



SHIAWASSEE FAMILY YMCA

Learning Zone & Boxcar Parent Handbook

Providing academic support, healthy activities and enrichment opportunities for students in Kindergarten through Fifth Grade. In partnership with Owosso Public Schools & Durand Area Schools.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear School-Age Parent/Guardian,

Welcome!! We are so excited for your child to join us at the Shiawassee Family YMCA Child Care Programs.

Our programs provide a safe, nurturing environment for children to learn, grow and develop social skills. With academic support, healthy activities and enrichment opportunities, children in Kindergarten through Fifth Grade can improve their grades, develop social and emotional skills, and reduce risk-taking activities.

We believe that family involvement is key to the positive development and academic success of any child. In order for your child to participate in the program, we need your participation, too. Your family involvement will include registering your child for the program and turning in all required paperwork, following the program rules, and understanding the program model.

This handbook has been prepared for your convenience to inform you of our policies and procedures. Please refer to this handbook if you have any questions regarding the YMCA Child Care Program. If you have any questions, please email us at info@shiawasseeymca.org.

The Shiawassee Family YMCA is very excited to be able to offer fun-filled and enriching programs for your child. Once again, we would like to welcome you and your child, and we thank you for your support and cooperation.

Thank you,

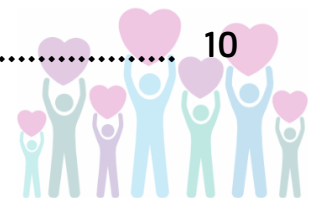
**Megan Dodak
Child Care Director
Shiawassee Family YMCA**

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PHILOSOPHY OF THE YMCA

The YMCA Learning Zone and Boxcar Programs exist to meet the needs of families seeking a safe, consistent environment for their children before and after school and during the summer. The program is designed to complement, not imitate, school and home. It serves as an important component in the continuum of services provided for school-age children.

Through the YMCA Learning Zone and Boxcar Programs, the YMCA seeks to help children:

- Grow personally
- Clarify personal values
- Develop conflict resolution skills
- Appreciate diversity
- Become better leaders
- HAVE FUN!

CHILDREN are nurtured in a program that:

- Offers a base of warmth, security and continuity provided by caring, qualified staff
- Fosters initiative, independence, cooperation and self-control
- Has flexible schedules that allow for choices including free play, homework help and projects
- Permits freedom within set limits
- Respects cultural diversity

FAMILIES benefit from a program that:

- Offers quality, safe, affordable child care services
- Is sensitive to the needs of the children and families
- Encourages communication among children, school representatives, families and the Learning Zone/Boxcar staff
- Allows for ongoing family involvement and regular opportunities for feedback

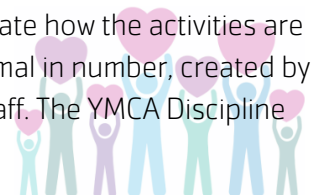
The COMMUNITY is strengthened by a program that:

- Provides quality child care
- Reflects current values and concerns
- Utilizes existing educational and recreational resources

PROGRAM GOALS

Character Development - The YMCA Character Development program is an important part of every YMCA program. The values of caring, honesty, respect and responsibility are modeled by staff and encouraged of all participants. These character values are put into practice during various activities, such as discussions of friendship, mediation, role-playing, and identification of situations involving right and wrong choices.

Personal Discipline - The program will help children increase their responsible behavior and self-control by creating an environment in which activities are presented, but in which adults do not dictate how the activities are pursued, and in which guidance is offered to promote self-confidence. Rules will be minimal in number, created by both the staff and the children, and consistently applied by the Learning Zone/Boxcar staff. The YMCA Discipline Policy will be applied consistently.



Social Development and Emotional Well-Being - The program will meet children’s social and emotional needs by helping every child make friends through activities that require varying numbers of participants, as well as allowing unstructured time for friendships to develop. Activities and community projects such as “environmental friendliness” will provide the social learning children gain from exposure to the larger community.

Physical Skills - The program will meet children’s physical needs by providing space and scheduled times for activities (such as running, jumping and playing ball both indoors and outdoors); providing supervision to ensure safety (but without overprotection or over-direction); providing opportunities for rest, and providing food needed to restore energy.

The program will increase children’s health and safety skills by providing activities that emphasize healthy lifestyles. A discussion of nutrition, daily exercise, safety skills, etc. will increase awareness.

Educational Opportunities - The program will provide students with homework and academic assistance. It will also provide opportunities for children to learn through a variety of carefully planned and developmentally appropriate activities.

SCHOOL-AGE CURRICULUM COMPONENTS

Age-appropriate/developmentally appropriate activities will be available daily with the children’s interests providing the direction for the program. our classroom is designed with appropriately-sized furnishings, equipment and bathroom features designed to help your child develop self-reliance skills. A quiet work area will be designated at all times for children who wish to work on homework. Curriculum components include, but are not limited to, the following:

- Literacy
- Crafts & Music
- Games
- Service Learning
- Social Competence
- Conflict Resolution
- Homework & Academic Support
- Science & Discovery
- Character Development
- Learning Centers
- Health, Wellness & Fitness

LICENSING

The program is licensed by LARA, Licensing and Regulatory Affairs. The rules of the license are available for review in the Child Care office. The program’s licensing records are available upon request from LARA. This program is operated on a not-for-profit basis as a service to the families of the Shiawassee Family YMCA and the surrounding area. Our license states the number allowed in the Child Care Department. Michigan Licensing rules enforce a strict school-age ratio of 1 teacher to 18 children. The YMCA strives to maintain a 1:15 ratio.

The School-Age Programs are mandated by the Child Protection Law and will report to the Child Protective Services any suspected cases of child abuse, neglect, child sexual abuse or sexual exploitation. If you have any questions or a concern regarding the Child Protection Law and the Program’s reporting guidelines, please speak to the director.



SCHOOL-AGE REGISTRATION

The **YMCA Learning Zone and Boxcar Programs** are open to children in Kindergarten through Fifth Grade. Program options include before and after school care. Children are enrolled on a first-come, first-serve basis. Others are placed on a waiting list and accommodated as space becomes available. Admission of exceptional children is decided on an individual basis as qualified staffing permits. (Please see Children with Special Needs.)

The **YMCA Learning Zone and Boxcar** registration forms are available at each elementary school in Owosso and Durand. The proper registration forms must be completed before your child can attend.

To complete enrollment of your child, you will need to fill out and return the following information:

- Parent/Guardian Agreement
- Child Information Record
- Parent Acknowledgement and Permission Forms
- Child Medical Form
- Health History and Release Form
- Enrollment Form & Agreement
- Code of Conduct Agreement
- Photo/Video Release
- Program Evaluation Release

FEES AND FEE COLLECTION POLICY

Please see our current flyer for the most up-to-date pricing information.

***Payments are due on the Friday of the current week of care. Payments can be in the form of credit card, check or cash. If payment for your child is not received on Friday, your child will be denied care for the following week.**

****If your payment is not received on time, you may be assessed a \$20 late fee.**

*****Accounts must be kept current at all times.**

Returned Check, Credit Card or Bank Draft Fee – A \$25 service charge will be levied on all returned checks. After the second returned check, families will be required to move to either form of automatic payment in order to continue with the program.

Late Pick-Up Fees – Should you arrive more than 10 minutes late to pick up your child, a \$10.00 fee will be charged along with \$1.00 per minute thereafter. After three offenses, a parent is required to meet with our Child Care Director to discuss possible solutions to the problem. If a parent has not arrived by 6:20 p.m., and has not contacted the YMCA Learning Zone/Boxcar Staff, the staff will call the adults listed as Emergency Contacts on the Child Information Card to pick up the child.

FINANCIAL ASSISTANCE

In order to receive financial assistance, parents must submit an application to DHS for child care subsidy. Denial of assistance from DHS does not mean you will be denied assistance from the YMCA but we cannot process your application until you have gone through DHS.

WITHDRAWAL

Written notice of intent to withdraw your child from the **YMCA Learning Zone or Boxcar Program** must be submitted 7 days prior to the last day of attendance. Failure to notify us of withdrawal could result in additional fees.



TAX INFORMATION

The tax identification number for the YMCA is 38-1359577. Annual letters are not automatically mailed to each home. Please ask the YMCA Child Care Director for this letter early in the new year.

TERMINATION OF CHILD CARE SERVICES

The YMCA reserves the right to discontinue child care services under any of the following conditions:

- Failure to abide by any of the registration agreement conditions as itemized in the Parent Statement of Understanding, or failure to fulfill the responsibilities or conditions included in the Parent Handbook.
- Severe behavior by the child which disrupts the group, including repeated instances of failing to listen to his/her teacher, refusal to follow program rules, excessive use of physical force including hitting, pushing, kicking, or biting, or excessive threats to use physical or verbal abuse.
- Failure of parents/guardians to treat staff or other parents or children respectfully. Disrespect includes inappropriate or abusive language, behavior, or threats.
- The Learning Zone and Boxcar programs will follow a zero-tolerance policy in regard to weapons. Any participant, parent/guardian or family authorized adult that uses or possesses or threatens to use or possess a weapon at any time may be permanently expelled from the YMCA Learning Zone and Boxcar Programs.

PROGRAM SCHEDULE

The **YMCA Learning Zone and Boxcar Programs** run from 6:00 a.m.– 8:15 a.m. and 3:30 p.m.– 6:00 p.m., Monday–Friday during the school year. The summer program is 6:30 a.m.– 6:00 p.m.

The **YMCA Learning Zone and Boxcar Programs** will run on a weekly basis. Half-day care is included when the school has a scheduled half day. Our Winter Break and Spring Break are based on the school's calendar.

During the school year, the program is closed when the school is closed. There will be no child care on snow days. There is no refund or credit given for snow days. During the summer, the Monday–Friday program is open the first Monday after school ends through the last Friday before school begins. There may be a short break around Independence Day. Please see the current flyer for exact dates.

SNACKS

A nutritious snack will be served each afternoon in the program. Snacks such as fresh fruits, raw vegetables, whole grain crackers, and other nutritious foods will be served. If your child has special dietary needs for medical reasons or you prefer that your child eat something other than what is planned for snack time, you are welcome to send food. If you choose to send food with your child, please send utensils and other necessary items, as Learning Zone and Boxcar will not have access to these items. There is no reimbursement of tuition if food is sent from home. Please note any food allergies on the Child Information Record and advise the Learning Zone/Boxcar staff.

CLOTHING

We ask that all children have one change of clothing. **Outdoor Play:** Children play outside each day unless there is inclement weather. We assume that if children are at school/child care, they are well enough to participate in outdoor activities. Parents should make sure their children are dressed properly for weather, including boots, hats and mittens when required.



POLICIES AND PROCEDURES

The policies of the YMCA Learning Zone and Boxcar Programs are as follows:

- Families should not be denied child care services because of their inability to pay. However, an application for child care subsidies through the Department of Human Services scholarship assistance for regular payments must be submitted. Scholarship Assistance is available to families with financial need.
- No person or family shall be denied services offered, nor denied employment, by the YMCA upon the basis of race, color, religion, sex, or national origin.
- Children, parents and staff will regularly evaluate program effectiveness.
- Special needs children will be accommodated whenever possible in the child care program.
- Parents are welcome to schedule a conference with the YMCA Learning Zone or Boxcar staff to discuss any issue relevant to the programs or their child.
- Personal belongings are the responsibility of both the child and the parent. The YMCA Learning Zone and Boxcar Programs will provide a designated place for a child's belongings during the program. Children have more fun and participate more fully in activities when they are not concerned about having personal belongings lost or destroyed. With this idea in mind, please do not bring valuable items to the program. The YMCA Learning Zone and Boxcar Programs are not responsible for lost or stolen items.

CHILDREN WITH SPECIAL NEEDS

It is the intent of the YMCA Learning Zone and Boxcar Programs to include persons in current programs and activities to the greatest extent possible. Recognizing limitations due to an individual's special need is important and, with this in mind, the Learning Zone and Boxcar staff will make every attempt to adapt program activities, staffing and facilities through reasonable accommodation, unless the accommodation imposes hardship on the YMCA Learning Zone and Boxcar Center. If your child requires an accommodation, please discuss it with the YMCA Child Care staff.

It is recommended that a family member tour the facility with the YMCA Learning Zone or Boxcar staff along with the child with special needs, before the first day of child care services. This provides the family with an opportunity to observe the program, facility and staff. This also allows the staff to learn what can be done to enhance the person's involvement in the program.

DROP-OFF AND RELEASE OF STUDENTS

The parent/guardian must check the child out each day by signing the dated attendance form available at the entrance of the program. **The parent may designate another responsible adult to pick up or drop off the child if previous writing authorization has been supplied to the program. VALID PHOTO IDENTIFICATION must be presented before releasing the child to anyone. No child will be released to anyone without prior written authorization. The child may also be signed in by a staff member after school if the child is transported from school to the program by a school bus.**

Custody issues involving children enrolled in the Learning Zone or Boxcar: Families must provide copies of original documentation to the YMCA Child Care Director. The papers will be filed and followed. Learning Zone and Boxcar staff cannot implement any changes to the court documents. If custody changes occur, new court documents must be submitted to the program. The Learning Zone/Boxcar staff will follow the content of the court documentation ONLY. Please note that the Learning Zone/Boxcar staff cannot withhold children from a parent without legal documentation stating such restrictions.



BEHAVIOR MANAGEMENT POLICY

I. PHILOSOPHY

We think of a policy of center discipline as a guidance policy. We steer children toward self-direction and conflict resolution. Considering each child's age, developmental stage and personality, we establish fair and reasonable expectation of behavior.

When a child needs guidance, the staff begins by redirecting the child into more constructive activities. In addition, appropriate behavior is encouraged by staff who model courtesy and respectfulness. With help from adults and peers, children learn and practice non-violent forms of conflict resolution. Our policy goal is to help each child develop positive feelings of self-esteem while fostering growth toward self-direction.

The **YMCA Learning Zone and Boxcar Programs** provide a safe environment for children to develop spirit, mind and body. The overriding principle of the **YMCA Learning Zone and Boxcar Program's** discipline policy is to help children become individuals who make their own choices and who take responsibility for their actions. The primary basis of this policy is that discipline is a function of engaging children in meaningful and stimulating activities, focusing on positive role models, and promoting the core values of the **YMCA Learning Zone and Boxcar Program**: Honesty, Respect, Caring and Responsibility.

II. GUIDELINES

- Limits are set positively and are developmentally appropriate. Specific policies are listed below.
- The child will respect the rights and feelings of others and will avoid disruptive behaviors that would interfere with program activities. Aggressive behaviors such as hitting, kicking, biting, tripping, verbal "put-downs", spitting and other similar inappropriate behaviors will not be tolerated.
- The child will follow all directions given by the staff regarding safety procedures and will stay with the group for all scheduled activities.
- The center strictly prohibits the use of alcohol, tobacco, vape/e-cigarettes and drugs, except prescribed medications or over-the-counter medication with proper written consent.
- The child will respect the private property of others and will understand that stealing or vandalizing the property of others will not be tolerated.

III. BEHAVIOR MANAGEMENT PRACTICES

When a child engages in inappropriate behavior that threatens the health or safety of her/him or others, the YMCA staff will do the following:

1. Take immediate action to stop the behavior.
2. Inform the child and/or parents of the disciplinary action that will be taken. If the severity of the inappropriate behavior warrants, or the child cannot be controlled on the spot, it may be necessary to temporarily remove him/her from the situation. Additionally, staff will attempt to learn the causes of the behavior and will try to help the child understand and overcome these.

In all other situations where other children are not directly jeopardized, YMCA staff will discuss the behavioral problem with the child but will take no disciplinary action unless the child repeats the behavior. This process assists the child in learning to take responsibility for his/her own behavior. In cases of repeated inappropriate behavior, one of the following disciplinary procedures will be used:

- Hold a discussion with the child about the inappropriate behavior and its future consequences.
- Inform the child of any disciplinary action to be taken if the behavior is repeated.
- Redirect/provide time away from the activity, with the child returning to the activity contingent on a willingness to behave appropriately. Explain further disciplinary action to be taken if behavior continues.



- Redirecting/time away from the activity and notifying parents of the child's behavior. If behavior continues, conduct a parent/guardian conference to discuss and provide support in managing the child's behavior.
- When a child's persistent or dangerous behavior takes too much energy and attention away from the needs, safety, and well-being of the other children or causes disruption of the program objective, the possibility of suspending and/or expelling the child from the program must be considered. The decision to send a child home is a difficult one to make and will be carefully considered before action is taken.

MEDICATION POLICY

All medications must be in the original container with dosage and frequency clearly marked. Medications should be handed directly to the Lead Staff and discussed with them. Medications will be kept in locked storage and dispensed by a staff member.

PARENT NOTIFICATION

The Learning Zone or Boxcar Lead Staff will contact a child's authorized person(s) if any of the following occur: change in the child's health, a child experiences an accident, injury or incident, or when a child is too ill to remain in the group. Parents will be notified with a phone call.

EXCLUSION POLICY FOR CHILD ILLNESS

Please keep your child home if they experience any of the following:

- Fever. The child may return when they have been fever-free for 24 hours without the use of fever-reducing medications.
- Unexplained and/or sudden vomiting or diarrhea. The child may return 48 hours after the last episode.
- Rash accompanied by fever. The child may return after the rash goes away or they are cleared by a doctor.
- Cough. Serious, sustained coughing, shortness of breath, or difficulty breathing should be checked by a doctor before a child returns.
- Skin lesions/sores. Drainage from a sore that cannot be contained within a bandage OR sores increasing in size OR new sores developing should be cleared by a doctor before the child returns.

SUPERVISION/SAFETY POLICIES

1. No child is to be left alone or unsupervised.
2. YMCA staff shall always be in the building when there are children present.
3. After school, each child checks in with the staff member taking attendance at the start of the program. This is done to assure that the staff member knows that each child that is scheduled to attend the program has arrived safely to the program. Children must be signed out of the program each afternoon by their parent/guardian or an authorized adult.
4. If your child does not arrive at the Learning Zone or Boxcar, the staff will first check with the school secretary to find out if they attended school that day. If the child did attend school and is scheduled to be in the program, the child care staff will call the parent to see if there has been an error in communication. Parents are reminded to please call the program when your child is not going to attend as the above actions are time-consuming.
5. An Incident or Accident Report Form will be completed when an injury or accident occurs. A copy of the completed form will be given to the parent/guardian.
6. The administrator and each employee are required to immediately notify the local public children services agency when they suspect that a child has been abused or neglected. The center policies are created to prevent and protect children from abuse or neglect while the child is in the center's care.



TRANSPORTATION OF CHILDREN

Whenever there is a medical or dental emergency and a child needs to be transported, the emergency squad is called to transport the child to the hospital if parental permission is granted or the parent is unavailable. If parental permission is not granted for the program to call the emergency squad for transportation, then the parent/guardian is called to transport the child. If a child is transported to an emergency facility, parents/guardians are notified immediately. The Child Information Record, which includes the emergency transportation information and the child's health condition information, accompanies the child to the emergency facility along with an employee if the parent is unavailable.

GIFTS TO THE LEARNING ZONE OR BOXCAR PROGRAMS

The Learning Zone and Boxcar programs are part of the Shiawassee Family YMCA which is a non-profit organization. All gifts of new and used equipment are tax deductible. Our program needs board games, arts and crafts supplies, and any other equipment for school age children. In return, you will receive a letter of acknowledgement for donations.

IMPORTANT PHONE NUMBERS

QUESTIONS ABOUT BILLING

Shiawassee Family YMCA (989) 725-8136

TO REPORT A CHANGE IN YOUR CHILD'S REGISTRATION

Please call 989-725-8136 or email mdodak@shiawasseeymca.org.

THANK YOU AND WELCOME TO YMCA CHILD CARE PROGRAMS!



CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Zip Code				
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)	
Primary Phone ()		Primary Phone ()		
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)	
2 nd Phone (if applicable) ()		2 nd Phone (if applicable) ()		
City	State	Zip Code	City	State
Zip Code		Zip Code		
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ()	Employer Name	
Work Phone ()		Work Phone ()		
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain:				
(Attach additional sheets, if necessary.) CCL-3731 (Rev. 6/7/2024) Previous				

editions 7-18, 4-21, & 3-22 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

Only: 1. 3. 5.	() () ()	2.	() () ()
		4.	
		6.	

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury.

Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.

3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach this section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

**Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau**

CENTER MUST CHECK ONE

- The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

- The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by _____.
Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Shiawassee Family YMCA Child Care

HEALTH HISTORY FORM

Child's Name: _____ Date of Birth: _____

Male Female Last grade completed: _____ Date Form Completed: _____

Please check the ethnic group(s) your child most identifies with:

American Indian or Alaskan Native Asian/Pacific Islander Black or African American Hispanic White/Caucasian

Child's Address: _____

Street Address

City

State

Zip Code

Parent 1 Phone: _____ Parent 2 Phone: _____

ALLERGIES *Please describe what the child is allergic to and the reaction seen.

No known allergies. Food Medication The environment (stings, hay fever, etc.) Other

DIET/NUTRITION

My child eats a regular diet. My child eats a vegetarian diet. My child is lactose intolerant.
 My child is gluten intolerant. Other, please explain in space.

Please select any characteristics that your child displays at school, home, or during extracurricular activities:

Distractibility Anxiety Panic attacks
 Crying spells Easily frustrated Withdrawal from others
 Difficulty relating to peers Impulsivity Difficulty concentrating in large groups
 Aggression/fights Mood swings Difficulty with bullies
 Defiance/struggling to follow directions from adults

Are there any specific actions that help your child while they are exhibiting the above traits?

Please select any strengths that your child possesses:

Kind Funny Intelligent Creative Accepting
 Friendly Flexible Thoughtful Confident Respectful
 Resilient Responsible Honest Caring Inclusive

Please include any further details below so we can get to know your camper.

Please select any that apply.

My child has never been separated from parents/guardians before.
 My child has problems with homesickness.
 This is the first time my child has attended summer camp.

MENTAL, EMOTIONAL, SOCIAL HEALTH

During the past 12 months, has your child seen a professional to address mental/emotional health concerns? Yes No

Describe any therapist recommendations that might help your child adjust to child care.

Has your child had any significant life events that continue to affect their life (abuse, death of a loved one, divorce, adoption, foster care, new sibling, survived a disaster, etc.)? Yes No

Please provide details that could help us better understand the situation and suggestions for coping with this while at child care:

CUSTODY/COURT ORDERS

Are there any court orders affecting custody of this child? Yes No

*Please include a copy of these orders for your child's file. If there is anything else we need to know, please make a note in this space.

MEDICATIONS

My child will not take any daily medications while at child care.

My child will take the following medication(s) while at child care:

Please review instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the child's name and how the medication should be given. Provide enough of each medication to last the entire time your child will be at child care.

Name of Medication	Date started	Reason for taking it	When is it given	Dose given	How is it given

OVER THE COUNTER MEDICATIONS

The following non-prescription medications may be stocked in the child care office and could be used on an as-needed basis to manage illness and/or injury. Select NO for any medications your child should not be given.

Aloe Yes No

Antibiotic Ointment (Neosporin) Yes No

Calamine Lotion Yes No

Hydrocortisone 1% (Cortisone) Yes No

GENERAL HEALTH HISTORY Include details if applicable.

- Has your child been hospitalized in the last year? If so, explain. Yes No _____
- Does your child have a recurring/chronic illness? Yes No _____
- Is your child up-to-date with well-child visits? Yes No _____
- Has your child had a recent infectious disease? Yes No _____
- Has your child had a recent injury? Yes No _____
- Does your child have asthma/wheezing/shortness of breath? Yes No _____
- Has your child passed out/had chest pain during exercise? Yes No _____
- Has your child had seizures? Yes No _____
- Has your child experienced fainting or dizziness? Yes No _____
- Does your child have headaches? Yes No _____
- Does your child have problems with constipation/diarrhea? Yes No _____
- Does your child wear glasses, contacts or protective eyewear? Yes No _____
- Does your child have skin problems? Yes No _____
- Has your child ever had back/joint problems? Yes No _____
- Does your child have diabetes? Yes No _____
- Does your child have any other health conditions we should be aware of? Yes No _____

INSURANCEIs the participant covered by family medical/hospital insurance? Yes No

Name of Policy Holder: _____

Policy/Member Number: _____ Group Number: _____

Insurance Company: _____ Phone Number: _____

Insurance Company Address: _____

HEALTH HISTORY

The health history form is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as noted by me and/or an examining physician. I give permission to the physician selected by the Shiawassee Family YMCA to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form and, in addition, Shiawassee Family YMCA has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status.

Parent/Legal Guardian Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I (the undersigned) agree that I have received the YMCA Child Care Parent Handbook. I understand that it is my responsibility to read and know all of the policies and procedures outlined within.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

CONCUSSION INFORMATION SHEET

I (the undersigned) have received the YMCA Parent Concussion Information sheet. It is my responsibility to read and understand all necessary expectations.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

PERMISSION FOR ENROLLMENT AND RELEASE OF YMCA LIABILITY

I allow my child to participate in YMCA activities. I understand and expressly acknowledge that I release the YMCA, YMCA staff, and volunteers from all liability for any injury.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

HEALTH STATEMENT

This is to verify that my child is in good health. As a parent, I take responsibility for my child's health while in child care. All of his/her immunizations are up to date. A record of my child's immunizations and physical examination, signed by a doctor, are on file at the school office. I give the YMCA permission to obtain a copy of my child's health record on file at the school, if necessary

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

FIELD TRIP AUTHORIZATION

I, the parent/guardian/caregiver of this child, hereby give permission for my child to attend all field trips that I have selected to add on to my child's registration.

Parent/Legal Guardian Signature: _____ Date: _____

ENROLLMENT FORM ADDENDUM FOR MiLEAP

Our program is a recipient of a state funded grant, "32n OST Grant". As a requirement, we must report basic program information about the students we serve (age, gender, race, and program attendance). This information is reported in a secured database and used by the grant evaluators to connect how we are impacting our community.

Please sign below so we can input your child's information in the database. If you have any questions, please reach out to us. For more information, see: <https://cep.msu.edu/projects/32n-ost>

Parent/Legal Guardian Signature: _____ Date: _____

PHOTO & VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my mother/father/guardian has signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of American (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions, however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities.
- Any experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties.
- YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience.
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be the unrestricted user of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION



CHILD'S NAME: _____ DOB: _____

PARENT/GUARDIAN 1 NAME: _____

PARENT/GUARDIAN 1 PHONE: _____

PARENT/GUARDIAN 2 NAME: _____

PARENT/GUARDIAN 2 PHONE: _____

OTHER EMERGENCY CONTACT NAME: _____

OTHER EMERGENCY CONTACT PHONE: _____

ALLERGIES? _____

OTHER IMPORTANT INFO: _____

EMERGENCY CONTACT INFORMATION



CHILD'S NAME: _____ DOB: _____

PARENT/GUARDIAN 1 NAME: _____

PARENT/GUARDIAN 1 PHONE: _____

PARENT/GUARDIAN 2 NAME: _____

PARENT/GUARDIAN 2 PHONE: _____

OTHER EMERGENCY CONTACT NAME: _____

OTHER EMERGENCY CONTACT PHONE: _____

ALLERGIES? _____

OTHER IMPORTANT INFO: _____
