



Welcome to SACC Summer Adventures 2024 for the Dubuque Y!

Summer Adventures registration will be open for current Y Care participants on Friday, March 8, 2024. We are only accepting 60 students this summer, so it will be very important for you to get your child's registration completed as soon as possible! We will open registration up to community members on March 18, 2022.

There are two locations being offered this summer:

- Dubuque Community YMCA located at 35 N Booth St, Dubuque IA, 52001
- DCY Early Learning Center located at 7788 Chavenelle Rd, Dubuque IA, 52002
 - Each location will accept a maximum of 30 children. Location preference will be accommodated until spots are filled at one location.

Families can register for the weeks that they want and will only be charged for those weeks. We will bill your account weekly on the Friday before the week begins. Please see the attached billing calendar for the Summer of 2024. If you register for a week of care and then discover that you do not need that week, you may give us a two week notice to eliminate that week from your billing cycle. If you do not give a two week notice, you will be charged in full for the weeks that you have registered for.

Attached is our brochure for the summer that shows the weekly themes as well as potential field trip options. We will hopefully be swimming at least twice a week and you will have a schedule for your particular child's group that tells you what days that will happen. **On field trip days you MUST have your child to the Y a minimum of 15 minutes before departure time.** We will not allow children to be dropped off at a field trip site due to insurance regulations.

In order to register for the summer program, you will be required to complete a registration packet. We do need you to complete a packet on **each** child that you are wanting to attend our program. You will receive a confirmation email that either confirms your child's registration or tells you what items we are missing and are needed before registration can be confirmed. It is a DHS requirement that every child's file is updated annually per program.

In addition to the packet that you will complete, you will also be required to pay a \$30.00 activity fee and submit the payment option form. This form is a part of your registration packet and you will need to print it and complete it and return it to the Y at 35 N Booth Street with a canceled check or a copy of the front and back of the credit card you will be using this summer.

The Iowa DHS requires us to have a copy of all children's immunization records on file at the Y for children in our building. Children who do not have an immunization record on file at the Y will not be allowed to register for the summer.



2024 SUMMER ADVENTURES FEE CONTRACT

YMCA EARLY LEARNING CENTER YMCA BOOTH ST

Location preference will be accommodated until a site is filled up.
All children enrolled after, will attend the site with spots left.

Child's Name _____ **Birth Date:** _____ **Sex:** _____
(Last) (First) (Middle)

Address: _____ **Zip Code:** _____

Grade Level Previously Attended _____

Primary Payer: _____ **Relationship to Student:** _____

DOB: _____ Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

Secondary Payer: _____ **Relationship to Student:** _____

DOB: _____ Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

Marital Status: Married Divorced Separated Single Widowed

If there is a custody issue of which we should be aware, please explain: _____

Agency Assistance: None DHS* Promise Jobs CCR&R Y Scholarship Other:

*Please note that, by selecting this option, you acknowledge that you are responsible for any weekly fees that may be incurred if your DHS Child Care Assistance application is denied or if your approval lapses. Billing information must be completed.

Check boxes for the WEEKS your child will be attending: (Program will not run on July 4)

ALL WEEKS	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if your child will be attending the Summer Reading Program in July through the Dubuque Community School District

*ALL SCHEDULE CHANGES INCLUDING VACATION NEED TO BE SUBMITTED IN WRITING TO THE FINANCE DIRECTOR TWO WEEKS IN ADVANCE

Weekly Rates

Weekly Member Fee: \$169 **Weekly Non-Member Fee: \$199**

*Must have a 1 or 2 adult household membership for member rate.

Additional Information: ALL FEES ARE PAID **ONE WEEK** IN ADVANCE.

**-PAYMENT OPTION 1-
DUBUQUE COMMUNITY Y**

Child Care CREDIT CARD Authorization Form

You must choose either option 1 or option 2

1. **Credit Card Only (Auto draft 1 week in advance)** I (we) authorize the Dubuque Community Y to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque Community Y to use their third party processing company to create, capture, and transmit all credit card information. I (we) indemnify and hold harmless the Dubuque Community Y from any and all liability resulting from any and all transactions. All disputed will be directed to and addressed by and between the Dubuque Community Y and the below signed cardholder. The Dubuque Community Y accepts MasterCard, VISA, Discover and AMEX. Credit cards on file are subject to a 3% processing fee.

Card #: _____ Exp. Date: _____ 3 digit code: _____

Cardholder Billing Address: _____ City, State, Zip: _____

**-PAYMENT OPTION 2-
DUBUQUE COMMUNITY Y**

Child Care ACH BANK DRAFT Authorization Form

You must choose either option 1 or option 2

2. **ACH Bank Draft Authorization (Auto draft 1 week in advance)** I (we) authorize the Dubuque Community Y, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicted below. I (we) authorize the Dubuque Community Y to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque Community Y to use their third party processing party sender, to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the United States Law. ACH drafts are non-subject to the 3% processing fee.

Please attach a voided check or deposit ticket

Bank Name: _____ Account Type (circle): Checking/Savings

Routing/Transit #: _____ Acct #: _____

Summer Adventures – fees will be deducted on the Friday prior to the week care is provided.

Declined Credit Card / Non-sufficient funds fee - \$15.00

I understand that payment for service is due no less than one week in advance. I understand that service may be suspended if I fail to keep my account current without making satisfactory payment arrangements. In addition, I understand it is my responsibility to provide **written notice at least two week in advance** to stop service. If you stop service and withdraw from the program, you will be responsible for paying an additional registration fee to return to care. I understand that I will be charged for the schedule for which I have registered and that no refunds will be given unless the change in schedule is pre-approved by the program director.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

(REQUIRED)

I have been informed of the current Dubuque Community Y Child Care Handbook that is located at the Summer Adventures check-in.

Parent/Guardian Signature: _____ **Date:** _____

PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACT PERSON(S) Must have one non-parent pick up/contact			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
PERSONS AUTHORIZED TO PICK UP CHILD		ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
-------------	-------------

*PHYSICIAN NAME (required)	DENTIST NAME (required)
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE (required)	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

This consent will be in effect for one year beginning (date) _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



Parent/Guardian Permission Page

Name of Child _____ Date of Birth _____

General Walk (Y Creative and Finley/DCY)

- Yes, I give permission for my child to take a short educational walk, weather permitting around the block or to a nearby park. I understand additional staff, emergency information, and first aid bag will accompany the group.
- No, my child may not leave the Center Grounds during Childcare.

POOL

- Yes, I give permission for my child to participate in swimming at the Dubuque Community Y small pool during Childcare/Preschool Swims. I understand that each child will be provided with a safety flotation belt, additional staff in the water, and lifeguard on duty.
- No, my child may not participate in swimming activities. Rather, my child will be offered alternative activities in the classroom.

SUN SCREEN

As the parent/guardian of the above child, I recognize that too much sunlight can negatively impact my child's skin. Therefore, I give my permission for staff at the Dubuque Community Y Childcare to apply Banana Boat Sunscreen, SPF 50, to my child as specified below, when they will be playing outside, especially during the months of March through October, between the times of 10am and 4pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all the applicable information regarding the type and use of the sunscreen.

- I do not know of any allergies my child has to sunscreen. Staff may use the Y sunscreen provided following the directions or recommendations printed on the bottle.
- My child is allergic to some sunscreens. Please only use the following brand(s) and types(s) of sunscreen that I will provide _____
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

PICTURE RELEASE

I do ____/do not ____ give consent to have my child photographed or videotaped for use by the Dubuque Community Y in newspapers, publicity, advertisement, or for educational purposes without compensation.

Parent/Guardian full name (print) _____

Parent/Guardian signature _____ Date _____

SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

Must be completed by parent or guardian

HEALTH STATEMENT

CHILD'S FULL NAME _____ BIRTH DATE _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

PHYSICAL ASSESSMENT

1. Is there any defect of vision, hearing, or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

Other information you would like to share:

I certify that the child listed above has immunization records on file in their respective school office. I understand if my child is attending care that is not at their school site, I am required to provide a copy of immunization records. They can be submitted to the Dubuque YMCA via fax (563-556-2728) or via email to jbryant@dubuquey.org.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



**DUBUQUE COMMUNITY Y
CHILD CARE AND SOCIAL SERVICES
SUMMER ADVENTURES / Y CARE
CODE OF CONDUCT**

Child's Name _____

1. Check into the YMCA Program in designated location promptly upon arrival.
2. Keep my personal belongings in my bag – do not bring items such as toys, cell phones, CD players, MP3 Players and I Pods or any hand held games. (Unless otherwise approved ie: technology day)
3. Remain seated and quiet during roll call and announcements- answer only for myself.
4. Follow all Summer Adventures / Y Care rules. Including the core values of caring, honesty, respect and responsibility.
5. Follow instructions given by my Summer Adventures / Y Care staff.
6. Tell the Staff if I am sick or hurt.
7. Respect all other children and the Summer Adventures / Y Care staff at all times.
8. Respect the property of others including: other children, Summer Adventures / Y Care, Dubuque School's and Community partners.
9. Help in cleaning up after myself in all activities.
10. Never leave the program area without permission from a Summer Adventures / Y carestaff member.
11. Failure to follow instruction of staff will result in a time out. Children agree to follow the Time Out instructions of the Summer Adventures / Y Care staff:
 - For each Code of Conduct violation there may be a 5-12 minute time out, up to 3 time outs per day.
 - Parents will be called to pick up any child who does not follow directions after 3 time outs, or if it is deemed that the child is unable to follow directions.

Definition: A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one-on-one attention; is inflicting physical or emotional harm on other children; is physically and or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

Child's Signature

Date

Parent's Signature

Date

Staff Signature

Date