

Welcome to Adventure Camp!

Hello Parents and Guardians,

My name is **Ashlyn Corn**, and I am the **Program Director for Adventure Camp**. We are excited to welcome your child to a summer full of fun, friendship, activities, and adventure! Our staff has been preparing an amazing program and we cannot wait to spend the summer with your children.

Parent / Guardian Contact Information

Parent/Guardian Name	_____
Child(ren) Name(s)	_____
Best Parent Email Address	_____

DCF Payment Information

Will you be using DCF payments for Adventure Camp?
Yes: _____ No: _____

If you are using **DCF**, please note:

- DCF must pay the full camp amount in **one payment**.
- Parents must ensure DCF submits the full payment.

We are looking forward to a fun, safe, and exciting summer!

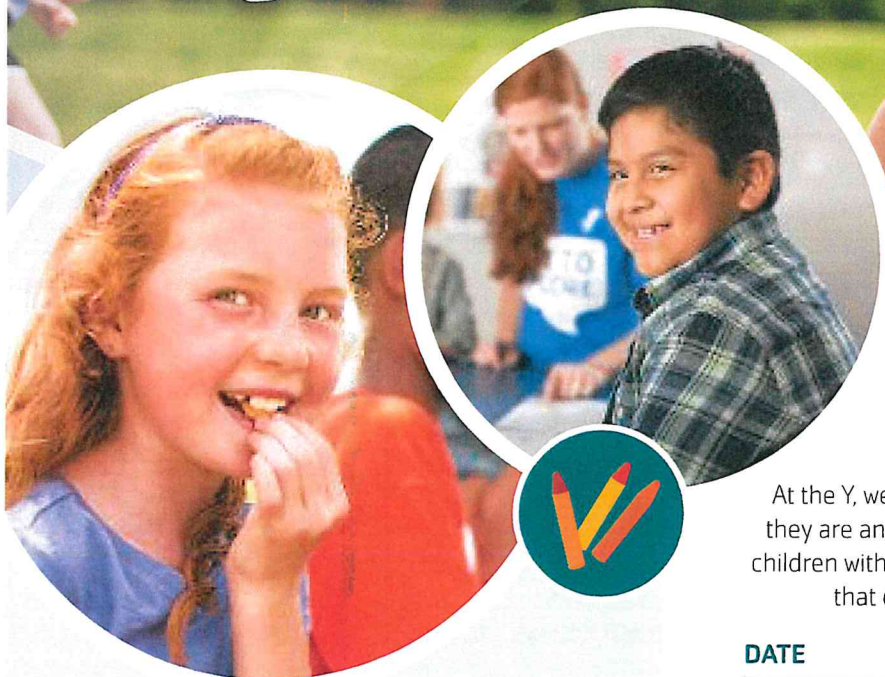
Ashlyn Corn

Program Director

Pittsburg Family YMCA



FUN HAPPENS HERE



ADVENTURE CAMP PITTSBURG FAMILY YMCA

Spend the summer with the Y!

At the Y, we believe all kids deserve the opportunity to discover who they are and what they can achieve. Summer camp at the Y provides children with supervised activities outdoors, swimming, and field trips that cultivate values, develop skills, and nurture relationships.

DATE

☐ June 1-June 5

☐ June 8- June 12

☐ June 15- June 19

☐ June 22-June 26

☐ June 29-July 3

☐ July 6-July 10

☐ July 13- July 17

☐ July 20- July 24

☐ July 27- July 31

ENROLLMENT STARTS MARCH 23

DATES June 1-July 31
Monday-Friday, 7:30am-5:30pm

LOCATION Frontenac School

AGES 5-12

RATES

Registration Fee: \$50

Weekly Fee:

\$130/Member; \$195/Community Member
20% Sibling Discount

**NO REGISTRATION FEE IF YOU SIGN UP BY
APRIL 5!**

MUST BRING: Swimsuit, white towel, water
bottle, sunscreen, and bug spray. Wear play
clothes and tennis shoes daily!

QUESTIONS? Contact Ashlyn at acorn@pfymca.org or 620-231-1100



PITTSBURG FAMILY YMCA

1100 N. Miles Pittsburg, KS 66762 • pfymca.org • 620-231-1100

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian
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Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
--	------	----------	---------------------

First and Last Name of the Child's or Youth's Father or Guardian
--

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
--	------	----------	---------------------

Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
DPT, DT*, TD (*DT only if child is allergic to DTP)		/ /	/ /	/ /	/ /	/ /
POLIO		/ /	/ /	/ /	/ /	
MMR		/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
HIB (Hemophilus Infl. B) *RECOMMENDED		/ /	/ /	/ /	/ /	
HBV (Hepatitis B Vaccine) *RECOMMENDED		/ /	/ /	/ /		
VAR (Varicella-Chicken Pox) *RECOMMENDED		/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?

What is that person's relationship to the child/youth?

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form

Date Signed

CCL.010
Rev. 07/2024

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/ChildCareLicensing



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
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I authorize _____ (caregiver/staff) who
is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical
care for my child or youth _____ (child's first and last name) while
child or youth is in the facility's custody between _____ and _____.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of
emergency:

Signature of Parent or Guardian	Date Signed
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The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for
Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth
is off premised from the facility.

[illegible]

*Signature of Designated Person Administering Medication _____ Initialing as _____

*Signature of Designated Person Administering Medication _____ Initialing as _____

*Signature of Designated Person Administering Medication _____ Initialing as _____

*Signature of Designated Person Administering Medication _____ Initialing as _____

Note Form

[illegible]

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #	
Street Address of the Facility	City	Zip Code	County	

_____ may go to the following locations off the premises with adult supervision:
First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

For School Age Children or Youth Only

I hereby authorize my school age child

First and Last Name of Child or Youth _____

Birth Date MM/DD/YYYY _____

To walk/bike to and from the following location(s) without adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Pittsburg Family YMCA- Adventure Camp

Dear YMCA Summer Families,

The YMCA has a grand tradition of summer programming spanning over 150 years. We are excited and honored to serve your family this summer and add your child to the vast legacy of YMCA participants. Our Summer Camp Team and industry experts, who are leaders in their respective fields of expertise, design our summer camp themes and curriculum. We take pride in the quality that we offer our families.

Y Summer Programs provide youth with supervised activities that teach core values, conflict resolution, and leadership skills. Participants have fun while making new friends, building self-confidence, finding a sense of belonging, and growing in self-reliance. For youth, the Y is a fun, happy place to enjoy the summer, play games, create arts and crafts, explore science and technology, swim, take part in field trips for camp, appreciate nature, and discover and value our many cultures.

Our Summer Camp Director carefully selects our camp staff. Each staff person is thoroughly screened, and they receive instruction that is well above the industry standard. This includes training related to safety, risk management, child development, behavior management, and program delivery. Our staff members are CPR/First Aid certified, and Child Abuse Awareness trained.

Please read through our handbook, take some time to sit with your students, and explore all the opportunities they have with the Y this summer. If you should have more questions, please get in touch with us at any time at any of our YMCA locations. The Summer Camp basic information is in this guide.

Welcome to Summer

The Pittsburg Family YMCA will make every effort to keep children safe and provide a fun experience for your child. Please read this guide to aid you with any questions you may have about our Summer Programs.

About Our Summer Camp

Mission Statement

At the Y our mission is to put principles into practice through programs that promote a healthy spirit, mind, and body for all.

Y programs offer a fun and unique experience that allows children and teens to meet new friends, and nature, discover new interests, be physically active, and create memories that last a lifetime.

Our Goals

- Helping youth form positive values for life
- Strengthening families
- Improving physical and mental fitness
- Developing and implementing programs that strengthen and preserve the family and its values
- Helping children prepare to be responsible, healthy and productive citizens
- Providing affordable and accessible programs for all.

Registration & Rate Information

Registration

- Registration must be made 2 business days before your child's start date.
- Summer Day Camp is based upon the chronological age, not the developmental age. All children must be 5 years old and enrolled in K-5th grade.

Summer Day Camp Fees

- Members: \$130/week and Community Members \$195/week

Billing information

- Tuition is due on Friday to attend on Monday
- Any child with a balance may not attend.
- Everyone is automatically registered for automatic payments at the time of registration. We do kindly ask that you use an EFT with an account and routing number to avoid added fees.
- Changes to accounts do require a 2-week notification.
- If you need to change your payment method, please contact smccullough@pfymc.org

Financial Assistance

Y financial aid is available to those who qualify. For more information, contact Ashlyn Corn @ acorn@pfymca.org.

You are responsible for all tuition rates until your scholarship has been approved. Any credit on the account after approval will be applied to your child's account.

Rate Agreement

The person who signs the registration form will be the designated person responsible for keeping the child(ren)'s account current. Rates will not be prorated for illness, suspension, vacation, or days missed.

If rates are not kept current, participation in summer programs and any other Y programs and services will be terminated until the balance has been paid. A 2-week written notification for all account changes is needed. Email smccullough@pfymca.org. Any notifications given in less than 2 weeks will be subject to a convenience fee.

Insufficient Funds and Returned Auto Drafts

In the event your payment is returned unpaid, our system will electronically attempt to collect it again, and the maximum fee allowed by law may be assessed. If collection activity is not successful after the first attempt, your child(ren) will be dropped from the program until payment is received.

Attendance

Sign In/Out Procedures

- It is required that parents/guardians or an authorized person sign your child in and out every day with

time and signature.

- In case of divorce or child support matters, sign-in and out sheets will only be released by court subpoena. A reasonable length of time to process the request must be given.

Persons Authorized to Pick Up

A child will only be released to people authorized by you in the child's account. Anyone not on your authorized pick-up list will not be allowed to sign out your child from the Y Summer Program, even if your child appears to know the person.

- In this situation the Y Staff will notify the parent/guardian to gain permission for the unauthorized person to take the child.
- The leader will ask for ID until they become familiar with people picking up your child(ren).
- The person signing your child out of the program must be of driving age.

**If the person who has arrived to pick up the child is deemed by the Y leader to be unsafe to drive a vehicle due to the influence of alcohol or drugs, the Y leader will express concern and will offer to contact someone on the child's registration form. If the person becomes uncooperative, we will call the police department.

Custodial Separation & Documentation

In case of a parent/guardian's divorce or separation, we are required to release the child to either parent/guardian unless a court order states otherwise. Divorced parents/guardians should submit to the Program Director a copy of the court order, divorce decree, or other legal documentation to prevent an unauthorized pick up by the non-custodial parent/guardian.

In the absence of a court order on file with the Y, both parents/guardians will be afforded equal access to their child as stipulated by law. The Y program cannot, without a court order, limit the access of one parent/guardian by request of the other parent/guardian, regardless of the reason.

Late Pick-Up

Your child must be picked up by the Summer Day Camp closing. Late fees will be assessed for any child picked up after Summer Day Camp closing. It is your responsibility to make other arrangements if you cannot pick up your child. The fee is \$1.00 per minute per child according to the Y clock.

This fee will be added to your next automatic payment. The following steps will be taken when a child is left at the Summer Day Camp Program past closing time:

- Calls will be made to parents/guardians and emergency contacts listed on the child's registration.
- If the parent/guardian or the emergency contact cannot be reached within 30 minutes, the child(ren) will be considered abandoned, and a hotline call will be made
- Frequent late pickups (late more than 2 times/week) will lead to the termination of your child's enrollment.

Personal Belongings

The YMCA is not responsible for any personal items lost, stolen, or damaged at our programs. Please make sure your child leaves ALL electronics, cell phones, smart watches, toys, etc. at home!

Dress Code

Children are asked to dress according to the weather and days' activities. Tennis shoes are always advised, so no activity will be missed. Keep in mind that children will be active and may get dirty, so dress your child in clothes that are for play. Remember to bring proper swim attire on swim days.

Sunscreen

The sun is always a concern for us. We are committed to making sure your child is safe from the sun. We strongly encourage you to pack your camper with SPRAY ON SUNSCREEN. Please provide sunscreen with at least SPF 15 that is labeled "All Day" and "Waterproof." Camp staff will help in applying sunscreen.

Our Counselors

Our counselors receive extensive hours of professional development training that exceeds state licensing requirements. Counselors are CPR and First Aid certified. We meet or exceed state staff-to-child ratios. We perform background checks on all YMCA counselors.

Your camp director is your primary contact for information about our programs or any questions you have. We strongly encourage and invite parental participation and communication.

Ratio and safety

We understand that safety is the number one goal. All our camps are registered and monitored by the state of Kansas, which requires specific adult-to-child ratios that we always follow. We lower those state ratios when we take off-site Field Trips and Swim trips.

We spend much of our day outside, playing games, learning and just having fun. We ensure that all campers stay cool by providing swim time, coming inside when it gets too hot, and keeping all our campers hydrated. When the temperature reaches 98 degrees or higher, or Heat Index reaches 100 or above, we rotate camp activities inside more often.

Hydration is another component of health safety. We encourage multiple water breaks throughout the day. Send your child to camp with a water bottle – every day.

Field trip Safety

When we are on field trips, we take emergency contacts, health information and medicine with us for each trip. You will receive details from your camp director each week. We frequently take attendance and use a method called "name-to-face checks" – that means when we take attendance, we aren't just calling names and listening for the child to say, "Here." We want to see who is saying it. We do this every time we take attendance, and as the children get on the bus.

Swim Safety

When we go swimming, we expect our staff to be in the water and interacting with the kids – but not all at once. Some staff will be in the water, while others will be equally spaced around the side of the pool monitoring the children. You will not see our staff lounging by the pool.

We require a swim test from all our campers each week to ensure we know their swim ability. The swim test consists of swimming the length of the longest pool during which campers are asked to jump into the pool, submerge fully, return to the surface, and immediately begin swimming without pushing off the wall. Swim in a horizontal position, on the stomach and on top of the water. Exit the pool without assistance using either the wall or pool ladder.

~~We have a color-coding band system to identify swimmers' abilities.~~

Healthy Environment

Please help us keep a healthy environment for all our children. If a child cannot participate in the program due to illness, the child must be kept at home. Children who are ill may not return until they are symptom-free for 24 hours. They must also be fever-free for 24 hours without the use of fever reducers. If your child becomes ill during program hours, you will be notified and requested to pick up your child.

The YMCA will contact the parents of any child who is found to have head lice. That child will be asked to be picked up early and will be allowed to return only after a successful treatment resulting in the complete removal of live lice and nits. YMCA will notify all other parents of the incident

Program Rules

The purpose of rules is to set boundaries for a child's behavior. Please review with your child daily the types of behaviors that we expect (outlined below) and perhaps even spend some time discussing their importance **for** your camper to have a successful time at camp.

1. Friends Helping Friends! Honesty and respect will be the basis for all relationships and interactions. Reach out and make a new friend each week. We respect each other and the environment. If we listen to **others**, they will listen to us. Use your magic words, please, and thank you often. Be courteous with the words you use. Inappropriate language, verbal threats, fighting and tactics used to humiliate or intimidate another simply **WILL NOT BE TOLERATED. This will be taken seriously, and suspension will occur- NO EXCEPTIONS.**
2. Social Inclusion: Teamwork and cooperation will be the basis for **everyone including them**. Politeness and courtesy go a long way. People are responsible for their actions. **Always use positive language.** Speak for yourself, not anyone else. Encourage others by avoiding put-downs, who needs them? Show respect. Every person is important. **Always keep your hands and feet to yourself.** You are not allowed to touch another camper/staff member **negatively**.
3. Building a community: Every child is part of the Y. You are here to make new friends, play with old friends, learn new games, try something new, build on **old skills**, and just have fun. Clean up is important and we need your support. Not only do we respect each other but also, we also respect our camp environment by putting litter in its place, by not destroying property that belongs to the Y or others. We are all responsible for our words and our actions. Be responsible for personal belongings. More things are lost than found. Leave important things at home. Stay in program areas with your counselor – running away is not acceptable. Cooperate with staff and follow directions.

BUS RULES (for field trips)

- Be seated, facing forward while the bus is in motion.
- Keep all heads, arms, legs, and objects inside the bus.
- Maintain a reasonable noise level.

POOL RULES

- Running, shoving and horseplay **are** not permitted on the pool deck, in the water, or the restroom.
- Do not hang on staff or fellow campers.
- Always obey lifeguards and staff.

The Discipline Policy

Our discipline policy is youth-centered and designed to achieve a positive outcome to misbehavior and conflicts. We acknowledge good behavior while **appropriately responding to misbehavior and conflict**. We have the right to suspend or expel children from the program if they or their families threaten **their** safety or interfere with the sustainability of a quality program.

Behaviors that may result in immediate suspension or expulsion include but are not limited to:

- Any action by child or guardian, which could threaten or pose a direct threat of physical or emotional safety to the child, other children, or staff.
- Possession of a weapon of any kind
- Stealing, vandalism or destruction of property
- Sexual misconduct
- Possession or use of alcohol or controlled substances

Code of Conduct

There are three specific expectations for participants:

- Act in ways to keep yourself safe and unharmed
- Act in ways to keep others safe and unharmed
- Act in ways to keep **the** property safe and unharmed

When a conflict arises concerning the rights of other people and/or property, our goal is to work with each participant individually to solve the problem through effective communication and logical consequences. Other behavior management techniques, which include redirecting behavior, removal from a particular activity, and parent/guardian consultation, will be used in situations where conflicts continue.

Depending on the severity and frequency of incidents, such as fighting, inappropriate language, destruction of property, lack of regard for rules, or the possession of inappropriate toys (i.e.: play guns, swords, or other weapons), a participant may be suspended or expelled from the program.

Inappropriate Sexual Behavior

Inappropriate sexual behavior of any child toward any other child or leader is strictly prohibited. A participant is any person enrolled in the program. Inappropriate sexual behavior is defined as sexual advances, requests for sexual favors, or other physical conduct of a sexual nature made by any child toward another child.

Children who believe they have been victims of, or have seen, inappropriate sexual behavior must report the incident to any Y leader immediately. Parents/Guardians of a child who believe their child has been a victim of inappropriate sexual behavior or saw such an incident must also report the incident to any Y leader immediately. The leader who receives the complaint shall promptly inform the person who is appointed to address such reports at the site. Each incident will be thoroughly investigated and reported by the Y Child Abuse Policy and with state laws.

Child Abuse Prevention/Mandated Reporting

The Y is a mandated reporter for any suspicion of child abuse and neglect. All reports are made in good faith and are only reporting a suspicion. It is the Department of Family Services' responsibility to investigate. We are Praesidium Accredited, and we uphold the highest standards of Child Abuse Prevention.

Nutrition

Children will be provided breakfast, lunch, and an afternoon snack. Please ensure that your child arrives on time to be served a meal if you wish for your child to eat. Please notify staff of any food allergies.

Fried foods are not served in our programs and water is always available. Our staff serves as role models for children and are also asked to refrain from bringing sugar-sweetened beverages and fried foods into our program.

Medication Administration

Medicine must be handed to a leader by the parent/guardian. Only prescription medication (no over-the-counter medication) will be administered. A MEDICATION AUTHORIZATION FORM must be completed and appropriately filled out by the parent/guardian the day the prescription is brought to the Y (forms are available on-site). The leader may dispense only prescribed drugs in the original container, which bears the original label displaying legible information stating the following:

Each time the medication is given to the child the Y leader will complete the information on the medication authorization form and the daily medication sheet. When the child is no longer taking the medication, the medication will be returned to the parent/guardians, and the medication authorization form placed in the child's file. All medications must be stored in a locked box out of reach of the children.

Exclusion of Sick Children

Any leader may evaluate a child showing any of the following symptoms per State Health Communicable Disease Guidelines before being accepted or continuing in the program (i.e. health check):

- Temperature: Fever of 100 and above
- Respiratory Symptoms: Wheezing occurs suddenly and is unexplained, severe congestion

- Vomiting: If the child vomits and has any other symptoms such as fever, behavioral change, abdominal pain, or diarrhea.
- Diarrhea: loose, watery stool, if it is not food related if it is accompanied by symptoms such as fever, abdominal pain or vomiting.
- Other symptoms: Such as rash, swollen glands, or stomachache.

The parent/guardian will be notified to pick up the child within 1 hour. If the parent/guardian cannot be reached, the emergency contact person listed on the child's registration form will be called until someone is reached to pick up the child. To ensure the safety of the child, it is the parent/guardian's responsibility to make alternate arrangements. The late pickup policy will apply at the end of the one-hour grace period. The child must be fever/symptom-free for 48 hours before returning to the program.

Child Injury

- If a child is injured, an ACCIDENT REPORT will be completed the same day with a copy given to the parent/guardian, Y office and one kept in the child's file.
- Minor injuries: injuries that require no more than washing, Band-Aid, ice pack.
- Major injuries: Injuries that need more than washing, Band-Aid and ice pack. The Camp Director, after evaluating the situation, will take whatever steps are judged necessary to obtain the proper medical attention. This may include the following: Contact the parent/guardian or an authorized person to pick up the child or transport the injured child to the nearest hospital via ambulance.

Parent/Guardian/Family Member- Code of Conduct

The Y requires parents/guardians of enrolled children to behave in a manner consistent with courtesy and respect. One of the goals of our programs is to provide the most proper environment in which a child can grow, experience, and develop. Achieving this ideal environment is not only the responsibility of the staff but is the responsibility of every family or adult who enters the program. Parents/Guardians must behave in a manner that fosters this ideal environment. Those who violate the Parent/Guardian Code of Conduct may be dismissed from the program.

Swearing/Cursing: No adult is allowed to curse or use other inappropriate language at the program, whether in the presence of children or not. Such language is considered offensive and will not be tolerated. Threats of any kind will not be tolerated. School Age Services follows a zero-tolerance policy of staff, children or other adults.

Termination

The Y reserves the right to end or restrict children, families and/or parent/guardians from the program based on actions or behaviors that are not believed in the best interest of the organization based on rules, policies and situations. Rates will be forfeited.