

TRI-TOWN YMCA Y KIDS & ADVENTURE CLUB 2025-2026 HANDBOOK



For a better us.®



Tri-Town YMCA

136 S Cornell Ave, Villa Park, IL 60181

tritownymca.org | 630.629.9622

Tri-Town YMCA Mission Statement

Tri-Town YMCA has three areas of focus supportive of its mission to unite and serve all persons in order to strengthen the community and the individual through growth in body, mind and spirit.

These three areas of focus are: Youth Development, Healthy Living, and Social Responsibility.

Information in this handbook is subject to change at the discretion of management at anytime.

Site Contact Information

Tri-Town YMCA's Administration Offices are open M-F, 7:00 AM to 6:00 PM and are located inside of the former St. Alexander School. The following are the telephone numbers that you can reach us at during the day and before and after office hours:

Administration Office & Contact Information

Monday - Friday
6:30AM - 6:00PM
630.629.9622

Attendance Line Contact Information

Monday - Friday
6:30AM - 6:00PM
630.629.9622



Welcome Tri-Town YMCA Y Kids & Adventure Club Families!

We are eager to see everyone for this year's before and after school program and on days when school is not in session (School Day Off programming). The goal of Tri-Town YMCA's before and after school programming is to provide your children with nurturing experiences in small group environments that keeps them exploring and learning while gaining a sense of achievement and belonging while boosting their confidence and discovering his/her individual potential! Daily schedules will be centered around enrichment activities, homework time, and building social skills.

Tri-Town YMCA's before and after school program is for children in Kindergarten to 8th Grade. The program and the site where the program is operated is not licensed or regulated by the Department of Children and Family Services (DCFS). However, many of our rules do adhere to DCFS standards. Following this letter is our handbook where you can find information about routines, policies, and procedures. Please go over this information with your child so they are aware of what to expect when they attend Tri-Town YMCA before and after care programming.

Our program blends in the enhanced safety and sanitation practices that supports a safe environment for everyone. We continue to routinely evaluate our policies with the local and state health departments, the Centers for Disease Control, and other organizations focused on youth health and well-being. Should information change, we will communicate this information with you via email. While we understand that everyone has their own personal preference outside of the school environment, we do ask that everyone supports a positive environment that is in adherence to the current mandates/requirements of federal, state, and local governing bodies for school and childcare environments.

In the 2025-2026 school year, Tri-Town YMCA will be transitioning to a new registration software as our current software will be sunseting. Our plan is to make the move over to the new software by October 1, 2025. More information will be shared with families as we get closer to the launch date. We appreciate everyone's patience as we work to provide you with an improved registration, check-in/out, and billing experience.

Should you have any questions, please do not hesitate to reach out to us. We look forward to supporting your family in a way that is meaningful during this very unprecedented time.

Sincerely,

Patty

Patty Ibarra
Operations Director

Sue

Sue Pasquale
Program Director

TABLE OF CONTENT

	<i>Page Number</i>
Tri-Town YMCA Employees	3
Arrival & Dismissal	3
Pick Up & Drop Off Time	3
Pick Up & Drop Off Doors	4
Late Pick Up	4
Registration & Registration Fee	4
Registration Paperwork	5
Program Fee & Payment Plan	5
Schedule Changes	5
Financial Assistance/Child Care Assistance Program	5
Refund Policy	5
What to Wear	6
What to Bring	6
Firearms Policy	6
Snacks & Water	7
Curriculum	7
Outdoor Play	7
Celebrating Special Occasions & Holidays	7
Sample Daily Schedule	8
Program Locations	9
Behavior Expectations	9
Medication Administration	9
Restroom Breaks	10
Washing Hands & Facility Cleaning Routines	10
Sick Child	10
Registration Form	11—13
Code of Conduct Form	14
Medication Authorization Form	15
Allergy Action Plan	16—17
Diabetes Action Plan	18—19

Please note, all information in this handbook is subject to change.

***For general registration information,
please contact our Administration Office or visit tritownymca.org.***

Tri-Town YMCA Employees & Program Ratios

Tri-Town YMCA employees are professional people ready to provide your child with an enriching experience that supports their academic and social emotional learning. Our employees are all CPR, First Aid, and AED certified in addition to having education and/or experience working in child development. Employees are required to complete comprehensive background checks as part of their employment with Tri-Town YMCA and the facility engages and complies with the background check and clearance procedure through Illinois Department of Human Services CCAP currently available for license exempt CCAP providers . All volunteers and volunteers must be fingerprinted and processed through IDHA system. If any employee or volunteer does not pass the background check, that individual will not be employed or allowed to volunteer. Our staff to participant ratio is one staff member to every ten children and is better than the state requirements (1:20 for school-age children).

Arrival & Dismissal

This program meets daily, Monday-Friday. On days when school is off, we offer School Days Off programming. You must be pre-registered to attend all Tri-Town YMCA Before, After, and School Day Off programming. The table on this page indicates the program drop-off and pick-up times for the session your child is enrolled.

Participants are to be dropped off/picked up by the aforementioned designated time by a parent/guardian or a designated adult 18 years or older. A parent sign-in/out procedure is in place and must be followed each day. If there is a change in the authorized pick up and that person is not on the list, we must receive this information in writing via email. Parents may also add additional designated adults to pick up their child; they may do so by completing a paper form and submitting it to Tri-Town YMCA's Administration Office. If you would like for your child to be released at the end of the program to walk/bike home, a written release must be sent via email. Participants will not be released if this procedure is not followed. Staff may ask for a photo ID until they become familiar with the child's pick up person.

If a participant will be arriving late or departing early, please inform the Office in writing or by calling the Tri-Town Administration Office as soon as possible. The phone number that can be called M-F, 7:00AM-6:00PM is 630.629.9622. Chronic last-minute schedule changes, will be subject to a \$10 change fee per occurrence.

Tri-Town YMCA Before & After School Care & School Day Off Drop Off & Pick Up Times

Site	AM Care Time	PM Care Time
Ardmore	7:00AM - 8:00AM	2:40PM - 6:00PM
Glen Westlake	6:30AM - Start of School Day*	2:45PM - 6:00PM*
Jackson	6:30AM - Start of School Day*	3:20PM - 6:00PM*
Jefferson	6:30AM - Start of School Day*	3:20PM - 6:00PM*
North	7:00AM - 8:00AM	2:40PM - 6:00PM
Pleasant Lane	6:30AM - Start of School Day*	3:15PM - 6:00PM*
Schafer	7:00AM - 8:00AM	2:40PM - 6:00PM
Stevenson	7:00AM - 8:00AM	2:40PM - 6:00PM
Westmore	7:00AM - 8:00AM	2:40PM - 6:00PM
York Center	6:30AM - Start of School Day*	2:40PM - 6:00PM**
School Day Off @ Tri-Town YMCA	6:30AM - 6:00PM	7:00AM - 6:00PM

*Indicates care is provided at YMCA/St. Alexander Site and participants are transported to/from school in YMCA vehicle.

**Indicates care is provided at York Center School and participants are transported from Stevenson to York Center in YMCA vehicle.

In the event of low enrollment, participants may be consolidated and transported to/from Tri-Town YMCA in a YMCA vehicle.



Pick Up/Drop Off Doors

An authorized adult must be present for drop off/pick up. The following are the doors where you will pick up/ drop off your child for Y programming.

Site	Door #	Site	Door #
Ardmore	12	Schafer	3
Glenn Westlake*	1 @ St. Alexander	St. Alexander	1
Jackson*	1 @ St. Alexander	Stevenson*	11 @ York Center / 1 @ St. Alexander
Jefferson*	1 @ St. Alexander	Westmore	5
North	1	York Center*	11 @ York Center / 1 @ St. Alexander
Pleasant Lane*	1 @ St. Alexander		

*Indicates door where your child will be picked up by YMCA vehicle. Stevenson students will be taken to York Center School for after care, all other sites with an * will be taken to St. Alexander for after care.

Late Pick Up

If a participant is picked up after their designated time, a \$1 fee will be charged for every minute late. For families with multiple children, the fee will be assessed for each participant. For any participants who are not picked up within one hour, every attempt will be made to contact the parent/guardian. If no contact is made, every available phone number on the child’s emergency contact list will be called. If no contact is made, the local police will be contacted. Late fees will be automatically charged to your credit card.

Registration & Registration Fee

Registration will be open on July 12, 2025 and remain open throughout the school year. There will be a \$35 Registration & Supply Fee for each child that is due at the time of registration.

Registration Paperwork & Requirements

Per the requirements of the State of Illinois, all participants will need to have completed and submitted the following documents and must be enrolled in school (Kindergarten—8th Grade, sorry no pre-k intervention programming is available at this time):

- Authorized Pick-up Form with Insurance & Primary Care Physician/Pediatrician’s Contact Information
- Copy of Birth Certificate
- Copy of Immunization Record
- Participation Waiver/Registration Form
- Medication Administration Form (if applicable)
- Credit Card Authorization Form

These materials may be uploaded into your registration portal online or you may email them to us.

Program Fees & Payment Plan

There is a nonrefundable \$35 per child Registration & Supply Fee that is due at the time of registration. The daily program fees are outlined in the chart below and must be paid at the time of registration or you may elect to participate in a weekly payment plan (billing is completed on Fridays). Fees will not be prorated if a child does not attend program. Program fees must be paid in full on the Friday before the week of program starts. All families will be required to keep a valid credit card on file. Credit cards will be charged on the Friday prior to the start of the program week. Credit cards that do not go through at the time of processing will be subject to a \$10 late payment fee. Participants enrolling after the program begins may be subject to additional fees. **Families that are on the Child Care Assistance Program and do not communicate changes or absences, will be subject to paying the full daily fee.**

Program	Per Child Daily Fee
AM Care	\$9
PM Care	\$21
Early Release Days	\$36
School Days Off	\$50

Schedule Changes

Schedule changes must be communicated by midnight the Thursday prior to the week of care. These are to be communicated in writing via email. This allows us the time to adjust billing and staffing. Chronic last-minute schedule changes, will be subject to a \$10 change fee per occurrence.

Financial Assistance/Child Care Assistance Program

Tri-Town YMCA does accept enrollments into programs from families who are approved for YWCA’s Child Care Assistance Program (CCAP). You must have approval documentation from YWCA naming Tri-Town YMCA as a care provider to be approved for reduced fees/monthly copay. If you need help completing your CCAP paperwork, please contact our Administration Office at 630.629.9622.

Refund Policy

Tri-Town YMCA reserves the right to cancel, postpone, or combine groups for any reason found to be necessary by the staff. If insufficient enrollment causes a program to be cancelled, participants will receive a FULL REFUND. Please allow up to four (4) weeks for refund processing. No written request for a refund on a program that is cancelled by Tri-Town YMCA will be required.

All requests for program refunds/cancellations must be sent in an email to Tri-Town YMCA. Refunds/transfers requested less than five days to the start of the program week will not be considered unless there is medical documentation from a doctor included with the request. **Refunds will not be issued for days missed or planned days off that are not communicated in advance per the Schedule Changes section of this Handbook. All refunds/cancellation or transfer requests will be assessed a \$10 service fee.**



What to Wear

Participants are to follow School District 45's Student Dress Code Policy. Participants should wear clothing that is comfortable and appropriate for the weather. ***Open-toed shoes are not allowed*** as they offer little protection against sticks and other objects that are out in nature.

What to Bring

Each day, participants should bring the following items marked with their name:

Backpack

Homework

Medication, if applicable

Water Bottle

Unless otherwise arranged, please do not bring toys, electronic devices, or cell phones. Absolutely no firearms, knives, or weapons are permitted.

Firearms Policy

Pursuant to the State of Illinois, a "no firearms allowed" sign is posted at each entrance door of the facility. Firearms are prohibited at the facility.



Snacks & Water

Tri-Town YMCA will provide all participants with a healthy afternoon snack each day. Participants may also bring their own snacks for the morning and afternoon. Should a participant have special dietary needs or would prefer to bring their own food, they are welcome to do so, but please inform your instructor so that we can order the correct quantity of meals. On days when school is out early or it is a day off of school, please pack and send your child with a sack lunch. Please keep in mind that Tri-Town YMCA endorses a healthy eating environment. We ask that sodas, sugary beverages, candies/desserts, and fried foods are not brought to program. Participants are to bring a water bottle with them to program each day so that they can stay hydrated throughout the day.

Curriculum

The Tri-Town YMCA will incorporate age-appropriate, hands-on personal growth and learning experiences. Curriculum areas will include science, technology, engineering, arts, mathematics (STEAM) as well as reading and writing activities that focuses on building and mastering academic and social emotional skills. Participants will also have designated times right at the start of the afternoon to work on homework.

Outdoor Play Time

Each day when weather permits, participants will spend time outside taking nature walks, jumping rope, or participating in other non-contact fitness/wellness activities. If a participant needs to be picked up early and it is during outdoor play time, please be sure to make arrangements with your child's instructor as soon as possible so a pickup plan can be developed and other staff can be notified.

Celebrating Special Occasions & Holidays

Should your child's birthday fall during program time, you may consult with your child's instructor about bringing in items such as prepackaged store-purchased, non-peanut treats, bubbles, stickers, coloring books, etc. that may be handed out to other participants. Should there be a special holiday such as Halloween, Thanksgiving, etc., your child's Instructors will contact you in advance so you can plan accordingly.



Sample Daily Schedules

These schedules are a sample of what the day look like and are subject to change based upon the daily program needs. You will also receive a more detailed calendar of what your child's schedule will be for the week along with a menu.

Early Release & School Days Off	
7:00AM	Open Gym
9:00AM	Small Group Activities (may include outdoor/gymnasium play)
10:00AM	Snack
11:45AM	Lunch in Gymnasium
12:45PM	Small & Large Group Activities
3:00PM	Snack
4:00PM	Free Play
6:00PM	Program End Time
3:00PM	Dismissal
3:00PM-5:30PM	Afternoon Free Play

Before School Care	
7:00AM	Site Opens (St. Alexander opens at 6:30AM) Sanitize Hands Free Play/Centers

After School Care	
2:30PM	Washroom/Handwash Break & Snack Time
3:00PM	Homework Time
4:00PM	Outdoor/Gymnasium Play
4:45PM-5:30PM/6:00PM	Free Play/Center Play/STEAM Activities

On School Days Off & Early Release Days, participants will have additional STEAM , free play, and outdoor/gymnasium time. Unless otherwise noted, participants are to bring their own lunch on School Days Off & Early Release Days.



Program Locations

The YMCA's before and after school programs take place in designated School District 45 Villa Park school buildings and at the YMCA's main location at St. Alexander School in Villa Park.

- Access to the secured space is controlled.
- All parents/guardians are to remain outside of the building during pick up and drop off time. YMCA and District Staff, therapists, and participants are permitted inside of the building.
- As much as possible, we will be outdoors for structured activities, supervised free play, and meal breaks.
- Anyone entering or exiting the site will be required to wear face coverings until safely outside and at least six feet away from anyone else.

Behavior Expectations

All Tri-Town YMCA participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in Tri-Town YMCA vehicles/school buses.
- While riding in Tri-Town YMCA vehicles/school buses, riders are to remain seated forward and keep the aisle clear.

Participants will be required to sign a Code of Conduct (included in this packet) in order to participate in program. Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming. Parents will be notified by Y staff during pick up time of any concerns that may have come up during program time. **No refunds will be issued for participants dismissed from programming.**

Medication Administration



If a participant has prescribed medication that needs to be administered during program, a Medication Authorization Form is to be completed. All medications must be in the original packaging and include the name of the participant and the prescribing doctor's name. For everyone's safety, medication will be stored in a locked area and will be returned to the participant's parent at the end of the week.

Participants who have asthma or anaphylaxis will be permitted to carry their medications with them so that they can immediately administer it in the event of an emergency situation. You may be asked to complete a separate form for inhalers or epi-pens so that our staff is informed of your child's needs. Participants who are diabetic will be asked to complete a diabetes care plan prior to the first day of program. These forms are included as part of this handbook.

Restroom Breaks

All program participants must be able to use the restroom and be toilet trained. Throughout the day, participants are provided breaks to utilize the restrooms together as a group. In the event that a participant needs to use the washroom outside of the designated break time, the staff will bring the participant to the nearest washroom and also bring a third person so that no one is left alone.



Washing Hands & Facility Cleaning Routines

Healthy hand hygiene helps to minimize the spread of germs and is practiced as part of all YMCA programming. Participants and staff will be expected to wash their hands at the arrival to program, as they prepare to eat snacks or meals, and whenever they cough/sneeze into their hands. If your child has a skin condition that requires moisturizer to be used after hand washing, please advise your Site Coordinator.

Tri-Town YMCA has equipped its staff with disinfectants that are approved and provided by School District 45 Villa Park. Staff will be required to wipe down high-touch surfaces hourly or as often as needed to minimize the spread of germs (i.e. doorknobs, light switches, tabletops, etc.). If your child has a sensitivity to disinfectants, please advise your child's instructor so that alternative plans can be made.



Sick Child

Participants must be free of fever and contagious illnesses to attend Tri-Town YMCA programming. If your child(ren)/ward(s) do/es not feel well or has/have a fever, please do not bring them to program until they are feeling well and are free of fever for at least 24-consecutive hours. Per State of Illinois law, a doctor's note may be required to return to program.

If a child becomes sick while at program, their primary contact will be called and if that contact is not reachable, Y staff will reach to the next person on the child's contact list.



TRI-TOWN YMCA 2025-2026 Y KIDS & ADVENTURE CLUB REGISTRATION FORM

Directions: This form is to be completed for each participant in Y Kids or Adventure Club programming regardless if registering online, in-person, or by mail. Please legibly print and complete all components of the registration form. If there are sections that do not apply, please enter N/A. Please submit your registration via:

Email: officeassistant@tritownymca.org **OR Mail/Drop Off:** Tri-Town YMCA, 136 S Cornell Ave, Villa Park, IL 60181

There is a \$35 registration fee due at the time of enrollment. Please make checks payable to Tri-Town YMCA. Incomplete forms may delay processing. Need help, call 630.629.9622.

PARTICIPANT INFORMATION			
First Name:		Last Name:	
Birthdate:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Race (this is collected for grant purposes): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races		School Grade Entering Into: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	
What School Will Your Child Be Attending in Fall? <input type="checkbox"/> Ardmore <input type="checkbox"/> Glenn Westlake <input type="checkbox"/> Jackson <input type="checkbox"/> Jefferson <input type="checkbox"/> North <input type="checkbox"/> Pleasant Prairie <input type="checkbox"/> Schafer <input type="checkbox"/> Stevenson <input type="checkbox"/> Westmore <input type="checkbox"/> York Center <input type="checkbox"/> Other _____			
Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, please attach a copy of IEP		Do you approve for Tri-Town YMCA to share information about your child with your child's school district, school, teacher, and/or support staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you approve for your child's school district, school, teacher, and/or support staff members to share information with Tri-Town YMCA about your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tri-Town YMCA works in partnership with Northeast DuPage Family & Youth Services (NEDFYS) to provide social emotional learning curriculum during Y Kids programming thanks to a grant from the DuPage Community Transformation Partnership program. As a part of this grant, we also are able to provide free individual counseling services on-site during after school programming. Would you like to be contacted to learn more about free individual, group, or family counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you approve for Tri-Town YMCA to transport your child/ward to/from school, for field trips, and/or for emergency purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you wishing to apply for Child Care Assistance Program (CCAP) and/or have you been approved for CCAP? <input type="checkbox"/> No, I do not wish to apply <input type="checkbox"/> Yes, I wish to apply/learn more <input type="checkbox"/> Yes, I have been approved and have a current CCAP case			

PARENT/GUARDIAN 1 CONTACT INFORMATION	
Please indicate your relationship to the participant. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:
Street Address:	City, State, Zip Code:
Primary Phone Number:	Secondary Phone Number:
Email Address:	Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Employer Phone:

PARENT/GUARDIAN 2 CONTACT INFORMATION	
<input type="checkbox"/> There is not a second parent/guardian contact	
Please indicate your relationship to the participant: <input type="checkbox"/> There is not a second parent/guardian contact <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:
Street Address (if different from above):	City, State, Zip Code:
Primary Phone Number:	Secondary Phone Number:
Email Address:	Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Employer Phone:

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD/WARD				
First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT'S MEDICAL INFORMATION	
Has the participant been diagnosed with or being evaluated for any of the following medical conditions. If yes, please use the space to explain. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia <input type="checkbox"/> Yes <input type="checkbox"/> No Circulatory Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy (seizures) <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia <input type="checkbox"/> Yes <input type="checkbox"/> No Autism <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Dermatological Condition (Acne, Eczema, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Digestive Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s) </div> <div style="width: 33%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Palsy <input type="checkbox"/> Yes <input type="checkbox"/> No Endocrine Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS </div> </div>	
Please describe medical conditions: _____	

MEDICAL PROVIDER INFORMATION				
Pediatrician/Doctor's Name	Doctor's Phone	Insurance Provider Name	Insurance Group #	Insurance Phone

MEDICATION INFORMATION (Complete only if medication needs to be distributed to participant during programming)
Does the participant take medication that needs to be administered during the program meeting time? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will the participant be carrying an autoinjector (epipen) or inhaler with them at program? <input type="checkbox"/> No <input type="checkbox"/> Yes

ADA COMPLIANCE
Tri-Town YMCA intends to comply with the intent and spirit of the Americans with Disabilities Act to provide reasonable accommodations. Does the participant have a special need? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe need _____

REGISTRATION CHECKLIST
Registration Checklist <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> I have enclosed my child's completed registration form with emergency contacts. <input type="checkbox"/> I have included a copy of my child's immunization records. <input type="checkbox"/> If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan. </div> <div style="width: 50%;"> <input type="checkbox"/> I have included a copy of my child's birth certificate. <input type="checkbox"/> I have reviewed and included the Code of Conduct Form with my child. <input type="checkbox"/> I have completed the enclosed credit card authorization form. </div> </div>

PARTICIPANT WAIVER AND PHOTO/VIDEOGRAPHY RELEASE
<p>In case of MEDICAL EMERGENCY, I authorize Tri-Town Young Men's Christian Association (Tri-Town YMCA), its directors, officers, employees, agents, volunteers, and designees (collectively "Tri-Town YMCA") to take such emergency action as may be deemed necessary.</p> <p>Please read this form carefully and be aware that enrolling and participating in any program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.</p> <p>I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all program shall be at my or my minor child's/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program. I do hereby fully release and forever discharge the Tri-Town YMCA and the YMCA USA from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in release of all claims.</p> <p>I, hereby grant Tri-Town YMCA non-revocable permission to capture my/my minor child/ward image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that Tri-Town YMCA will own such Images and further grant Tri-Town YMCA permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to Tri-Town YMCA business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by Tri-Town YMCA prior to its use. I forever release and hold Tri-Town YMCA harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.</p> <p><input type="checkbox"/> Yes, I have enclosed the participant's birth certificate, immunization records. If applicable, diabetes, asthma and/or action plan.</p> <p><input type="checkbox"/> Yes, I have read and understand the above and Tri-Town YMCA's General Registration and Refund Policies.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> _____ Parent/Guardian Signature </div> <div style="width: 35%;"> _____ Date </div> </div>

2025 - 2026 Y KIDS/ADVENTURE CLUB DATE SELECTION

THIS PROGRAM FOLLOWS SCHOOL DISTRICT 45'S SCHEDULE. NON-D45 SCHOOL PARTICIPANTS WILL NEED TO SECURE ALTERNATIVE CARE ON EARLY RELEASE AND SCHOOL DAYS OFF THAT DO NOT ALIGN WITH THE BELOW SCHEDULE.

Please select the dates you wish to enroll your child into for the 2025 - 2026 school year. If you need to adjust your schedule, all adjustments need to be made the Thursday prior to the week of care. Any cancellations and/or adjustments made after this timeframe are not eligible for a refund and/or will be subject to a \$10 Administrative Fee. Families that have been approved for the Child Care Assistance Program and do not communicate schedule changes and/or do not call in an absence, will be charged the full daily rate.

☐ AM CARE \$9/Day

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/> 8/18	<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15
<input type="checkbox"/> 8/25	<input type="checkbox"/> 8/26	<input type="checkbox"/> 8/20	<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22
		<input type="checkbox"/> 8/27	<input type="checkbox"/> 8/28	<input type="checkbox"/> 8/29
		<input type="checkbox"/> 9/3	<input type="checkbox"/> 9/4	<input type="checkbox"/> 9/5
<input type="checkbox"/> 9/8	<input type="checkbox"/> 9/9	<input type="checkbox"/> 9/10	<input type="checkbox"/> 9/11	<input type="checkbox"/> 9/12
<input type="checkbox"/> 9/15	<input type="checkbox"/> 9/16	<input type="checkbox"/> 9/17	<input type="checkbox"/> 9/18	<input type="checkbox"/> 9/19
<input type="checkbox"/> 9/22	<input type="checkbox"/> 9/23	<input type="checkbox"/> 9/24	<input type="checkbox"/> 9/25	<input type="checkbox"/> 9/26
<input type="checkbox"/> 9/29	<input type="checkbox"/> 9/30	<input type="checkbox"/> 10/1	<input type="checkbox"/> 10/2	<input type="checkbox"/> 10/3
<input type="checkbox"/> 10/6	<input type="checkbox"/> 10/7	<input type="checkbox"/> 10/8	<input type="checkbox"/> 10/9	<input type="checkbox"/> 10/10
		<input type="checkbox"/> 10/15	<input type="checkbox"/> 10/16	<input type="checkbox"/> 10/17
<input type="checkbox"/> 10/20	<input type="checkbox"/> 10/21	<input type="checkbox"/> 10/22	<input type="checkbox"/> 10/23	<input type="checkbox"/> 10/24
<input type="checkbox"/> 10/27	<input type="checkbox"/> 10/28	<input type="checkbox"/> 10/29	<input type="checkbox"/> 10/30	<input type="checkbox"/> 10/31
<input type="checkbox"/> 11/3	<input type="checkbox"/> 11/4	<input type="checkbox"/> 10/5	<input type="checkbox"/> 11/6	<input type="checkbox"/> 11/7
<input type="checkbox"/> 11/10	<input type="checkbox"/> 11/11	<input type="checkbox"/> 11/12	<input type="checkbox"/> 11/13	<input type="checkbox"/> 11/14
<input type="checkbox"/> 11/17	<input type="checkbox"/> 11/18	<input type="checkbox"/> 11/19	<input type="checkbox"/> 11/20	<input type="checkbox"/> 11/21
FALL BREAK WEEK				
<input type="checkbox"/> 12/1	<input type="checkbox"/> 12/2	<input type="checkbox"/> 12/3	<input type="checkbox"/> 12/4	<input type="checkbox"/> 12/5
<input type="checkbox"/> 12/8	<input type="checkbox"/> 12/9	<input type="checkbox"/> 12/10	<input type="checkbox"/> 12/11	<input type="checkbox"/> 12/12
<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/16	<input type="checkbox"/> 12/17	<input type="checkbox"/> 12/18	<input type="checkbox"/> 12/19
WINTER BREAK WEEKS				
<input type="checkbox"/> 1/5	<input type="checkbox"/> 1/6	<input type="checkbox"/> 1/7	<input type="checkbox"/> 1/8	<input type="checkbox"/> 1/9
<input type="checkbox"/> 1/12	<input type="checkbox"/> 1/13	<input type="checkbox"/> 1/14	<input type="checkbox"/> 1/15	<input type="checkbox"/> 1/16
		<input type="checkbox"/> 1/21	<input type="checkbox"/> 1/22	<input type="checkbox"/> 1/23
<input type="checkbox"/> 1/26	<input type="checkbox"/> 1/27	<input type="checkbox"/> 1/28	<input type="checkbox"/> 1/29	<input type="checkbox"/> 1/30
<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 2/4	<input type="checkbox"/> 2/5	<input type="checkbox"/> 2/6
<input type="checkbox"/> 2/9	<input type="checkbox"/> 2/10	<input type="checkbox"/> 2/11	<input type="checkbox"/> 2/12	<input type="checkbox"/> 2/13
	<input type="checkbox"/> 2/17	<input type="checkbox"/> 2/18	<input type="checkbox"/> 2/19	<input type="checkbox"/> 2/20
<input type="checkbox"/> 2/23	<input type="checkbox"/> 2/24	<input type="checkbox"/> 2/25	<input type="checkbox"/> 2/26	
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/4	<input type="checkbox"/> 3/5	<input type="checkbox"/> 3/6
<input type="checkbox"/> 3/9	<input type="checkbox"/> 3/10	<input type="checkbox"/> 3/11	<input type="checkbox"/> 3/12	<input type="checkbox"/> 3/13
<input type="checkbox"/> 3/16	<input type="checkbox"/> 3/17	<input type="checkbox"/> 3/18	<input type="checkbox"/> 3/19	<input type="checkbox"/> 3/20
<input type="checkbox"/> 3/23	<input type="checkbox"/> 3/24	<input type="checkbox"/> 3/25	<input type="checkbox"/> 3/26	<input type="checkbox"/> 3/27
SPRING BREAK WEEK				
<input type="checkbox"/> 4/6	<input type="checkbox"/> 4/7	<input type="checkbox"/> 4/8	<input type="checkbox"/> 4/9	<input type="checkbox"/> 4/10
<input type="checkbox"/> 4/13	<input type="checkbox"/> 4/14	<input type="checkbox"/> 4/15	<input type="checkbox"/> 4/16	<input type="checkbox"/> 4/17
<input type="checkbox"/> 4/20	<input type="checkbox"/> 4/21	<input type="checkbox"/> 4/22	<input type="checkbox"/> 4/23	<input type="checkbox"/> 4/24
<input type="checkbox"/> 4/27	<input type="checkbox"/> 4/28	<input type="checkbox"/> 4/29	<input type="checkbox"/> 4/30	<input type="checkbox"/> 5/1
<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5	<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5	<input type="checkbox"/> 5/6
<input type="checkbox"/> 5/11	<input type="checkbox"/> 5/12	<input type="checkbox"/> 5/13	<input type="checkbox"/> 5/14	<input type="checkbox"/> 5/15
<input type="checkbox"/> 5/18	<input type="checkbox"/> 5/19	<input type="checkbox"/> 5/20	NO YMCA PROGRAM 5/21 & 5/22	

☐ SCHOOL DAYS OFF \$50/Day

Mon	Tue	Wed	Thu	Fri
	<input type="checkbox"/> 9/2			
<input type="checkbox"/> 10/13	<input type="checkbox"/> 10/14			
<input type="checkbox"/> 11/24	<input type="checkbox"/> 11/25	<input type="checkbox"/> 11/26		
<input type="checkbox"/> 12/22	<input type="checkbox"/> 12/23			<input type="checkbox"/> 12/26
<input type="checkbox"/> 12/29	<input type="checkbox"/> 12/30			<input type="checkbox"/> 1/2
<input type="checkbox"/> 1/19	<input type="checkbox"/> 1/20			
<input type="checkbox"/> 2/16				
				<input type="checkbox"/> 2/27
<input type="checkbox"/> 3/30	<input type="checkbox"/> 3/31	<input type="checkbox"/> 4/1	<input type="checkbox"/> 4/2	<input type="checkbox"/> 4/3

☐ PM CARE \$21/Day (Early Release \$36/Day)

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/> 8/18	<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15
<input type="checkbox"/> 8/25	<input type="checkbox"/> 8/26	<input type="checkbox"/> 8/20	<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22
		<input type="checkbox"/> 8/27	<input type="checkbox"/> 8/28	<input type="checkbox"/> 8/29
		<input type="checkbox"/> 9/3	<input type="checkbox"/> 9/4	<input type="checkbox"/> 9/5
<input type="checkbox"/> 9/8	<input type="checkbox"/> 9/9	<input type="checkbox"/> 9/10	<input type="checkbox"/> 9/11	<input type="checkbox"/> 9/12
<input type="checkbox"/> 9/15	<input type="checkbox"/> 9/16	<input type="checkbox"/> 9/17	<input type="checkbox"/> 9/18	<input type="checkbox"/> 9/19
<input type="checkbox"/> 9/22	<input type="checkbox"/> 9/23	<input type="checkbox"/> 9/24	<input type="checkbox"/> 9/25	<input type="checkbox"/> 9/26
<input type="checkbox"/> 9/29	<input type="checkbox"/> 9/30	<input type="checkbox"/> 10/1	<input type="checkbox"/> 10/2	<input type="checkbox"/> 10/3
<input type="checkbox"/> 10/6	<input type="checkbox"/> 10/7	<input type="checkbox"/> 10/8	<input type="checkbox"/> 10/9	<input type="checkbox"/> 10/10
		<input type="checkbox"/> 10/15	<input type="checkbox"/> 10/16	<input type="checkbox"/> 10/17
<input type="checkbox"/> 10/20	<input type="checkbox"/> 10/21	<input type="checkbox"/> 10/22	<input type="checkbox"/> 10/23	<input type="checkbox"/> 10/24
<input type="checkbox"/> 10/27	<input type="checkbox"/> 10/28	<input type="checkbox"/> 10/29	<input type="checkbox"/> 10/30	<input type="checkbox"/> 10/31
<input type="checkbox"/> 11/3	<input type="checkbox"/> 11/4	<input type="checkbox"/> 10/5	<input type="checkbox"/> 11/6	<input type="checkbox"/> 11/7
<input type="checkbox"/> 11/10	<input type="checkbox"/> 11/11	<input type="checkbox"/> 11/12	<input type="checkbox"/> 11/13	<input type="checkbox"/> 11/14
<input type="checkbox"/> 11/17	<input type="checkbox"/> 11/18	<input type="checkbox"/> 11/19	<input type="checkbox"/> 11/20	<input type="checkbox"/> 11/21
FALL BREAK WEEK				
<input type="checkbox"/> 12/1	<input type="checkbox"/> 12/2	<input type="checkbox"/> 12/3	<input type="checkbox"/> 12/4	<input type="checkbox"/> 12/5
<input type="checkbox"/> 12/8	<input type="checkbox"/> 12/9	<input type="checkbox"/> 12/10	<input type="checkbox"/> 12/11	<input type="checkbox"/> 12/12
<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/16	<input type="checkbox"/> 12/17	<input type="checkbox"/> 12/18	<input type="checkbox"/> 12/19
WINTER BREAK WEEKS				
<input type="checkbox"/> 1/5	<input type="checkbox"/> 1/6	<input type="checkbox"/> 1/7	<input type="checkbox"/> 1/8	<input type="checkbox"/> 1/9
<input type="checkbox"/> 1/12	<input type="checkbox"/> 1/13	<input type="checkbox"/> 1/14	<input type="checkbox"/> 1/15	<input type="checkbox"/> 1/16
		<input type="checkbox"/> 1/21	<input type="checkbox"/> 1/22	<input type="checkbox"/> 1/23
<input type="checkbox"/> 1/26	<input type="checkbox"/> 1/27	<input type="checkbox"/> 1/28	<input type="checkbox"/> 1/29	<input type="checkbox"/> 1/30
<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 2/4	<input type="checkbox"/> 2/5	<input type="checkbox"/> 2/6
<input type="checkbox"/> 2/9	<input type="checkbox"/> 2/10	<input type="checkbox"/> 2/11	<input type="checkbox"/> 2/12	<input type="checkbox"/> 2/13
	<input type="checkbox"/> 2/17	<input type="checkbox"/> 2/18	<input type="checkbox"/> 2/19	<input type="checkbox"/> 2/20
<input type="checkbox"/> 2/23	<input type="checkbox"/> 2/24	<input type="checkbox"/> 2/25	<input type="checkbox"/> 2/26	
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/4	<input type="checkbox"/> 3/5	<input type="checkbox"/> 3/6
<input type="checkbox"/> 3/9	<input type="checkbox"/> 3/10	<input type="checkbox"/> 3/11	<input type="checkbox"/> 3/12	<input type="checkbox"/> 3/13
<input type="checkbox"/> 3/16	<input type="checkbox"/> 3/17	<input type="checkbox"/> 3/18	<input type="checkbox"/> 3/19	<input type="checkbox"/> 3/20
<input type="checkbox"/> 3/23	<input type="checkbox"/> 3/24	<input type="checkbox"/> 3/25	<input type="checkbox"/> 3/26	<input type="checkbox"/> 3/27
SPRING BREAK WEEK				
<input type="checkbox"/> 4/6	<input type="checkbox"/> 4/7	<input type="checkbox"/> 4/8	<input type="checkbox"/> 4/9	<input type="checkbox"/> 4/10
<input type="checkbox"/> 4/13	<input type="checkbox"/> 4/14	<input type="checkbox"/> 4/15	<input type="checkbox"/> 4/16	<input type="checkbox"/> 4/17
<input type="checkbox"/> 4/20	<input type="checkbox"/> 4/21	<input type="checkbox"/> 4/22	<input type="checkbox"/> 4/23	<input type="checkbox"/> 4/24
<input type="checkbox"/> 4/27	<input type="checkbox"/> 4/28	<input type="checkbox"/> 4/29	<input type="checkbox"/> 4/30	<input type="checkbox"/> 5/1
<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5	<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5	<input type="checkbox"/> 5/6
<input type="checkbox"/> 5/11	<input type="checkbox"/> 5/12	<input type="checkbox"/> 5/13	<input type="checkbox"/> 5/14	<input type="checkbox"/> 5/15
<input type="checkbox"/> 5/18	<input type="checkbox"/> 5/19	<input type="checkbox"/> 5/20	NO YMCA PROGRAM 5/21 & 5/22	

☐ KINDERGARTEN HALF DAY PM CARE \$36/Day

Mon	Tue	Wed	Thu	Fri
		<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15

TRI-TOWN YMCA CREDIT CARD AUTHORIZATION

☐ I WISH TO AUTHORIZE TRI-TOWN YMCA TO CHARGE MY CARD FOR A REOCCURING PAYMENT PLAN

I, _____ authorize Tri-Town YMCA to charge the full amount due on a weekly basis for programming I have enrolled myself or my child(ren)/ward(s) for participation as well as any other applicable fees such as late pick-up fees, program registration fees, supply fees, and/or administrative fees. I understand that my credit card will be charged on the Friday prior to the week of care and that if the charge does not go through that I will be assessed additional fees as described in Tri-Town YMCA's general registration information. I understand that if I wish to change the card on-file that I must complete this form and resubmit it to Tri-Town YMCA.

Name on Card

Credit Card Type

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number

Card Expiration Date

Security Code

Authorized Signature

Date

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TRI-TOWN YMCA PARTICIPANT CODE OF CONDUCT

Directions:

Please review the Code of Conduct with your child/ward, complete, and submit it with your registration.

Tri-Town YMCA Participant Code of Conduct

All Tri-Town YMCA participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in Tri-Town YMCA vehicles/school buses.
- While riding in Tri-Town YMCA vehicles/school buses, riders are to remain seated forward and keep the aisle clear.

Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming.

Parents will be notified by staff during pick up time of any concerns that may have come up during the program time. In the event of a serious behavior concern, a parent/guardian may be contacted during program time and asked to pick up their child/ward.

No refunds will be issued for participants dismissed from programming.

PARTICIPANT INFORMATION & SIGNATURE	
First Name	Last Name
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
Participant's Signature	Date

PARENT/GUARDIAN INFORMATION & SIGNATURE	
First Name of Parent/Guardian	Last Name of Parent/Guardian
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
Parent/Guardian's Signature	Date



TRI-TOWN MEDICATION AUTHORIZATION FORM

Directions: This authorization is valid for one year from the date of the physician's signature. Medication must be brought to program by an adult and given to a YMCA representative. The medication must be in its original container provided by the pharmacy with the pharmacy label in place. Any changes in medication or dosage require that a new form be completed. This form must be received before any medication can be accepted and dispensed. A log will be retained by Tri-Town YMCA. Please complete a separate form for each medication to be dispensed.

PARTICIPANT INFORMATION (Please print)

First Name	Last Name
Parent/Guardian Name (print)	Parent/Guardian Telephone

TO BE COMPLETED BY THE PARTICIPANT'S LICENSED PRESCRIBER

Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.

Diagnosis	Medication Name
Dosage	Route of Administration
Time/Circumstance When Medication Should Be Administered	
Side Effects	
Special Instructions	Date of Prescription
May the Participant Self-Carry/Self-Administer (Asthma or Allergy Medication Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name (print)	
Physician's Address	
Physician's Telephone	
Physician's Signature	Date

FOR PARTICIPANT SELF-ADMINISTERING ASTHMA OR ALLERGY MEDICATION TO BE COMPLETED BY PARENT/GUARDIAN

Please indicate where the child will be storing their medication device (i.e. backpack)

My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified healthcare professional. I hereby authorize my child to carry his/her asthma medication and to self-administer his/her medication as prescribed by his/her physician.

My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have provided Tri-Town YMCA an extra supply of his/her medication with a prescription label for use in the event that he/she forgets to bring his/her asthma medication to program on a particular day.

Parent/Guardian Signature _____

Date _____

WAIVER TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, parent or guardian of _____, am primarily responsible for administering medication to my child. However, in a medical emergency or if necessary for the critical health and well-being of my child, I hereby authorize Tri-Town YMCA ("YMCA"), and its employees and agents, on my behalf and in my stead, to administer to my child or to allow my child to self-administer, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child and treatment of my child's condition to be performed by an individual other than a nurse and specifically consent to such practices. I will notify the YMCA in writing if the medication is discontinued and will obtain a written order from the physician if the medication dosage or treatment is changed. I understand that this medication authorization is only effective for the current school year and will need to be renewed each subsequent school year.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the YMCA, its employees and agents, arising out of the administration or self-administration, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice nurse. In addition, I agree to indemnify and hold harmless the YMCA, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

Parent/Guardian Signature: _____

Date: _____

**Unused medication will not be sent home with the child and needs to be picked up on the last day of program by an adult.
Medication will be destroyed if not picked up by the last day of program.*



FARE.
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A
COMBINATION
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE**
SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM**
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

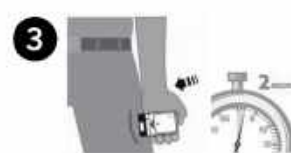
DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

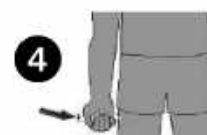
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



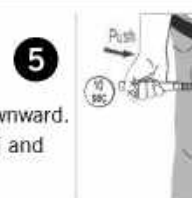
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps; you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____



TRI-TOWN DIABETES ACTION PLAN

Directions: If the participant has diabetes, please complete this form and submit it with your program registration paperwork.

Participant's Full Name: _____

Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.

Diagnosis: _____

Medication Name: _____

Dosage: _____

Route of Administration: _____

Time/Circumstances when Medication Should Be Administered: _____

Side Effects: _____

Special Instructions: _____

Date of Prescription: _____

May the student self-carry/self-administer (asthma medication only) ☐ Yes ☐ No ☐ Not Applicable

I. DIABETES INFORMATION

Hyperglycemia (High Blood Sugar) <i>Not enough insulin in the body to allow sugar to be used</i>	Hypoglycemia (Low Blood Sugar) <i>Usually happens before lunch or after exercise</i>
Possible Symptoms: Excessive Thirst Flushed Dry Skin Frequent Urination Tired Blurred Vision Excessive Hunger Breath Fruity Odor Fatigue Weakness Vomiting	Possible Symptoms: Weakness/Fatigue Feeling Faint Dizziness Shaky/Trembling Nausea Rapid Pulse Excessive Hunger Abdominal Pain Confusion Anxious/Irritable Sweaty/Pallor Slurred Speech

FIRST AID FOR HIGH OR LOW BLOOD SUGAR

HYPERGLYCEMIA (HIGH BLOOD SUGAR)	HYPOGLYCEMIA (LOW BLOOD SUGAR)
<ol style="list-style-type: none">1. Check the blood sugar if signs & symptoms occur.2. Check urine for ketones, if Blood Sugar is above _____3. Stay with child continuously.4. Provide water to drink, allow unlimited use of bathroom5. Call parent/guardian if any of the following: Blood sugar is above _____ Ketones are <input type="checkbox"/> Moderate or <input type="checkbox"/> High Experiencing nausea/vomiting6. Administer insulin per physician's order (see Medication Authorization)7. Recheck blood sugar in _____ minutes and at _____ minute intervals8. Call 9-1-1 if: -Participant loses consciousness -Unable to reach parent/guardian and symptoms worsen9. Stay with child continuously <p>ADDITIONAL PUMP INSTRUCTIONS</p> <ul style="list-style-type: none">-Check pump function, pump site, and tubing-Treat for Hyperglycemia as above <p>PARENT INITIALS: _____</p> <p>Additional Information</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ol style="list-style-type: none">1. Check the blood sugar if signs & symptoms occur.2. Stay with the participant continuously.3. Give the carbohydrate supplement ordered by the physician if blood sugar is less than _____ and participant is conscious, cooperative and able to swallow. - Give _____ grams carbohydrate - Examples: _____4. Check blood sugar after 15 minutes. - If blood sugar does not improve, give fast sugar again. - When symptoms improve, provide an additional snack of _____5. Call 9-1-1, the parents, and the participant's physician, if: - Symptoms do not subside - Participant loses consciousness - Unable to reach parent and symptoms worsen6. Give Glucagon _____mg injection if child is unconscious, experiencing a seizure or unable to swallow and place student on side.7. When conscious and able to swallow 4 oz. of juice may be given until EMS arrives. <p>ADDITIONAL PUMP INSTRUCTIONS</p> <ul style="list-style-type: none">-Check pump function, pump site, and tubing-Treat for Hypoglycemia as above <p>PARENT INITIALS: _____</p> <p>Additional Information</p> <p>_____</p> <p>_____</p> <p>_____</p>

II. DIABETES MANAGEMENT AT TRI-TOWN YMCA			
Blood Glucose Monitoring		Target Blood Sugar Range: _____ mg/dl to _____ mg/dl Usual Times to Check Blood Sugar: Before Snack Before Lunch Before Physical Activities After Physical Activities Can the participant check their own blood sugar: <input type="checkbox"/> Yes <input type="checkbox"/> No Can the participant check their own ketones: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insulin		Does the participant require assistance with carbohydrate counting? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the participant give their own injections and/or operate pump? <input type="checkbox"/> Yes <input type="checkbox"/> No Types of Insulin Taken: _____ <input type="checkbox"/> Pen <input type="checkbox"/> Pump <input type="checkbox"/> Injection Usual Times of Insulin Injections: _____ Basal Rate, if on Pump: _____ Amount of Insulin to Give: _____ If sliding scale, physician order necessary	
Giving Insulin With their pump, does the participant know how to: Change tubing <input type="checkbox"/> Yes <input type="checkbox"/> No Change batteries <input type="checkbox"/> Yes <input type="checkbox"/> No change insulin cartridge <input type="checkbox"/> Yes <input type="checkbox"/> No Decide bolus amount <input type="checkbox"/> Yes <input type="checkbox"/> No Give bolus <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Using the glucose meter, check the blood sugar. 2. Document the blood sugar in the log book and notify parent/guardian as indicated under first aid for hypo/hyperglycemia on front of this document. 3. Administer insulin using the following calculations (sliding scale plus ratio amount): Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading PLUS Insulin/Carbohydrate Ratio Blood Sugar 150-200 = _____ Units Ratio: _____ Units insulin per _____ Carbs Blood Sugar 201-250 = _____ Units Blood Sugar 251-300 = _____ Units Blood Sugar 301-350 = _____ Units Blood Sugar 351-400 = _____ Units Blood Sugar >401 = _____ Units ***IF GREATER THAN _____ CALL PARENT & DOCTOR***	
Qualified Y Staff (Completed by Y)		Staff qualified to use glucose meter: _____ Staff qualified to give insulin injections and/or operate pump: _____	
Supply Location		Diabetes Care Supplies Are Kept: _____ Supplies of Snack Foods Are Kept: _____ Additional (emergency) Supplies Are Kept: _____	
FOOD & EXERCISE			
Meals/Snacks	Time	Food Content/Amount	Preferred Snacks
Breakfast	_____	_____	_____
Mid-Morning	_____	_____	_____
Lunch	_____	_____	Foods to Avoid
Mid-Afternoon	_____	_____	
Before Exercise	_____	_____	
After Exercise	_____	_____	
Other	_____	_____	
Participant should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl. Other exercise instructions or physical activity restrictions/limitations/accommodations: _____			
Physician's Order & Signature		This diabetic management plan has been approved by: _____ to _____ Physician's Signature Effective Date	
Parent/Guardian Signature		This diabetic management plan has been approved by: _____ Parent/Guardian Signature Date	