



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**LEARN
GROW
THRIVE**

Before & After School Enrichment Programs

ENROLLING NOW!



**MANITOWOC-TWO RIVERS YMCA
2018-19 BEFORE AND AFTERSCHOOL
SCHOOL AGED CHILDCARE (SACC)**

- THREE GREAT LOCATIONS (RIVERVIEW, MADISON AND FRANKLIN SCHOOLS)
- STUDENTS WHO ATTEND MONROE SCHOOL WILL BE BUSED TO AND FROM FRANKLIN SCHOOL
- STUDENTS AT STANGEL AND JACKSON WILL BE BUSED TO AND FROM MADISON SCHOOL
- NO ADDITIONAL CHARGE FOR BUSING
- PLEASE REFER TO THE PROGRAM REGISTRATION PAPERWORK FOR PROGRAM FEES
- STUDENTS WILL BE PROVIDED ENRICHMENT ACTIVITIES, HOMEWORK HELP, LARGE MOTOR ACTIVITIES, AND MUCH MORE...

Madison School Hub

(serving Madison, Stangel and Jackson students)
Transport to Stangel and Jackson schools is at 8am
PM program starts at 3:10
Transportation to Madison school from Stangel and Jackson Schools will be after school dismissal
AM and PM snack provided

Franklin School Hub

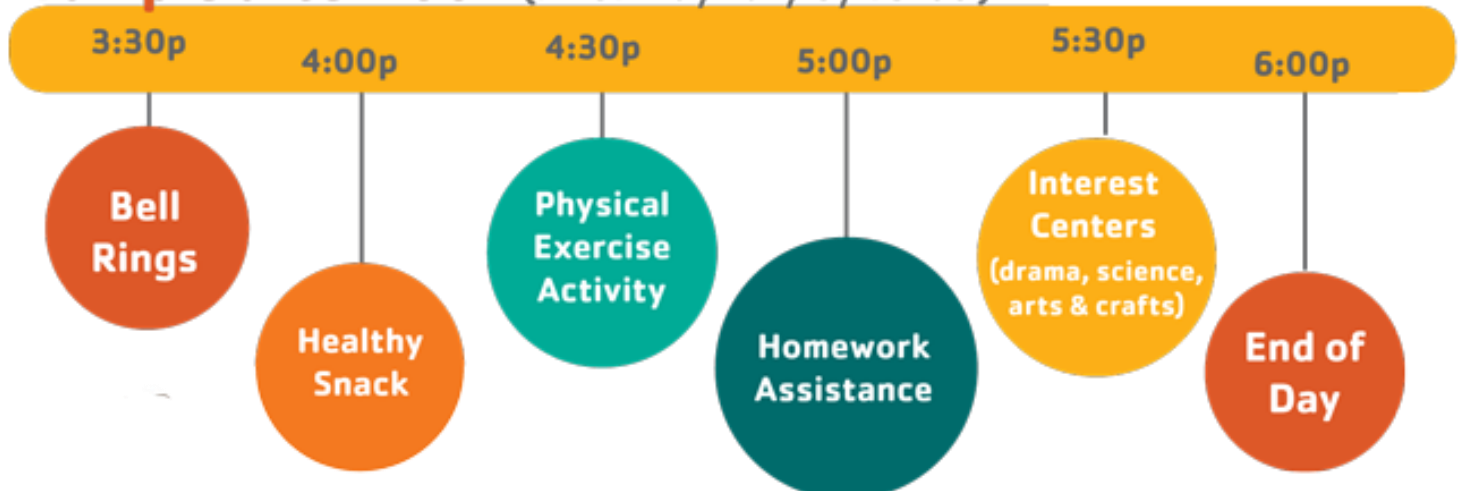
(serving Franklin and Monroe students)
Transport to Monroe school is at 8am
PM program starts at 3:10
Transportation to Franklin School from Monroe School will be after school dismissal
PM snack Provided

Riverview School Hub

(serving Riverview School students)
PM program starts at 2:40
No AM snack, PM snack provided
AM program start at 6am at all hubs
PM program ends at 6pm at all hubs

CONTACT US AT 920.482.1527 OR hsosnosky@mtrymca.org FOR MORE INFORMATION

Sample afternoon (times may vary by school)





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 School Year Before/After School Care Manitowoc Public Schools

For Additional Information
 Hannah Sosnosky •
 920.482.1527 or
 hsosnosky@mtrymca.org
 www.mtrymca.org

YMCA SCHOOL-AGE CHILD CARE PROGRAM

This program is designed to provide children with quality before and after school care in a healthy and caring environment. The staff's goal is to make children feel good about their accomplishments through positive interaction. This program is licensed by the Wisconsin Division of Family Services. Each hub has a maximum number of children allowed and a teacher / child ratio to follow.

Monthly Program Fee

The YMCA uses an average school year calendar to calculate a flat monthly fee for School Age Care. Fees are paid in 9 equal payments (September – May). Fees are due the 1st of the month that services are rendered. Some months have more weeks of care and some have less, this has been figured into the total fee and averaged. You will not be charged in June, even though care is provided. Days off for holidays and no school have been figured into the fees.

MONTHLY PROGRAM FEES

| | Before School | After School |
|--------|---------------|--------------|
| 5 days | \$120.00 | \$120.00 |
| 4 days | \$112.00 | \$112.00 |
| 3days | \$96.00 | \$96.00 |

Parents that sign up for part time care and need occasional additional days may contact hub teacher at least 24 hours in advance for availability. Additional sessions will be billed at \$6 per session. In the event of cancellation, a two-week written notice must be received in our program office to relieve you of further payments.

Billing questions or concerns, please contact Toby 920-482-1519 or tschwartz@mtrymca.org
 You can access your account online by following directions on attached sheet.

Registration Information

Registration is taken on a first come, first serve basis. Past participants are not automatically enrolled each year and must re-register each school year. Registration can be turned in at the YMCA Front Desk. Once a hub has reached capacity a waiting list will be established. Individual hubs may be cancelled if a minimum of 14 children is not met.

Hubs

- Franklin Hub:** Houses Franklin & Monroe Students
6:00am-8:00am Library & Art room
Monroe Bus leaves 8:00am for drop off at Monroe. After school pick up at Monroe 3:50pm arriving at Franklin 4:10pm -6:00pm
Franklin 6:00am-start of school end of school to 6:00pm
- Madison Hub:** Houses Madison, Stangel & Jackson Students
6:00am- 8:00am Art & Music rooms
Jackson & Stangel Bus leaves 8:00am for drop off at respective schools. After school pick up at Jackson 3:50pm Stangel 3:55pm arriving at Madison at 4:10pm-6:00pm
Madison 6:00am -start of school / end of school to 6:00pm
- Riverview Hub:** Houses 5K Riverview Students
 6:00-am start of school / end of school to 6:00pm- **Multi Purpose room**

Open every day that school is in session. Care will not be provided on late start days, early dismissals, or school cancellations due to inclement weather. Refunds will not be given.

Program Activities
 May include any/all of the following:
 Arts and crafts
 Gym/Group games
 Interest areas
 Outdoor activities
 After School upgrade
 Enrichment programs
 Community service projects
 Character development
 Special events
 Daily snack



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Manitowoc/ Two Rivers YMCA 2018-2019 Before/After School - Registration Form

CHILD INFORMATION

| Child's Name (Last, First) | Sex | Home Address (street, city, state) | Zip Code | Telephone # | DOB |
|----------------------------|-----|------------------------------------|----------|-------------|-----|
| | | | | | |

PARENT OR GUARDIAN INFORMATION

(All parents/guardians are allowed to pick up unless prohibited by a court order. Attach court order, if any)

| | | | | |
|---------------------|---------------------|------------------------------------|------------|-------------|
| Mother/ Guardian | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Telephone # |
| | Place of Employment | Address (Street, City, State) | Work Phone | Cell phone |
| | E-mail Address | | | |
| Father/ Guardian | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Telephone # |
| | Place of Employment | Address (Street, City, State) | Work Phone | Cell phone |
| | E-mail Address | | | |

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK-UP CHILD

Provide information requested for each person. If no one, write "NONE"

| | | | | |
|--------------------------|---------------------|------------------------------------|------------|-------------|
| Relationship To Child | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Telephone # |
| | Place of Employment | Address (Street, City, State) | Work Phone | Cell phone |
| | E-mail Address | | | |
| Relationship To Child | Name (Last, First) | Home Address (street, city, state) | Zip Code | Telephone # |
| | Place of Employment | Address (Street, City, State) | Work Phone | Cell phone |
| | E-mail Address | | | |

EMERGENCY CONTACT

Provide information for the person to contact when parents/guardians cannot be reached. YES NO This person is authorized to pick up.

| | | | | |
|--------------------------|---------------------|------------------------------------|------------|-------------|
| Relationship To Child | Name (Last, First) | Home Address (street, city, state) | Zip Code | Telephone # |
| | Place of Employment | Address (Street, City, State) | Work Phone | Cell phone |
| | E-mail Address | | | |

| | | |
|---|--|---|
| <p>LOCATION SELECTION</p> <p>Riverview Hub <input type="checkbox"/> Riverview (home school)</p> <p>Madison Hub <input type="checkbox"/> Madison (home school) <input type="checkbox"/> Stangel (home school) <input type="checkbox"/> Jackson (home school)</p> <p>Franklin Hub <input type="checkbox"/> Franklin (home school) <input type="checkbox"/> Monroe (home school)</p> | <p>PROGRAM SELECTION</p> <p><input type="checkbox"/> Before School CIRCLE DAYS DESIRED (must be same days every week) M T W TH F</p> <p><input type="checkbox"/> After School CIRCLE DAYS DESIRED (must be same days every week) M T W TH F</p> <p>CHILD'S START DATE: _____</p> | <p>ANNUAL NON-REFUNDABLE REGISTRATION FEE A \$35 annual registration fee is due at the time of registration. All registration fees are non-refundable and non-transferable. Any registrations received without payment will be sent back. Please make checks payable to Manitowoc YMCA. If you receive state child care benefits (W2), please check below.</p> <p>TOTAL FEE ENCLOSED \$ _____</p> <p><input type="checkbox"/> Yes, I receive state child care benefits (W2). I understand that I am responsible for payments that the county does not cover.</p> <p>CURRENT YOUTH OR FAMILY MEMBERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|--|---|

| | |
|-----------------------|---------------------|
| HEALTH HISTORY | CHILD'S NAME |
|-----------------------|---------------------|

Child's physician or medical facility (name, address, phone number)

1. Check any special medical condition that your child may have:

No Specific Medical Condition
 Cerebral palsy/motor disorder
 Asthma
 Diabetes
 Epilepsy/seizure disorder
 ADD/ADHD
 Special Diet
 Emotional Disorder
 Other conditions requiring special care - Specify: _____
 Food Allergies - Specify Foods: _____
 Non-Food Allergies - Specify: _____
 Milk Allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

2. Triggers that may cause problems - Specify:

3. Sign or symptoms to watch for - Specify:

4. Steps the child care provider should follow.
If medications are necessary, a copy of the CFS-59, Authorization to Administer Medication, should be attached to this form.
Indicate any child care staff who have received specialized training/instructions to help.
A.
B.
C.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

IMMUNIZATION HISTORY

List the MONTH, DAY and YEAR. DO NOT USE A CHECK MARK OR AN "X." RECORDS FROM PREVIOUS YEARS ARE NOT KEPT.
If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

| Type of Vaccine | First Dose Month/Day/Year | Second Dose Month/Day/Year | Third Dose Month/Day/Year | Fourth Dose Month/Day/Year | Fifth Dose Month/Day/Year |
|---|------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|
| Diphtheria-Tetanus-Pertussis DTP/DTaP/DT | | | | | |
| Polio | | | | | |
| Hib (Haemophilus Influenza Type B) | | | | | |
| Pneumococcal Conjugate Vaccine (PCV) | | | | | |
| Hepatitis B | | | | | |
| Measles-Mumps-Rubella (MMR) | | | | | |
| Varicella (ChickenPox) | | | | | |

For religious reasons, this child should not be immunized.
 For personal convictions or reasons, this child should not be immunized

PARENT CONSENT/AUTHORIZATION (Please provide a signature at bottom of page stating you have read and understand each item.)

- I have had an opportunity to review the policies of this childcare center and a summary of the WI Rules for licensing child care centers. Available at The Y business office or online at mtrymca.org.
- ◇ _____ I authorize the center to allow my child to self-apply Equate sunscreen SPF 45 and Equate bug spray no more than 15% Deet.
- ◇ I authorize the YMCA to take my child on all field trips, whether by bus transportation or by walking during program hours.
- I give permission to use any video or photographs that my child may be in for future YMCA promotions.
- I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- I have been informed of the number of pets in the center and their degree of contact with the enrolled child. **(WE DO NOT HAVE ANY PETS.)**
- I understand a \$35 non-refundable, non-transferable deposit is required with this application.
- I agree to pay the balance of School Age Child Care fees the first of each month or prior.
- I understand that the Manitowoc/Two Rivers YMCA is not responsible for lost, stolen or damaged personal items.

Signature of Parent or Guardian

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Disciplinary Action Plan

All participants are entitled to a pleasant, safe, orderly and enjoyable program. A system of positive reinforcement is used, and we hope that we can spend most of our time rewarding positive behavior. Everything we do is aimed at creating a safe, orderly and positive program. Therefore, the YMCA program can not serve participants who display unacceptable behavior.

It is our intent that each child enjoys the activities planned by understanding the he/she is responsible for their own actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of: how to exercise self-control, that we are here to help them, and to know that we want them to succeed. As is any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child, and also apply directly to issues between siblings enrolled in the program.

Disruptive behavior as well as behavior that causes physical or emotional harm to others will not be tolerated. Each incident will result in a Behavior Incident Report being filled out. If a child receives (3) Behavior Incident Reports within a (2) week period the child will receive a (1) day suspension. If the child returns from the suspension and again receives (3) Behavior Incident Reports within a (2) week period the child will receive a (3) day suspension. A parent conference will be scheduled. If a child continues to be disruptive and harm others after the (3) day suspension the YMCA will no longer provide care.

The following forms of unacceptable behavior have specific consequences:

- **Physical Fighting:** First, parents will pick up child immediately from site or excursion site; next a conference is scheduled and/or child is suspended, depending on severity.
- **Defacing Property:** Child "works off" the damages and/or pays for repairs at the property owner's discretion.
- **Willful disrespect of staff:** This will not be tolerated. These situations will be handled on a case-by-case basis, but a minimum will involve a conference. Refusal to refrain from this behavior will result in suspension and/or dismissal from the program.
- **Bullying others (verbal or physical):** Children will be warned not to engage in this behavior. If it continues a conference will be scheduled. Repeated bullying of others may result in suspension or dismissal.
- **Foul Language:** When foul language occurs a Behavior Incident Report will be filled out.

Other areas of concern are but not limited to:

- Not staying with group or in designated area
- Ignoring or disobeying safety rules
- Inappropriate behavior on the bus or van
- Not taking part in activities

In accordance to the severity of the behavior and the number of occurrences, a child may lose the privilege of participating in a specific activity, be asked to be picked up immediately, be suspended or be dismissed from the program. In instances of suspension or dismissal from the program, there will be NO REFUNDS for fees that have already been paid.

Discipline is not a problem of the program itself, and efforts to improve your child's behavior must have support from home. If your child has chronic behavior problems, you may expect to receive calls at home or work. We need your cooperation and suggestions in dealing with and correcting unacceptable behavior.

Signature of Parent or Guardian

Date

SACC Alternate Arrival/Release Agreement

My child _____ will be attending Before School Care :

Please print name clearly

Franklin Hub bus leaves 8:00a.m.

- Franklin is home school
- Travel to Monroe

Madison Hub bus leaves 8:00a.m.

- Madison is home school
- Travel to Stangel
- Travel to Jackson

Riverview Hub release to staff 7:50a.m.

- Riverview

Monday Tuesday Wednesday Thursday Friday

My child _____ will be attending After School Care :

Please print name clearly

Franklin Hub bus arrives 4:10p.m.

- Franklin is home school
- Travel from Monroe (3:50)

Madison Hub bus arrives 4:10p.m.

- Madison is home school
- Travel from Stangel (3:55)
- Travel from Jackson (3:50)

Riverview Hub

- Riverview

Monday Tuesday Wednesday Thursday Friday

Additional Instructions:

Bussing will be provided by Brandt Buses, Inc. Child will arrive/depart from destination without center supervision.

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, Child sick days, etc.

Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Viewing your online account

Go to www.mtrymca.org

Click on Register online

**If you have an account for online registrations, login.
If you don't have an account, please call the Y and we can help you set one up. Don't use the sign up option as that will create a new profile for you. Please ask for Mary Burckle or Toby Schwartz**

Once logged in, you can view your current or future balance/ payments by going to "My Balance". You may make a payment under this option as well.

Go to "Payment History" to view past payments

If you have difficulty logging in to your existing account, please call the Y and we can reset your password. Ask for Mary Burckle or Toby Schwartz



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 School Year YMCA Bank Draft or Credit Card Draft Agreement

Draft amounts will occur monthly for all before and/or after school fees on the first of the month regardless of day of week or holiday. (Example: September fees will be drafted on September 1st. October fees will be drafted on October 1st, etc.)

Please fill out the information below and return with your completed registration.

Child's Name: _____ Child Care Site: _____

If checking or savings draft, please supply the following information:

Type of Account: Checking Savings

Bank Name: _____ Account Holders Name: _____

Bank Routing No: _____ Account Number: _____

If Credit Card draft, please supply the following information:

Discover Card Master Card Visa AMEX

Name as it appears on the card: _____

Card Number: _____ Expiration Date: _____

Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

- A. I understand my payment will continue until my scheduled payments are completed.
- B. It is my responsibility to notify the YMCA immediately of any account change or closing and to provide the YMCA with current account information.
- C. The YMCA reserves the right to refuse entrance into the facility or programs if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

Cancellation:

- A. A two week advance written notice must be given prior to withdrawing from a program.
- B. Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days. NSF fee of \$30.00 may be applied @ director's discretion.
- C. Following a second month of insufficient funds or declined credit card, you will be contacted by the program director so that you can make arrangements to pay your balance due.
- D. If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any YMCA program or membership in the future.

Parent/Payee Signature _____ Date: _____