which the child leaves the program. We will not give credit for any missed days. If you have PAID IN ADVANCE, you may ask for the remaining refund. This refund will take approximately two weeks to process OR you may apply the CREDIT toward another program within the Family YMCA.

## **Are there Programs for School Vacations?**

The School Age Program does not meet on school holidays or days off from school. Instead, Vacation Specials are offered to all children in the community in grades K through 6th. Vacation Special days include field trips, swimming, crafts, games and special activities. A separate registration is required and is not part of your regular payment. Exact costs are noted on School Vacation flyers. Registration is limited and available on a first-come, first-served basis.

## **What Do Children Do on Vacation Specials?**

Hours are from 7:30 am to 6:00 pm. The dates coincide with the Westport school calendar year. Please check our School Age Program calendar in the Registration Packet for Vacation Special dates. Children participating in the Vacation Special program will need to bring their own bag lunch and a drink. Snacks will be provided.

## **What Happens If School Is Canceled?**

The School Age Program will be closed when school is canceled for any reason. If school closes early, the YMCA will try to still run our program, but if it looks like weather may cancel afternoon programs for the YMCA or cause us to close the facility, we will not be able to run the program. Please make sure to keep an eye out for notifications from the YMCA and that we have the best email address to reach you.

## **How Does Pick Up and Sign Out Work?**

Each child must be physically signed out from the program every day by an authorized adult. Please check for program notices or new information each day when you sign your child out. Only adults who are given permission in writing may sign the children out of the program. Adults other than parents or guardians who you wish to give permission to pick up may be listed on your registration form. If children are out of the room a note with the group's location will be at the sign-out table.

## **Who Is Authorized to Pick Up My Child?**

Only those persons authorized on the enrollment form will be allowed to pick up children in the program. If you need to add someone to the approved pick-up list, please provide their information in writing to the staff prior to the day of pick up. Staff will question those with whom they are unfamiliar and check their authorization and identification; they must provide a photo ID to pick up. Anyone without proper authorization will be refused from taking a child from the YMCA's After School Program. Please understand that this is an important security issue. The staff may refuse release of any child to an unauthorized person.

## **What Happens If I Am Late to Pick Up?**

We all run late on occasion, but we ask that you respect the time of our program staff who stay to keep the site open for our students. If you are running late, please call the YMCA at 203-226-8981 and ask them to get a message to the School Age Program staff. Please do not leave a voicemail on an office phone as it may not be checked in time.

If your child is not picked up by 6:00 pm, and it is the first time, you will get a warning. After that, you will be charged \$30 for every 15 minutes you are late. If a parent does not show up by 6:30 pm, the emergency contact(s) will be called. If emergency contacts cannot be reached by 7:00 our next step is to call the Police and then DCF. Repeated occurrences may result in dismissal from the program.

## **Do the Children Leave the Program Site?**

Field Trips are not a common part of our After School Program. However, whenever a trip is scheduled away from the site, a permission slip will be sent home with your child. It will describe the date, time, location and purpose of the trip. Every child is invited to attend these trips. If all of the children do not attend the activity, the program may not be able to occur, as it is based on teacher/child ratios. These trips are a part of the educational learning process of the program. If your child cannot attend a trip or excursion, then other arrangements will have to be made by the parents.

## **What If My Child Becomes Sick?**

If your child shows signs of illness while in the program, the parent or the emergency contact on file will be called to pick him/her up, within a one (1) hour period. As we serve many working parents, it is essential to your child's well-being that a pick-up plan be in place. Please make sure to notify the Westport Weston Family YMCA if your home, work, or emergency contacts on file change.

For the protection of all children, we will only serve well children. You must immediately notify the Family YMCA if your child contracts a communicable disease so that other parents may be given necessary information.

## **What If My Child Is Injured?**

Minor injuries will be addressed by our First Aid certified staff and you will be informed at pick up. If more advanced emergency attention is required, the staff will take the necessary steps to obtain emergency medical care. These steps may include, but are not limited to the following:

- Attempts to contact a parent or guardian. If a parent or guardian cannot be reached we will then contact the persons listed on the emergency contact information form that we have on file. Therefore, it is important that we are notified of any changes to the emergency contact information.
- Calling an ambulance or paramedic. If emergency room care is needed, the child will be accompanied by a Family YMCA staff member.

## **What Happens If My Child Needs to Take Medications?**

At least one YMCA staff member at the site is trained in the Administration of Medication and Epi-pen injections. The after school program will accept emergency medications. It is the responsibility of all parents to ensure that all medication and the paperwork that goes with it is up to date. If your child requires any form of medication or Epi-pen, the child's physician must fill out our medication administration form. We cannot accept the form from the doctor unless it lists child care staff. All medications must come in the original container, labeled with the pharmacy label with the child's name. All medications must match the dosage and type of medication listed on the form. Please contact the Director of Camp & Family Services if your child will require medication during their time in the program.

## What Are the School Age Program Rules and Discipline Policies?

Rules and policies on behavior are listed on the Behavior Management Policy in the After School handbook. Below are some highlights of the policy.

- No child may leave the program without an authorized adult (with a valid photo I.D.), who signs the child out, noting the departure time. There are no exceptions to this rule; it helps to ensure the safety of your child.
- Children must remain in view of staff members at all times.
- There will be no fighting (including hitting, pinching, kicking or spitting).
- Stealing and foul language are not allowed.
- Children and parents must follow building rules. School Age Program, Family YMCA and school property will be respected.
- All food, garbage and activity messes must be cleaned up by the group with staff supervision before going on to another activity. The School Age Program Cafeteria must be cleaned before the children leave for home.
- Children cannot eat items saved from lunch or brought into the program. Gum chewing is not allowed.
- Noise level will be kept at a moderate level in the room. The gym and outdoor play are provided for "louder level" activity.
- All clothing, book bags, lunch boxes, etc., should be marked with the child's name. The staff will not be responsible for personal items lost, stolen or broken. All toys and personal belonging are to be kept at home or left in the book bag and not played with in the School Age Program.
- Respecting others is required at all times.

## How Will the Staff Care for My Child?

- We encourage self-control and self-esteem in the children.
- Discussions regarding rules and activities will be held by the staff with the children so there may be reasonable flexibility and choices.
- A child's discipline problem will be discussed with his/her parent only. Parents of other children will be met with separately.
- There will be no spanking or hitting of children.
- Staff will "take away" activities as needed for safety reasons. These activities can be reinstated as the child begins to follow rules.
- Staff will never deprive children of snacks as discipline.
- Problems will be relayed to parents each day as necessary.
- Staff will never verbally abuse the children.

# 2016-2017 After School Program Enrollment Form



Please use a separate form for each child, complete all information and print clearly. A non-refundable registration fee of \$150 is due upon submission of this form. No application will be accepted without it.

## Child Information:

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade \_\_\_\_\_ Start Date \_\_\_\_\_

School Attending: \_\_\_\_\_ Days they will attend M T W TH F

## Parent/ Legal Guardian Information:

### Guardian A – Who child lives with

Relationship \_\_\_\_\_

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

Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

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

### Guardian B:

Relationship \_\_\_\_\_

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

Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

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

## Emergency Information:

Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Orthodontist: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please list responsible individuals, other than parents, who can remove the child from the program in an emergency.**

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

# Westport Weston Family YMCA Payment Agreement



Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Please circle the schedule that your child will be attending

	2 Days a Week	3 Days a Week	4 Days a Week	5 Days /a Week
<b>Member</b>	<b>\$380</b>	<b>\$465</b>	<b>\$545</b>	<b>\$605</b>
<b>Non Member</b>	<b>\$410</b>	<b>\$495</b>	<b>\$575</b>	<b>\$640</b>

Please circle the days the child will be attending: M T W TH F

Bank Draft Information

Bank Name \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Bank Transit/ABA No. \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Account Type \_\_\_ Checking \_\_\_ Savings

**\*\*PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT\*\***

Credit Card Information (Mastercard, Visa, Discover, American Express)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Days ( ) \_\_\_\_\_ Evenings ( ) \_\_\_\_\_

- The undersigned hereby agrees and authorizes the Westport Weston Family YMCA to process charges to the above credit card/bank account on a monthly basis. Said monthly charges shall continue until the parent notifies the YMCA, in writing, to cancel such charges.
- Parents acknowledge that scheduled price increases, authorized field trips, late fees and other authorized charges may be automatically processed.
- Parents agree to provide updated credit card/bank information upon request. The YMCA needs updated information to continue to process monthly payments.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Program Waiver and Handbook Receipt Form



Please sign below and return with your registration packet.

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

## Handbook Receipt

Please take the time to review the Handbook and understand the policies for the program. Please make sure you and your child understand and are comfortable with the program policies. If at any time you have questions, please reach out to the Staff or Director for clarification. Understanding and communication will help us make this a great school year for our kids.

By signing the bottom of this form, you acknowledge that it is your responsibility to read and understand the policies in the above handbook. Upon signing this sheet you acknowledge that you have read the parent handbook. Please contact the program director if you have any questions about the policies.

## Permission Agreement:

I grant permission for my child to use all play equipment and participate in all activities of the program. I grant permission for my child to be included in pictures connected with the Y's programs. If warranted, I grant permission to the staff to take whatever steps necessary to obtain emergency medical care according to Connecticut State agencies' regulations. These steps may include, but are not limited to, the following: administering first aid, attempting to contact a parent, guardian or child's physician/dentist, directly or through any of the persons listed under the emergency information on; calling another physician, ambulance, or taking the child to an emergency hospital in the company of a staff member, in a program vehicle, in the event that a parent, guardian, or child's physician cannot be contacted. Any expenses incurred under the above will be borne by the child's family. I understand the program will not be responsible for anything that may happen as a result of false information given at the time of enrollment. The Westport Weston Family YMCA After School staff has permission to transport my child in the YMCA buses to our programs, playground, and/or field trips. I understand that my child will be in the appropriate child safety restraint system and/or wear a seat belt at all times and that the driver will follow State of Connecticut Motor Vehicle Laws. I have read the School Age Parent Handbook and agree to all of the policies.

Sign below for the handbook receipt and the waiver.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name



# Behavior Management Plan for the Westport Weston Family YMCA After School Program

The Westport Weston Family YMCA After School Program strives to build each child's self-esteem, independence and ability to socialize in a group. This is done, primarily, through developing a child's self-control. All guidance techniques are based upon knowledge of child development and familiarity with the child. In our program we use non-punitive forms of discipline and guidance:

## Positive Environment

- There are choices for activities, supportive teachers and an appropriately stimulating curriculum.
- Teachers act as role models, treating children and adults with respect.
- Teachers (and children) set reasonable and fair limits.
- Teachers reinforce positive behavior.
- Flexibility is exercised.

## Natural and Logical Consequences

Children are not punished. Rather, there are consequences that naturally or logically follow. For example, if a child is throwing Legos (s)he is showing that (s)he is not able to play with them appropriately. The teacher will remind him/her that Legos are for building. If the action continues then the child is done with the Legos for a period of time.

## Redirection

Teachers help/allow children to choose alternative activities. This diffuses the frustrations when the children do not have the abilities to deal with the situation.

## Separation

When a child is upset or behaving in an unsafe/disrespectful way, he/she may need time and assistance in calming him/herself. This is done by separating the child from the group or activity and giving them a change to cool off. During this time a staff member will discuss their behavior and ask how they can work together to make the child feel better so they may return to the activity.

## Bullying Policy

Staff is expected to immediately intervene when they see a bullying incident occur. We have an obligation to promote mutual respect, tolerance, and acceptance, and will not tolerate any behavior that infringes on the safety of any child under our care.

A child shall not intimidate or harass another student through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation. Teachers are encouraged to discuss this policy with their students in age-appropriate ways.

The teaching staff will never, at any time, use coercion, physical, emotional or verbal abuse as a form of discipline. Teaching staff will never engage in hitting or shaking children. Staff will never withhold food from children as a form of punishment. Under no circumstances will any children be neglected, frightened or humiliated.

If a child in the program harms another child, the caregiver will first attend to the child who is hurt, and then proceed with the other child. The staff will inform both families of the incident. However, because confidentiality is a keystone of our program, we will not disclose another child's name or information to the other family. Both the State Department of Public Health and the National Association for the Education of Young Children recommend this practice.

Communication with parents occurs on an ongoing basis. Therefore, parents will always be informed about how their children are adjusting. When parents and/or teachers feel that behavior or another issue is not improving, meetings may be scheduled with the Director, parents and other appropriate staff.

\_\_\_\_\_ I have read the behavior management plan and have discussed it and any questions I have with the program staff.

Student name \_\_\_\_\_

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

Date \_\_\_\_\_

# Vacation Special Sign Up



Our Vacation Special Programs run on many of the local school vacation days. On these days kids will enjoy a field trip, swimming, gym time, fun in the Kids' Club and a movie. Children should bring their nut-free lunch, a bathing suit and a towel. We will provide a snack in the afternoon. Space is limited and registration is due the week before the vacation day. After that we cannot guarantee that your child will be able to participate. You must provide a current copy of your child's school physical when they attend the program. For more information contact Meg George at mgeorge@westporty.org. Drop off is between 7:30 am – 9:30 am. Pick up is between 4:00 pm – 6:00 pm.

Members \$95 Non-Members \$115

Fee: \_\_\_\_\_ Fees will be charged the month the Vacation Special takes place.

- |   |  |
|---|--|
| <input type="checkbox"/> 10/03/16– Rosh Hashanah        | <input type="checkbox"/> 1/16/17– Martin Luther King jr. Day |
| <input type="checkbox"/> 10/12/16– Yom Kippur           | <input type="checkbox"/> 2/17/17– Winter Recess              |
| <input type="checkbox"/> 11/08/16–Election Day          | <input type="checkbox"/> 2/20/17– Winter Recess              |
| <input type="checkbox"/> 11/25/16– Black Friday         | <input type="checkbox"/> 2/21/17– Winter Recess              |
| <input type="checkbox"/> 12/26/16– Holiday Recess       | <input type="checkbox"/> 2/22/17– Winter Recess              |
| <input type="checkbox"/> 12/27/16– Holiday Recess       | <input type="checkbox"/> 2/23/17– Winter Recess              |
| <input type="checkbox"/> 12/28/16– Holiday Recess       | <input type="checkbox"/> 2/24/17–Winter Recess               |
| <input type="checkbox"/> 12/29/16– Holiday Recess       | <input type="checkbox"/> 4/10/17- Spring Recess              |
| <input type="checkbox"/> 12/30/16– Holiday Recess       | <input type="checkbox"/> 4/11/17– Spring Recess              |
| <input type="checkbox"/> 1/02/17– Holiday Recess        | <input type="checkbox"/> 4/12/17– Spring Recess              |
| <input type="checkbox"/> 1/13/17– Staff Development Day | <input type="checkbox"/> 4/13/17– Spring Recess              |

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Credit Card: \_\_\_\_\_ Expiration \_\_\_\_\_

Who May Pick-Up You Child (List anyone who may pick up) \_\_\_\_\_

## Permission Agreement:

I grant permission for my child to use all play equipment and participate in all activities of the program. I grant permission for my child to be included in pictures connected with the Y's programs. If warranted, I grant permission to the staff to take whatever steps necessary to obtain emergency medical care according to Connecticut State agencies' regulations. These steps may include, but are not limited to, the following: administering first aid, attempting to contact a parent, guardian or child's physician/dentist, directly or through any of the persons listed under the emergency information on the reverse; calling another physician, ambulance, or taking the child to an emergency hospital in the company of a staff member, in a program vehicle, in the event that a parent, guardian, or child's physician cannot be contacted. Any expenses incurred under the above will be borne by the child's family. I understand the program will not be responsible for anything that may happen as a result of false information given at the time of enrollment. The Westport Weston Family YMCA After School staff has permission to transport my child in the YMCA buses to our programs, playground, and/or field trips. I understand that my child will be in the appropriate child safety restraint system and/or wear a seat belt at all times and that the driver will follow State of Connecticut Motor Vehicle Laws.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## State of Connecticut Department of Education Health Assessment Record



**To Parent or Guardian:**

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

\* If applicable

### Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any medications your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Part II — Medical Evaluation

HAR-3 REV. 4/2012

**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

### Physical Exam

Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spiral abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening	*Auditory Screening	History of Lead level	Date
Type: <span style="margin-left: 20px;">Right</span> <span style="margin-left: 20px;">Left</span>	Type: <span style="margin-left: 20px;">Right</span> <span style="margin-left: 20px;">Left</span>	≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	
With glasses <span style="margin-left: 20px;">20/</span> <span style="margin-left: 20px;">20/</span>	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses <span style="margin-left: 20px;">20/</span> <span style="margin-left: 20px;">20/</span>	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of the Asthma Action Plan to School

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** If yes, please provide a copy of the Emergency Allergy Plan to School

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year)** Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>DTP/DTaP</b>	*	*	*	*		
<b>DT/Td</b>						
<b>Tdap</b>	*				Required for 7th grade entry	
<b>IPV/OPV</b>	*	*	*			
<b>MMR</b>	*	*			Required K-12th grade	
<b>Measles</b>	*	*			Required K-12th grade	
<b>Mumps</b>	*	*			Required K-12th grade	
<b>Rubella</b>	*	*			Required K-12th grade	
<b>HIB</b>	*				PK and K (Students under age 5)	
<b>Hep A</b>	*	*			PK and K (born 1/1/2007 or later)	
<b>Hep B</b>	*	*	*		Required PK-12th grade	
<b>Varicella</b>	*	*			2 doses required for K & 7th grade as of 8/1/2011	
<b>PCV</b>	*				PK and K (born 1/1/2007 or later)	
<b>Meningococcal</b>	*				Required for 7th grade entry	
<b>HPV</b>						
<b>Flu</b>	*				PK students 24-59 months old – given annually	
<b>Other</b>						

Disease Hx \_\_\_\_\_  
of above (Specify) (Date) (Confirmed by)

### Exemption

Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date \_\_\_\_\_  
Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools

### KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease\*.

### GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which must be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
  - Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
  - MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
  - Hep B: 3 doses-the last dose on or after 24 weeks of age.
  - Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease\*.
- \* Verification of disease: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / RA	Date Signed	Printed/Stamped Provider Name and Phone Number
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