Child Development Centers
GREATER WICHITA YMCA
& USD 259

Income-Based Financial Assistance Available
ymcawichita.org | facebook.com/ymcawichita

- Meal/snack program with daily fresh fruits or veggies and whole grains
- Developmental activities with daily progress reports
- Core values implemented
- NAEYC accredited, KDHE licensed, DCF contracted
WE NURTURE every child’s...

- **POTENTIAL** in a child-centered environment where children learn through play.

WE GUIDE every child’s...

- **DEVELOPMENT** to ensure school readiness.

WE SUPPORT every child’s...

- **SOCIAL SKILLS** through active engagement with positive role models and peers.

I’m a senior at North High. I have a 4-month old daughter that attends the day care and I’m so thankful that I got her in because I want to prove everyone wrong about teen mothers. -- CDC Parent

I know that if I didn’t have the YMCA’s daycare I probably wouldn’t have finished school. Thank God I do have and will continue to have it, because I want to be someone in life and have a good future for my wonderful son. -- CDC Parent

We could not be happier with the care our son received at the Y’s Child Development Center. He always had caring teachers, clean surroundings, fun learning experiences and outdoor time. You’ve set the bar high in terms of what we now expect in childcare! -- CDC Parents

Income-based program rates available. | We’re for youth development, healthy living and social responsibility

USD 259 POLICY STATEMENT

Board of Education Policy 1352 states that: Child Development Centers shall be operated at selected attendance centers. The centers will serve as childcare facilities for the children of enrolled pupils and district employees, as training laboratories for vocational students enrolled in occupational classes, and as observational experiences for high school students enrolled in parenting and child development classes. The centers will provide childcare to the children of enrolled USD 259 pupils first; secondly, to the children of district employees; and if any spaces remain, to children from the general community. Services in each center shall be available for infants, toddlers, and preschool children in ratios, which will allow each center to maximize service to the children of pupils in pursuing their educational objectives.

**Eligibility will be considered upon completion of the application and receipt of the enrollment fee. Incomplete applications will not be processed.**

An ongoing wait list will be maintained at each CDC site. Applications for enrollment should be completed at site and will be considered on an individual basis.

To obtain your enrollment application, visit the site directly when a program is in session, or contact the YMCA Child Care and Camp offices at 316.264.1610 x8256 to speak with the CDC coordinator.

Children will be placed in an infant, toddler, preschool, or mixed unit based on space available, chronological age, developmental needs, and in compliance with the Kansas Department of Health and Environment (KDHE) regulations. The following represents age groupings as required by KDHE:

- Infants / 2 weeks to 1 year and not walking
- Toddlers / 1 year and walking to 2 ½ years
- Preschool / 2 ½ years to kindergarten eligibility
- Mixed Unit / 2 weeks to 6 years

Children are accepted into the program based on the following priorities:

1. First, to children of high school students
2. Second, to children of USD 259 and YMCA employees
3. Third, to children from the general public

The CDC will provide a minimum 45-day notice to families if and when enrollment eligibility changes; as required in the USD 259/YMCA partnership agreement.

**A certificate of physical examination (performed within the last six months), a written physician’s release for children under the age of 6 weeks and a complete record of the child’s immunizations are required to be on file at the CDC on the child’s first day of attendance. Immunization records must be updated throughout the program year. Returning children are encouraged to have annual well-child assessments. (See History of Immunization form in enrollment packet.)**

**CHILDREN WITH SPECIAL NEEDS**

Our goal is to meet the individual needs of each child within the structure of our program, while maintaining a safe and healthy environment for all of the children and staff. Children with special needs will be accepted if the program is determined to be in the child’s best interest.

Families with special needs children must schedule an appointment with the Early Learning Center Senior Program Director and/or Branch Director prior to enrollment. The YMCA will make all reasonable accommodations.
CDC BASICS | YOUTH DEVELOPMENT

YMCA MISSION
To put Christian principles into practice through programs that promote healthy lifestyles, strong families and positive youth development to build healthy spirit, mind and body for all, regardless of ability to pay.

CDC MISSION/PURPOSE
The purpose of the YMCA / USD 259 Child Development Center is to:
1. Provide accessible and affordable, high-quality child care to district students, and the general community based on space availability.
2. Play an important role in the Career and Technical Education programs of USD 259, providing observation experiences and serving as training laboratories for vocational students.
3. In addition, CDCs provide accessible and affordable, high-quality child care to district employees, and the general community based on space availability.

PHILOSOPHY
The goal of each Greater Wichita YMCA CDC is to create a learning environment for children, a warm “extended” family atmosphere in which children feel secure, comfortable, and important. The educational and recreational activities, the nurturing staff, and the belief that play is an important way of learning for a young child are all part of our child-centered environment.

- Parents are the first and most important teachers in a child’s life.
- Families require a safe, pleasant, and dependable Child Development Center as parents/adults pursue necessary responsibilities.
- Development follows a universal pattern, yet each child is a unique person, growing at his or her own pace and style.
- Children are holistic learners, innately curious and constantly constructing knowledge about the world around them.
- Trust, respect, and sensitivity for self, others and nature are crucial elements for the productive relationships and positive growth in this increasingly complex society.

WEATHER CANCELLATION*
Due to inclement weather, when USD 259 schools are closed for students, CDCs will be closed.

Parent/guardians are responsible for informing the CDC by 8:30 am when children will be late or not attending for the day. Children that have not arrived by 9:00 am, with no notice of late arrival, will be counted as absent for the day. Staffing may be adjusted at that time and care may not be available should you arrive after 9:00 and not made prior arrangements with the Site Director.

*Fees will still be charged

CDC HOURS & DROP-OFF/PICK-UP
Unless otherwise posted, the CDC will be open from 7 am to 5:00 pm, Monday through Friday, following the Wichita Public Schools’ calendar.

PAYMENT POLICY
Upon enrollment, and every August thereafter, an annual enrollment fee is due. The amount will be indicated on your parent/guardian agreement along with your child’s weekly tuition rate. Families shall be notified a minimum of 30 days in advance of any changes to center fees. Tuition is due, regardless of attendance, and payment is required in advance.

1. Weekly fees are due in advance, on Monday of each week.
2. Parents are required to complete a payment agreement upon enrollment and any time in which enrollment or weekly fees change.
3. Late payments will result in a late fee of $10.00 (Fees paid after Monday)
4. A $10.00 return item fee, plus applicable late fees, will be charged for all returned drafts/checks. Payment by money order or credit card will be required for accounts with multiple returns.

SERVICES WILL BE SUSPENDED WHEN:

- Accounts are one week past due
- Late pick up fees are not paid
- Children are not in attendance for one or more weeks without notice from the parent
- Fees continue to accrue during periods of suspension

PAYMENT OPTIONS INCLUDE:

- Bankdraft
- Check or money order mailed to Child Care Accounts, 402 N Market, Wichita KS 67202
- Payment at any YMCA front desk
- Online at ymcawichita.org

7. DCF payments must be made through the EBT call in system. On-line and on-site processing is not available for YMCA participants. Payment coupons can be obtained at any branch and/or from your Site Program Director.

Payments can be made weekly or monthly. Monthly payments must be received no later than the 5th of the month. To calculate your fees for the month simply count Monday’s in the month and multiply times the YMCA fee listed on your payment agreement.

PAYMENTS POLICY

- Parent/guardians are responsible for any fees not covered by DCF. These out of pocket expenses can add up throughout the month, please ensure you payment schedule does not allow the account to become delinquent as late fees apply to ALL accounts including DCF funded participants and failure to pay weekly fees on time may result in suspension of services.

WITHDRAWAL/DISMISSAL GUIDELINES
Two weeks written notice is required for withdrawal.

The YMCA CDC reserves the right to ask a family to withdraw a child from the CDC for, but not limited to, the following reasons:

- When the program cannot meet the needs of the child or when the child cannot adjust to the group setting
- Chronic behavior problems or acts of aggression
- Non-payment of tuition according to the payment policies
- Lack of cooperation by the parent/guardians with regard to YMCA/USD 259 policies and/or KDHE regulations as outlined for licensed childcare facilities
- A child’s absence, with no notice to the CDC, for one week

Be assured that prior to dismissal actions being taken, the staff will work closely with families, making every effort to resolve problems.
STUDENT-PARENT REQUIREMENTS
- Student-parents must be enrolled full-time and working toward completion of a specified program in the Wichita Public Schools.
- High school student-parents may be previously, or currently, enrolled in Parenting/Child Development or World of Children classes.
- High school student-parents participate at the CDC during scheduled times during the lunch time and school day.
- Student-parents must comply with all Wichita Public Schools and YMCA policies.
- Student-parents are asked to attend regularly scheduled student-parent meetings as determined at each CDC site.
- Student-parents must attend all classes and be making satisfactory progress toward their program completion.
- Programs for children will only be provided while student-parents are in classes and/or attending approved class-related activities, as long as the site staffing ratios permit. Once signed in, children are under the supervision of the CDC staff until a parent signs his/her child out and are prepared to leave the premises for the day.
- Student-parents must notify the CDC prior to 8:30 a.m. if their children are going to be absent.
- Student-parents must complete a payment plan with DCF prior to enrollment/attendance and/or have approval on file with another third party.

WHAT TO WEAR & SUPPLIES
Children should arrive fully dressed in simple, comfortable street clothes for play and participation in CDC activities (no open toed shoes). Daily schedules include inside and outside activities (KSDE 28-4-438b).

Each child shall bring the following (permanently marked with his/her name):
- Four boxes of tissues and baby wipes, if appropriate, replacements as needed.
- Two complete changes of seasonally appropriate clothing (underwear, socks, shirts, pants/dresses and jacket) to be left at the CDC
- A daily supply of diapers, pull-ups or training pants for infants and toddlers (includes toilet-training period) – at least one diaper, pull-up or training pant per hour of care
- A new toothbrush each month for children to be used in the CDC only
- Blanket or towel for nap time

FINANCIAL ASSISTANCE
Scholarships are available for those who qualify. Approval for assistance does not guarantee enrollment or placement.
- Child Care and Membership require separate applications or assistance.
- Applications are available online and at any YMCA location.
- Completed applications can be turned in at your YMCA location or mailed to the Child Care and Camp administrative offices at:
  Greater Wichita YMCA
  Child Care and Camp
  402 N Market, Wichita, Kansas 67202
- Fees not covered by financial assistance are the responsibility of the parent/guardian.
- Please allow 10 business days for processing.
- Incomplete applications cannot be processed.
- Question about financial assistance can be directed to childcarescholarship@ymcawichita.org

ENROLLMENT GUIDE PULL-OUT SECTION
Please pull out this center section and complete the forms to enroll your child in any YMCA/USD 259 Child Development Center (CDC).

A completed packet is required for each child before they can be enrolled in CDC programs.

Faxed/mailed packets will not be accepted. Items in this guide must be personally delivered to any CDC program location and a $25 annual enrollment fee paid to begin the enrollment process.

Additional copies of the enrollment guide are available online at ymcawichita.org.
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 #

I hereby authorize _________________________________________________________ (Name of individual/staff member) and/or _________________________________________________________ (Name of individual/staff member) 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 _____________________ _____________________ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of ___________________________ and ___________________________.

MM/DD/YYYY          MM/DD/YYYY

Signature of Parent or Guardian Date Signed

Witness to Parent’s or Guardian’s signature if required by the local hospital or clinic. Date Signed

Notarization of Parent’s or Guardian’s signature if required by local hospital or clinic.

State of Kansas County of ________________________

Signed or attested before me on _______________ by _________________________________________________________.

MM/DD/YYYY Name of Person

(Seal, if any.)

________________________________________________________________________________________

Signature of notarial officer

________________________________________________________________________________________

Title (and Rank)

My appointment expires: __________________________

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

____________________________

Is child covered by health insurance?  □ Yes  □ No

If yes, complete the following:

Health Insurance Policy Name ___________________________ Policy Number ___________________________

Medical Assistance Program ___________________________ Card Number ___________________________

Military Medical Care I.D. Number ___________________________

If known, date of last Tetanus inoculation: ___________________________

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 TRANSPORTED BY THE FACILITY.
MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES, INCLUDING PROVIDER’S OWN CHILDREN

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child’s First Day in Child Care__________________________

Name of Child Care Facility_____________________________

Child’s Name________________________________________

Date of Birth_______________________ Gender__________

Parent/Guardian Information

Name__________________________

Home Address__________________________

Home Phone Number__________________________

Work Address__________________________

Work Phone Number__________________________

Cell Phone Number__________________________

E-mail Address__________________________

Best way to contact__________________________

Names and ages of children in family__________________________

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary.

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

Child’s Physician__________________________ Phone Number__________________________

Child’s Dentist__________________________ Phone Number__________________________

Hospital Preference (for emergencies)__________________________

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  __No  __Yes, as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

______ Allergies  ______ Frequent sore throats/colds  ______ Ear Aches

______ Asthma  ______ Speech, Visual, Hearing  ______ Diabetes

______ Epilepsy/Seizures  ______ Other__________________________

If yes answered to any above, please provide additional information__________________________

Have there been major changes at home that might affect your child in care?  ____ No  ____ Yes, as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please provide additional information or special instructions that will help the person caring for your child.

Parent/Guardian Signature:_________________________________________ Date:__________________________
History of Immunizations

Required for all children in child care facilities, including the provider’s own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Section I.
For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine Record the Month, Day, and Year each dose of Vaccine was received.

Section II.
Complete this section only if your child is exempted from the law requiring immunizations (K.S.A. 65-508(d)).

Section III.
The following two options are the ONLY exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child’s life:

Physician’s Signature: ___________________________
Date: _______________

Hx of Disease: ___________________________
Physician’s Signature: ___________________________

Date of Illness: _______________

(B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state:

Parent/Guardian Signature: ___________________________
Date: _______________

Child’s Name: ___________________________
Date of Birth: _______________

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child’s Name_________________________________________ Date of Birth___________________

Health history and medical information pertinent to routine child care and emergencies (describe, if any):

☐ None

Allergies to food or medicine (describe, if any):

☐ None

List current medications (if any):

☐ None

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<td>Neurologic &amp; Developmental</td>
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Screening Tests

 Screening Date Note Here if Results are Pending or Abnormal

Lead

Anemia (HGB/HCT)

Urinalysis (UA)

Hearing

Vision

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)

☐ None

Signature of Licensed Physician or Nurse approved for Child Health Assessments Date

Print the Name of the Individual Signing Above Phone Number

Address City Zip Code
**Terms of Agreement**

Your signature confirms your agreement with the following terms:

1. I/we understand that in the event of withdrawal from the program, my/our child's records are available to me/us upon my/our request.

2. The bankdraft payment plan is a non-refundable and non-transferable program fee. I/we have enclosed the $25 enrollment fee for the current school year (said fee is NONREFUNDABLE and NONTRANSFERABLE).

3. I/we have read and understand all CDC program policies and procedures set forth by the YMCA in its CDC Enrollment Handbook.

4. I/We shall abide by said policies/procedures and will review these with my/our child. I/We support the YMCA in its enforcement of these policies/procedures. I/We understand that the YMCA reserves the right to dismiss any participant who fails to adhere to these policies/procedures.

5. I/We have enclosed the $25 enrollment fee for the current school year (said fee is NONREFUNDABLE and NONTRANSFERABLE).

6. I/We understand that I/we will receive no compensation for such use.

7. We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child. Further, I/We understand that in the event of withdrawal from the program, my/our child's records are available to me/us upon my/our request.

8. I/We understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, including any fees my bank is responsible for collecting. I also understand that I/my family will be denied access to the CDC program until the balance due is paid. I/We do hereby grant permission for photos and/or videos of my/our child to be used by the YMCA for promotional purposes. I/We understand that written notice of intent to exit the program must be given to the CDC Site Director a MINIMUM OF TWO WEEKS PRIOR TO THE FINAL DRAFT. Initials: ___________ ___________ ___________ ___________.

9. I/We understand that in the event of withdrawal from the program, my/our child's records are available to me/us upon my/our request.

10. I/We agree to pay the above stated weekly fees each Monday during my/our child's enrollment in the CDC program.

For best results, pull forms one at a time from the center of the booklet.
YMCA CHILD DEVELOPMENT CENTER REGISTRATION FORM
ONE FORM PER CHILD EACH YEAR.
Additional forms available online at ymcawichita.org.

A. $25 ENROLLMENT FEE AND COMPLETED REGISTRATION IS REQUIRED NO LESS THAN SEVEN (7) DAYS PRIOR TO ATTENDANCE. (All applications are processed in the order received.)

B. NO CHILD WILL BE ENROLLED WITHOUT COMPLETE RECORDS. All necessary forms (except CACFP and Income-Based pricing application forms) are included within this handbook and MUST BE COMPLETED WITH PROPER SIGNATURES before enrollment will be accepted.

C. A YMCA PAYMENT AGREEMENT MUST BE REVIEWED AND SIGNED ON THE FIRST DAY OF SERVICE. (Please allow for additional time to complete food program and payment forms on your child’s first day).

Participant’s (Child’s) First and Last Name: ___________________________ Social Security #: ___________________________

Primary Address: ___________________________ City, State, Zip: ___________________________ Birthdate: ___________ Phone #: ___________________________

Gender: ☐ Male ☐ Female
Enrollment Date: ___________ Start Date: ___________
Schedule: _______ AM _______ PM CDC Site: ___________
Room: ☐ Infant ☐ Toddler ☐ Pre-school ☐ Pre-K

Child lives with:
☐ Both Parents (circle one)
☐ Same household / Shared custody
☐ Mother Only
☐ Father Only
☐ Guardian
☐ Other ______________

Fee is payable by:
☐ Check # __________ attached (payable to YMCA)
☐ Money Order (Accepted only at YMCA locations - Do not mail)

Primary Parent/Guardian Name: ___________________________ E-mail Address: ___________________________

Address (if different from participant’s): ___________________________ City, State, Zip: ___________________________ Home Phone #: ___________________________

Name of (mark one): ☐ Employer ☐ School ☐ Training

Employer/School/Training Address: ___________________________ City, State, Zip: ___________________________ Cell/Pager #: ___________________________

Marital Status/Custody Arrangements: ___________________________

Secondary Parent/Guardian Name: ___________________________ E-mail Address: ___________________________

Address (if different from participant’s): ___________________________ City, State, Zip: ___________________________ Home Phone #: ___________________________

Name of (mark one): ☐ Employer ☐ School ☐ Training

Employer/School/Training Address: ___________________________ City, State, Zip: ___________________________ Cell/Pager #: ___________________________

Marital Status/Custody Arrangements: ___________________________

(PLEASE LIST SIBLINGS AND AGES - additional names may be attached)

Sibling Name #1: ___________________________ Relationship: ___________________________ Age: ___________

Sibling Name #2: ___________________________ Relationship: ___________________________ Age: ___________

INCOME-BASED FINANCIAL ASSISTANCE IS AVAILABLE. Applications are available at any YMCA location, or online at ymcawichita.org. Applicant must present a federal income tax return and two most recent paycheck stubs, government assistance verification, and proof of other assistance, and a letter of denial from the DCF office. Please allow 10 business days for processing your application (see page 6 for more information).

☐ I have been awarded financial assistance from the Child Care and Camp Branch of the YMCA.

WEEKLY FEE PAYMENT
The weekly payment amount indicated on the back of this page is due on the MONDAY of the week of service. Failure to make payments in this fashion may result in dismissal from the program. A $10 late payment fee will automatically be applied for each week that a payment is late. All returned drafts/checks will be assessed a $10 return item charge, in addition to applicable late/bank fees. A money order will be required for future payments. Accounts must be current to participate in CDC programs.

For Office Use Only: Rate: ___________ Self: ___________ 3rd Party: ___________
☐ FT ☐ PT ☐ Student ☐ USD Employee ☐ Community
ENROLLMENT CHECKLIST

PLEASE REVIEW THE FOLLOWING CHECKLIST TO ENSURE THE TIMELY ENROLLMENT OF YOUR CHILD IN THE YMCA CDC PROGRAM

☐ I provided complete and accurate information for the CDC participant, parents/guardians, employers, physicians and emergency contacts (full address, social security numbers, birthdate, email and phone numbers).

☐ I specified my child’s CDC site and start date.

☐ I read the Terms of Agreement, signed and dated my child’s registration form.

☐ I specified my hospital preference for emergency medical care and listed immunizations as well as medical conditions such as allergies, asthma, others or noted NA (not applicable) for these items in my child’s Medical Record (CCL029).

☐ I included all applicable health insurance information (provider name, policy number, military/medical assistance program number), date of my child’s last Tetanus (DPT) shot and necessary custody information on the Authorization for Emergency Medical Care.

☐ I signed and dated form CCL010 (Authorization for Emergency Medical Care) in front of a witness and had the witness sign/date the form.

☐ I have planned additional time in my schedule on the first day of service to complete a YMCA Payment Agreement and any other additional forms. These forms must be completed with the CDC Site Director for my child to participate in the program.

FAXED/MAILED ENROLLMENT FORMS WILL NOT BE ACCEPTED.

NO CHILD WILL BE ENROLLED WITH INCOMPLETE RECORDS. All pages within the enrollment guide MUST BE COMPLETED WITH PROPER SIGNATURES before enrollment will be accepted.

ENROLLMENT WILL NOT BE ACCEPTED WITHOUT THE ENROLLMENT FEE PAID IN FULL.
- All enrollment fees are nonrefundable and nontransferable.
- Make checks payable to YMCA.

YOUTH DEVELOPMENT | CDC HEALTH

DAILY OUTDOOR ACTIVITY POLICY
In accordance with KDHE regulations and the YMCA Healthy Eating and Physical Activity standards, all children will participate in outdoor play daily.

KDHE requires a minimum of 1 hour per day of outdoor activities, which can include both quiet and active play. This hour may be one or two longer periods or several short periods, based on weather conditions. Children will participate in outdoor play unless “extreme weather” conditions prevail and/or there is an active weather warning in the program area.

Children’s outdoor time will be limited, moved earlier or later in the day, or in rare cases canceled during extreme weather.

Please ensure that your child is dressed for outdoor play daily and understand that if they are not well enough to participate in outdoor play they are not well enough to attend program for the day.

MEDICATION POLICY
KDHE licensing regulations do not permit childcare agencies to administer prescription or nonprescription medication to children without the authorization of a physician and/or the written authorization of parent/guardians. Request to administer medication forms are available at the CDC.

- Nonprescription medications such as Tylenol, cough medicine, etc. may be given if guardian completes a medication form. This policy includes all medications, including nonprescription items for diaper rash, etc.
- Aspirin cannot be administered without a physician’s written authorization.
- All medication to be administered must be given directly to the CDC staff in its original container and clearly marked with the child’s first and last names.
- Prescription medication must contain written instructions as to quantity, time for administering, name and telephone number of the physician and any other pertinent information.
- A doctor’s note regarding dosage for prescription and nonprescription medicine is required for children under two years of age.
- YMCA personnel will not be responsible for administering injectable medication (except epipens).

HEALTH POLICY
Children that display signs of illness shall be excluded from the program until they are symptom free for 24 hours. If your child is sent home with a temperature, diarrhea and/or vomiting, he or she may not return to school until the child’s symptoms are normal without medication. A doctor’s notice may be required prior to the child’s return.

The parent, legal guardian, or other person authorized by the parent will be contacted immediately when a child has a sign or symptom requiring exclusion from the facility. Children will be required to be picked up within thirty-minutes of notification.

Signs of illness include, but are not limited to:
- Auxiliary temperature of 100°F or greater
- Unusual lethargy
- Uncontrolled coughing
- Irritability
- Persistent crying
- Difficulty breathing or wheezing
- Uncontrolled diarrhea
- Vomiting
- Unidentified rash
- Head lice or scabies
- Any known contagious diseases

Parents/guardians are required to report all communicable diseases to the CDC, and provide a notice from the physician as to the date the child is able to return to care.

Communicable disease notices will be posted in the program and sent home to notify families of exposures. To ensure confidentiality, children’s names will not be included.

In case of emergencies, all YMCA CDC staff are trained in pediatric CPR/AED and First Aid. Following the YMCA emergency procedures, staff will contact emergency services (911) if warranted. Parents/guardians will be notified immediately of any significant incident, illness, or injury and an incident report will be completed to document the incident for the program and families. All children are required to have a current Authorization for Emergency Medical Care form on file at all times. Please notify the program director if your insurance, hospital, or emergency contact information changes.

For best results, pull forms one at a time from the center of the booklet.
GUIDANCE & DISCIPLINE | YOUTH DEVELOPMENT

CONSCIOUS DISCIPLINE®
The YMCA Child Development Centers utilize the research based approach; Conscious Discipline® to help school staff, teachers, and students create an environment where everyone can develop in a way best for them. Students learn to:

• Set and achieve goals together... despite obstacles
• Manage emotions, instead of acting out
• Set personal boundaries to encourage mutual respect
• Resolve conflict in a way that creates closer relationships

Created by Dr. Becky Bailey, an internationally renowned expert in child developmental psychology, Conscious Discipline® is built on the premise of developing discipline within children rather than applying discipline to them. Through this program children learn to turn daily conflict into opportunities to learn critical life skills.

GUIDANCE AND DISCIPLINE POLICY
We believe that the purpose of discipline is to guide children as they develop problem-solving skills, learn to get their needs met in a positive way, and appropriately stand up for their rights and the rights of others. Techniques are selected based on children’s age and developmental competencies.

The YMCA follows KDHE suggested guidance techniques. These techniques include:

INFANT/TODDLER
• Teachers will use the distraction technique, otherwise known as redirection. The infant/toddler will be taken away from the activity and given another choice, one that is positive.
• Teachers will use the word “NO” sparingly. “NO” should only be used in situations where the child could be harmed.

PRESCCHOOL
• Preschool children will be allowed to make acceptable choices and let the natural consequence of the decision be the teacher.
• The teachers will help the children to solve problems while offering suggestions to resolve the issue.
• Classroom rules will be the foundation within the preschool curriculum.

A copy of all recommended techniques will be provided upon enrollment, found posted in the child care center, and is included in all staff new hire orientation.

YMCA DISCIPLINARY PROCEDURES
• Minor behavioral issues will be shared as needed with families verbally and/or in writing.
• When a child’s behavior becomes challenging and disruptive and can no longer be maintained through common behavior management techniques or threatens the safety of the child, other children, and/or YMCA staff, the parent/guardian will be contacted to pick up the child and a conference to discuss the behavior will be scheduled.
• The purpose of a conference is to discuss the specific behavior and share concerns, develop an action plan, and identify behavioral supports/resources that may be accessible to the staff and family.
• Chronic behavioral issues or behaviors that are reoccurring without resolution may result in termination of services.
• It is the goal of the YMCA to make all reasonable accommodations for children with social and emotional challenges.

ABUSE/NEGLECT POLICY
As mandated reporters, our staff is required by law to report any suspicion of child abuse and/or neglect to child protective services. Staff is not permitted to discuss their concerns with family members prior to reporting. All staff receive KDHE approved child abuse and neglect training that includes prevention, reporting, and recognition/signs and symptoms of abuse and neglect.

CONFIDENTIALITY
All family records are confidential. Only authorized CDC staff has access to files. Regulatory agencies such as DCF or KDHE have legal access to class lists and files in the course of duties involving licensing, supervision, or special services.

• No information will be released to any other person or agency without parent’s written permission.
• Each family’s name, address, telephone number and child’s birth date are included on a class list that may be distributed only to other enrolled families and staff. If you want your address and/or phone number deleted from the list, you must notify the CDC in writing within one week of enrollment.
• Center staff routinely use photographs and videos of the children as part of the curriculum. In addition, children’s pictures or videos may be used for marketing. If you object to your child’s picture or video being used for marketing, you must notify the CDC within one week of enrollment.

If you have any questions or concerns that your director is unable to address, please contact YMCA Child Care and Camp Branch Director: andrea.eliot@ymcawichita.org.

PLEASE RETAIN THIS PARENT HANDBOOK FOR REFERENCE AS QUESTIONS ARISE THROUGHOUT THE YEAR!

FOOD SERVICE PROVIDED BY USD 259 SCHOOL SERVICE CENTER
USD 259 participates in the Child and Adult Care Food Program (CACFP) sponsored by the USDA® and complies with its rules and regulations.

• Breakfast, lunch and one afternoon snack are served daily to all children.
• Menus & meal service schedules are posted.
• Children are asked to arrive at the posted time of service to participate in meals.
• Infant bottles and toddler cups must be labeled with the child’s name. All bottles are required to have a fitted lid. Bottles and cups will be rinsed and returned to parents daily. Parents are responsible for returning enough clean and sanitized bottles/cups for each day’s use.
• An adequate amount of food will be served to meet the nutrition requirements established by CACFP on a schedule developed by the CACFP administrator.
• Infants must be provided at least the minimum amounts of breastmilk/formula, cereal, and other food components as required by the CACFP guidelines. Family that cannot or choose not to follow the guidelines may be required to provide all food items and will not be included in the CACFP food service program.
• Nutrition information is available.
• Meals are planned as relaxed, social experiences, and are served family style where children develop self-help skills. Although never forced to eat, children are encouraged to sample small portions of each item. Teachers are seated at the table with children and model appropriate behavior. They are sensitive to individual eating patterns.
• Outside food and/or drink is not allowed in the CDC. This applies to children, students and parents.

*The USDA/CACFP is an equal opportunity provider and employer. If you believe you have been discriminated against because of race, color, national origin, age, sex, handicap or religion, contact the Wichita Public Schools ADA and Section 504 district coordinator, 201 N. Water, Wichita, KS 67202, 973-4631, or write to the Secretary of Agriculture, Washington, D.C. 20250.
GROWING LEADERS

KEY ACADEMY
GREATER WICHITA YMCA

If you’re looking for a fun, safe place for your kids, the Y’s licensed KEY ACADEMY programs offer homework assistance, healthy snacks, recreation and more.

KEY ACADEMY services focus on knowledge, enrichment and youth development. Programs offered include before & after school programs, school day out fun clubs and winter/spring break fun clubs (K-age 12).

KEY Kids will thrive in a safe and supervised environment that teaches the Y’s core values of caring, honesty, respect and responsibility.

Programs are available in select schools through the Andover, Goddard, Maize, Renwick, Valley Center and Wichita Public School Districts.

KEY is a good place for children to learn and grow. KEY programs:
- challenge children to accept and demonstrate the positive values of caring, honesty, respect and responsibility.
- offer a balance of activities including daily recreation, educational enrichment, and more.
- include nutritious meals and snacks
- are KDHE licensed, third-party contracted with YMCA income-based pricing also available.

Handbooks for KEY ACADEMY enrichment programs are available online at ymcawichita.org. They may also be picked up at any Greater Wichita YMCA location.

ENROLLMENT BEGINS IN JULY

SUMMER DAY CAMP (completed K-16 yrs)
At the Y’s summer day camps, every day is an adventure filled with fun and shared with friends. For parents, camps are reliable, affordable and convenient, with hours to accommodate their work schedules.

Plus, Y campers discover new things each day as they build confidence through activities that encourage personal growth & the development of strong values. Activities include:
- sports
- S.T.E.M.
- creative arts
- team building
- character development
- nutritional education

YMCA CAMP HYDE +8 additional locations
CAMP GUIDES are available at Y locations or ymcawichita.org starting each February. Income-based financial assistance is available.

FEES: Vary, based on camp activities
Questions? Call 316.264.1610 ext. 8243 or email Jon McReynolds at jon@ymcawichita.org.

KIDDIE CAMP (4-5 yrs)
Summer will be extra fun for your preschooler at the Y’s licensed summer Kiddie Camp. With weekly themes, campers will stay active as they learn through field trips, skill building activities and new friendships. Contact any YMCA Early Learning Center for details. Space is limited. Breakfast, snack and lunch provided.

Partially funded by United Way of the Plains.

LOCATION: Andover, East and South YMCAs
YMCA CHILD DEVELOPMENT CENTER PROGRAMS

Greater Wichita YMCA
Child Care/Camp YMCA
402 N. Market
(316) 264-1610 ext. 8256

Wichita Public Schools
Career and Technical Education
201 N. Water, Wichita, KS 67202
(316) 973-4511

Enrollment is available for:
• Infants (2 wks - 1 yr & not walking)
• Toddlers (1yr & walking - 2 1/2 yrs)
• Preschool (2 1/2 yrs - Pre-K)

LOCATIONS
East High School  North High School  South High School  West High School
2301 East Douglas  1437 Rochester  701 West 33rd St South  820 South Osage
Heights High School  Northwest High School  Southeast High School
5301 North Hillside  1220 North Tyler Road  2641 South 107th St East

The Wichita Public Schools do not discriminate on the basis of race, color, national origin, sex, handicap/disability, age or religion. Persons having inquiries may contact the ADA and Section 504 district coordinator, 201 N. Water, Wichita, KS  67202, (316) 973-4631.

In collaboration with:

Children’s Cabinet Fund
United Way
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