



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

## **Lake Norman YMCA Parents Morning Out**

Welcome to the Lake Norman YMCA Parents Morning Out Program. We are very excited to have you and your child join us and are looking forward to an AWESOME morning!

Parent's Morning Out is a drop-off care program for ages 6 weeks to 6 years old. This is a first come, first serve program to be utilized in one of two different time increments on Monday through Friday mornings. Your child can stay for either 2 or 4 hours per day. We offer 3 different time blocks each morning: 8:30 am – 10:30 am; 10:30 am to 12:30 pm; 8:30 am – 12:30 pm. For the safety of all participants, PMO will take a maximum of 12 children per two hour block of time.

This YMCA program is not licensed and must adhere to The YMCA of Greater Charlotte quality standards. Drop-In Care is not required to be licensed and regulated by the State Department of Child Development.

Additional Information: Please send your child with a healthy, peanut free snack ( or bag lunch if staying for the full four hours.) All bottles must be prepared by parent. Immunization records are required to be on file with the Lake Norman YMCA in order to participate in the Parents' Morning Out program.

**Children may not participate in the following programs or a combination of the following programs for more than four hours in a 24 hour period in a Charlotte YMCA or a combination of Charlotte YMCA's: Children's Enrichment Programs, Unlicensed Parents Morning Out, Childwatch (drop-in child care) and Unlicensed Afterschool.**

**YMCA Mission:** To put Christian principles into practice through programs that build healthy, mind, and body for all.

# LKN YMCA Parents Morning Out Registration Form

YMCA Member Yes  No

Member # \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## **Child # 1**

Please circle Male Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

## **Child # 2**

Please circle Male Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

## **Child # 3**

Please circle Male Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

## **Authorized Pick Up and Emergency Contact Information**

Children will only be released to the legal guardians or responsible adult listed. Every authorized individual must show a photo ID in order for us to release a child. Please list any persons authorized to pick up your child or to call in case of an emergency.

### **Parent/Guardian and Authorized Pick Up #1**

Name \_\_\_\_\_

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

Cell# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Number (if different) \_\_\_\_\_

### **Parent/Guardian and Authorized Pick Up #2**

Name \_\_\_\_\_

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

Cell# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Number (if different) \_\_\_\_\_

## **Additional Authorized Pick Up**

### **Authorized Pick Up #3**

Name\_\_\_\_\_

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

Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Date of Birth\_\_\_\_\_ Relationship\_\_\_\_\_

### **Authorized Pick Up #4**

Name\_\_\_\_\_

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

Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Date of Birth\_\_\_\_\_ Relationship\_\_\_\_\_

### **Authorized Pick Up #5**

Name\_\_\_\_\_

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

Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Date of Birth\_\_\_\_\_ Relationship\_\_\_\_\_

# Medical Information

Please complete and turn in along with registration packet.

## Insurance Information

Is the child covered by family/medical hospital insurance? Yes No

If yes, indicate carrier or plan name\_\_\_\_\_

Group Policy#\_\_\_\_\_ Name of insured\_\_\_\_\_

Relationship to Child\_\_\_\_\_

Please list **ALL** known medication, food, and other allergies.

Allergies\_\_\_\_\_

(While the YMCA of Greater Charlotte is committed to a peanut allergy friendly facility, we cannot guarantee that peanuts will not find their way into our facility. We ask that you continue to take every precaution to protect yourself and your children from unwanted exposure to peanut allergens. If your child has ANY food allergies, please let us know.)

Medications\_\_\_\_\_

Medication will not be administered by the YMCA unless it is for allergies. A Medication Release Form needs to be signed and all medication needs to be prescribed by a physician, in its prescribed container with the child's name and dosage amount and placed in a Ziploc bag.

\*Please notify us of any changes to your child's health or insurance coverage throughout the year\*

## Immunization and Boosters

Please attach a copy of your child's immunization record, your child will not be able to start Parents Morning Out without turning in an updated immunization record.

Which of the following has your child had?

Measles    Chicken Pox    Mumps    German Measles    Hepatitis

## Family Physician

Name\_\_\_\_\_ Phone #\_\_\_\_\_

Address\_\_\_\_\_

Date of last Physical Exam\_\_\_\_\_ Operations or serious injuries\_\_\_\_\_

Disability or recurring illness\_\_\_\_\_

Activities limited by a physician\_\_\_\_\_

Dietary modifications\_\_\_\_\_

Any additional information about your child that we should be aware of\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Medical Waiver

This Health history is complete and accurate, and participant has permission to engage in all activities otherwise specified in writing. I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illness which my child may sustain as a result to his/her participation in Parents Morning Out, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

**While the Lake Norman YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children,** Parents Morning Out will not accept children who are (1) of danger to themselves, (2) of dangers to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the Parents Morning Out programs. Any of the above reasons will be grounds for dismissal from Parents Morning Out. A parent/guardian must discuss special conditions of circumstances involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations can be made for your child.

I agree to have my child examined within a reasonable time period by the family physician stating he/she is free from communicable disease and was not exposed to such. I hereby give my permission to the medical personnel selected by the YMCA director to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment including hospitalization for my child. **I understand that no accident or medical insurance is provided with this activity.**

I give permission to the YMCA of Greater Charlotte, without limitation or obligation to use photographs, film footage, tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

I have read and agree to all the policies set forth by the Lake Norman YMCA Parents Morning Out program.

Parent's Name (please print) \_\_\_\_\_

Child's Name (please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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# LKN YMCA Discipline Policy

**At the Lake Norman YMCA, we teach using positive redirection. In the event a child is having a difficult time following class rules or instructions our staff will use these steps outlined below as a guideline.**

## Minor Offenses

Minor Offenses include, but are not limited to, not listening, screaming, not sharing, etc. If a minor offense takes place in the class or Parents Morning Out Program the following will occur;

1. Give verbal warning and discuss the situation with your child. Then redirect your child helping them achieve the desired behavior.
2. Give another verbal warning and discuss the situation with your child. Then redirect your child helping them achieve the desired behavior.
3. If your child is continually disruptive and refuses to be redirected to positive behavior, the teacher will remove him/her from the classroom setting for a short period of time to think about the misbehavior leading to his/her removal from the group.
4. If the above steps does not remedy the situation and your child is continually disruptive, refusing to be redirected to positive behavior, the teacher will contact you to take him/her home for the remainder of the day

## Major Offenses

Minor Offenses include, but are not limited to, hitting, pushing, kicking, etc. If a major offense takes place in the class or Parents Morning Out Program the following will occur;

1. The teacher will remove the child from the group and directed to "take a break" from the activity" for a short period of time to think about the misbehavior.
2. If your child is continually disruptive and refuses to be redirected to positive behavior, the teacher will remove him/her from the classroom setting for a short period of time to think about the misbehavior leading to his/her removal from the group.
3. If the above steps does not remedy the situation and your child is continually disruptive, refusing to be redirected to positive behavior, the teacher will contact you to take him/her home for the remainder of the day
4. If after the third occurrence, the behavior that is putting any child in harms way within a 30-day period continues, we will call you to take your child home and he/she will be suspended from the program for one week.

## Biting

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. Toddlers bite other toddlers for many different reasons. A child might be teething or overly tired and frustrated. He or she may be experimenting or trying to get the attention of the teacher or his/her peers. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes biting occurs for no apparent reason. Teachers will encourage children to "use their words" if they become angry or frustrated and will maintain close, constant supervision of the children at all times. If biting takes place in the class or Parents Morning Out Program the Teacher will;

1. Calmly interrupt and stop the bite, if possible, with a firm, "NO...we don't bite people!"
2. Remove the "biter" from the situation and comfort the "bitten" child.
3. Examine the bite and clean the skin with soap and water then treat with ice.
4. Notify both parents of the biting incident and will fill out appropriate forms.
5. Maintain the confidentiality of all children involved.

While biting may be a normal stage that young child go through, it is something we do not want to encourage. Because it is a normal stage of development, the consequences will vary depending on the age of your child.

One and Two year olds are separated from their group and redirected on occurrence. If after the third occurrence, the biting continues within a 30-day period, we will call you to take your child home and he/she will be suspended from the program for one week

Three and Four year olds are separated from their class on occurrence and we will call to inform you about the incident. On the 2<sup>nd</sup> occurrence within a 30-day period, he/she will be suspended from the program for one day. After the third occurrence within a 30-day period, he/she will be suspended from the program for two days. Upon the fourth occurrence within a 30-day period we will request a meeting to discuss the incident.

Parent Name (Please print) \_\_\_\_\_ Child's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

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# LKN YMCA Childcare Wellness Policy

It is our sincere desire to provide quality care for your children while you take advantage of various services at the Lake Norman YMCA. It is absolutely imperative that we work together to make this happen. Please be advised that staff *will not* exclude your child from care *unless* one or more of the following conditions exist:

1. The illness prevents the child from participating comfortably in childcare activities (to include Child Watch, Parents Morning Out, Afterschool and Day Camp).
2. The illness results in a greater care need than the childcare staff can provide without compromising the health and safety of the other children.
3. The child has any of the following conditions:
  - a. **Fever**
  - b. **Signs of Possible Severe Illness:** Examples include lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing or other unusual signs – until medical evaluation allows inclusion.
  - c. **Uncontrolled Diarrhea:** Examples include one or more watery stools which cannot be contained by a diaper or more than two loose stools in a 24-hour period.
  - d. **Vomiting**

The presence of any symptoms related to the following illnesses can result in exclusion pending a health care provider's approval for the child to re-enter the childcare setting:

- **Pink Eye:** redness of eye with excessive discharge and itching
- **Scabies:** severe itching (sores may or may not be visible)
- **Head Lice:** white nits attached to hair shaft with or without itching
- **Tuberculosis:** fever, persistent cough, shortness of breath with chest pain, fatigue
- **Chicken Pox:** generally feel sick, fever and itchy rash of spots and blisters
- **Whooping Cough:** hard cough, shortness of breath, possible vomiting
- **Mumps:** flu-like symptoms, abdominal pain, swollen cheeks
- **Viral Hepatitis A:** fever, fatigue, nausea, loss of appetite
- **Measles:** cold-like symptoms, fever, red rash
- **Shingles:** headache, light sensitivity, flu-like symptoms with or without a fever, itching or pain at sight of rash
- **Cold Sores:** small blisters in or around the mouth that are red, inflamed and may ooze

All parents of non-ill children will be notified in case of a contagious disease exposure. If your child has any of the symptoms listed above, Lake Norman YMCA Child Care staff may require you to present a note from a health care professional certifying that it is safe for the child to return to care. Our teachers and staff are not health care professionals, so they must make the best call for the greatest outcome for the most people. Please give them your support as they attempt to provide a healthy place for your children receive care and instruction.

## **Lake Norman YMCA Health and Wellness Policy**

By notice of this letter, you agree to adhere to this policy. The staff of the Lake Norman YMCA reserves the right to remove any child from a child care program area who is exhibiting any of the above-mentioned symptoms. The child will be allowed to return when he/she has been symptom free for a minimum of 24 hours or with a written excuse from the child's doctor stating that the child is not contagious.

I agree to abide by the Lake Norman YMCA Health and Wellness policy and have received a copy of this policy.

Parent Name (Please print) \_\_\_\_\_ Child's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Medication Release Form

Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Classroom/Grade: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Original Prescribed Container: \_\_\_\_ Yes \_\_\_\_ No (Medication must be in its original, prescribed container)

Directions for taking medicine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_

Time to be administered: \_\_\_\_ AM/PM Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medication Rules**

- Only prescription medication will be allowed in the Parents Morning Out medication box.
- All medication needs to be prescribed by a physician, in its prescribed container with the child's name and dosage amount and placed in a Ziploc bag.
- It must be dropped off to the Parents Morning Out Program office along with this Medication Form completed by the parent(s).
- It is the parent's responsibility to ask for it back from the Parents Morning Out Program office.
- No medication is allowed in a child lunch box or book bag.
- Epi-pens will be handled by staff, only prescription Benadryl will be accepted for allergies.

These guidelines are for your child's safety. If you have any questions, contact the Childwatch Coordinator at 704-716-4470.

Parent's Name (please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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