



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**CANTON FAMILY YMCA**  
**EASTVIEW SCHOOL AGE CENTER**  
**HANDBOOK**  
**2026-2027**





The Y's School Age Center Child Care provides a safe, nurturing, active, fun environment for kids in Kindergarten thru 6th grade.

Children participate in a balanced program of open play and structured activities, while being supervised by well trained & caring staff who teach, model, & reinforce the values of Caring, Respect, Responsibility, & Honesty. Our staff members will provide homework assistance, and lead students in extra enrichment activities in math, reading, STEM, arts & crafts and technology to give children what they need to succeed at school.

**Staff:** Nothing is more important in providing quality care for children outside their home than the staff who provides the care. YMCA staff are warm, caring, reliable & responsible adults with patience, a good sense of humor & the ability to accept & respect differences among children. They listen to children and are sensitive to their individual needs. They enjoy participating in activities with the children & are committed to the program.

**Hours:** The program is held Mon-Fri from school dismissal until 6 PM. Children must be picked up by 6 PM. If you do not pick your child up by 6 PM our staff will try calling you first, then the emergency numbers you have listed on your child's enrollment form. If contacted your child may be released to those listed on your emergency list. **A late fee of \$5 per child for every 5 minutes past the site's closing time will be charged to your account.**

**Attendance & Absenteeism:** For your child's safety and accountability we must know when they are attending and when they will be absent. Children's weekly attendance must be pre-registered and paid in advance to reserve their spot. **If your child is absent for any reason, call the Y at 309-647-1616.**

Children must sign in daily upon arrival to the child care site. Attendance is taken, if a child is absent from the program and the YMCA has received no prior notification, you will be contacted immediately. The School Age Center staff are responsible for your child only during the time that your child is signed into the program.

**Fees and Payment Policy:** A non-refundable registration fee of \$25 per family is due each school year.

|          |            | <u>Member</u> | <u>Participant</u> |
|----------|------------|---------------|--------------------|
| Daily:   | 3 - 6 PM   | \$11          | \$17               |
| 1/2 Day: | 11:30-6 PM | \$22          | \$35               |
| All Day: | 7 - 6 PM   | \$30          | \$44               |

20% siblings discount for additional children.

Financial assistance is available for families who qualify through the YMCA Scholarship funds and Child Care Connection. Contact Kathy, Youth Development Director at 309-647-1616 for more information.

#### **How to register for care**

1. Fill out registration forms
2. Fill out and sign Draft Form
3. Fill out care week and days attended form
4. All balances from other programs must be paid in full before you can register for care.

**Registration:** The attached registration form must be completed and returned to the YMCA along with the non-refundable registration fee and completed bank draft form. Your child may not attend until fees are paid and registration forms are turned in.

**All families must fill out a bank draft form:** Fees may be set up to be drafted from your checking, savings or your credit or debit card, weekly, bi-weekly or monthly. Any credits on account will remain a credit. No refunds will be issued. Cancellations or transfers must be made in writing one week in advance.

If your draft is declined your account will be charged an additional \$25 NSF fee and a payment must be made to bring your account balance to \$0 to continue in the children care program. Unless special arrangements have been made with the Youth Development Director Kathy Langlais. Non payment may result in suspension of your participation in the program until all fees are paid.

### Financial Obligations

1. Care sessions will be auto-drafted according to the times requested by you on your form
2. Co-payments will be drafted on the 15th of the month
3. Failure to pay will result in your child's spot being forfeited
4. There is a \$25 fee for Non Sufficient Funds (NSF) for returned payments
5. Changes to your draft form must be submitted in writing 1 full week prior to draft date

### State Assistance Attendance

1. Co-pays will be drafted on the 15th of the month
2. Parents/Guardians are required to sign children in and out of child care on both the Y forms and the required State Attendance Forms.
3. Attendance beyond the amount of days approved by State are to be paid by the parent/guardian and will be drafted with the monthly copays
4. The YMCA does not receive payment from the state for days your child is not in attendance.

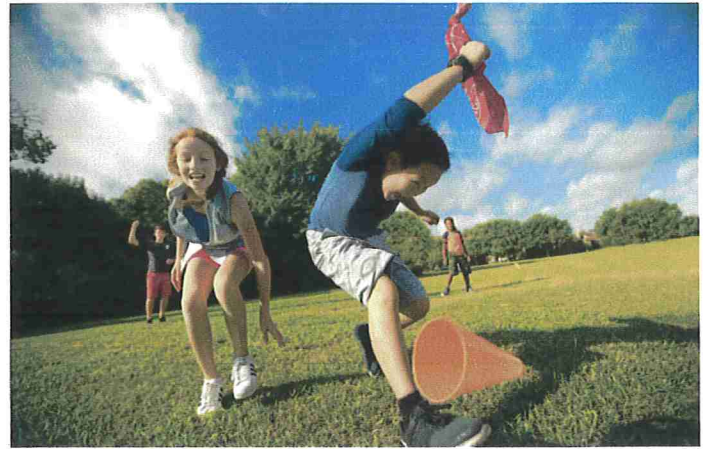
#### How to register for care if you need assistance

1. Register at the Y's Member Service Desk
2. Fill out the Childcare Resource and Referral Application. You will need two pay stubs or a school schedule. The Y will fax and mail it to SAL Child Care Connection. This can take up to 30 days to gain approval.
3. A \$25 deposit per week, per child, due at registration, is required to hold your child's spot. This deposit will be applied to your copay once one assigned by SAL.
4. You are responsible for all childcare fees until you are approved by SAL. If you are denied by the state then the Y will grant a scholarship based on need.
5. If you are approved by SAL your copay will be drafted on the 15th of the month.

#### How to register for care if you are already approved for state assistance

1. Register at the Member Service Desk
2. You may be required to fill out a Change of Provider Form. You may be required to contact your case worker to get this form. The Y will fax and mail it back to SAL for you.
3. All copays will be drafted on the 15th of the month
4. All balances from other programs must be paid in full before you can register for care.

**Inclement Weather Policy:** When weather conditions close school before the normal start of the day, our program will be canceled for that day. When school is closed before the end of the school day, our staff will be there when the school closes and the site will open. (as applicable)



**Communication:** We encourage parents to communicate often with our staff. Take every opportunity to talk with the staff about your child and we encourage you to ask your child about each day. Our staff will also keep you informed about your child's successes and any problems. Please let us know if there is anything upsetting your child, so that we can better meet your child's needs.

**Bathroom Policy:** Students in the YMCA School Age Center Program are required to be Toilet Trained. YMCA staff DO NOT assist in changing or cleaning a child. If a child needs assistance cleaning up and being changed, a parent or guardian will be required to come and assist. YMCA staff can give a child clothes, if they are available to change into. The staff will wait outside of the bathroom so the child can privately clean-up and change themselves.

The students will be allowed 3 accidents, parents/guardians will be notified if there is an accident, and the accident will be documented, on the 4th accident we will have no choice but to determine the child is not properly toilet trained and they will be dismissed from the program until the issue has been resolved.

**Medication/Injury or Illness:** All staff members are certified in CPR/First Aid. Staff will administer first aid for scrapes, minor cuts, bumps, and stings. You will be informed of the incident when you come to pick up your child. If your child becomes ill or seriously injured you will be immediately notified. In the event we cannot reach you, (or one of your emergency contacts) and your child requires emergency treatment, the staff will take your child or have him/her transported to the nearest medical facility for treatment. A staff person will accompany your child. The Y does not provide insurance.

**Medications:** We will administer prescription medication that does not require refrigeration. The medication must be in its original container with an unaltered label. Please give it to the site director with a completed signed medication consent form. (available from the site director) indicating medication, dosage, quantity and time to administer. We cannot administer over the counter drugs.



### General Rules

**CARING:** Keep your hands and feet to yourself. Take care of equipment, property, the environment, and each other.

**HONESTY:** Tell the truth; do not steal.

**RESPECT:** Use the appropriate language. Respect the counselors and fellow children. Treat other like you would want to be treated.

**RESPONSIBILITY:** Stay with your group at all times. Keep up with your belongings.

### Conduct Policy

Please make sure that both you and your child are completely familiar with these policies. The Youth Development Director may suspend or terminate a child's participation in the program for the following reasons:

- Leaving YMCA program premises without permission
- Using foul language or being rude and discourteous to another child, staff or member
- Defacing YMCA property, vehicles, or field trip facilities
- Engaging in fighting as the means to solve a problem
- Stealing or defacing another child's property
- Intentionally injuring another child, staff or member
- Refusing to remain with the group during outings or on the property
- Refusing to follow check in and out procedures
- Refusing to follow the basic rules of the program
- Any physical or verbal sexual harassment of another child, staff or member

**Withdrawal from the program:** You may withdraw your child from the program, but must give us a one-week notice. Enrollment in the program may be terminated if:

- Fees are not paid in a timely manner
- Rules related to arrival and departure are not observed
- Policies and procedures are not observed
- A child exhibits unacceptable behavior that continually disrupts the program & prevents the other children from learning or enjoying themselves.

### Discipline

- Behavioral incidents will result in parent notification.
- All incidents will be documented and require parent signature before child is permitted to return to the School Age Center Program.
- Depending on severity of incident a meeting with a parent or guardian may be required.
- Consistent concerning behavior will result in temporary or permanent suspension from the School Age Center program without refund.

### School Age Center Consequences

1. Warning and redirection by staff.
2. If behavior continues for a 2nd time = Sit out for number of minutes equal to the child's age and problem solving conference with staff member.
3. If behavior continues for a 3rd time = 15 minutes of time out and problem solving conference with staff.
4. If behavior continues for a 4th time = Child's Parent is called and the child is removed from the School Age Center program for a day.
5. If the behavior continues after a day out = the child will be suspended for 3 days.
6. If the Behavior continues after 3 days out = the child will be excluded for the rest of the program.

School Age Center staff will document all incidents of behavior. The staff reserve the right to skip over early consequences if behavior is severe enough to pose a risk to either the misbehaving child or others in the group. Our goal is to give the child every opportunity to correct his/her behavior without parental involvement.

## HEALTH AND SAFETY

- Children with symptoms of or a diagnosis of lice, skin rashes, vomiting, diarrhea, pink eye or experiencing a temperature above 100.4 degrees will not be permitted to attend camp. We request that you keep your child home for a minimum of 24 hours if your child displays any of these symptoms. A doctor's note may be needed depending on the illness.
- If your child becomes ill throughout the day, you will be called immediately and asked to come pick up your child. For this reason, it is important that you keep your contact phone numbers up to date with the YMCA. Any time a parent is called for a sick child, the parent will need to arrange pick up of the ill child within 2 hours of being called.
- If a note from the doctor is required after a serious illness, please make sure to have them include the following: the date the child was seen, diagnosis of the illness, and when your child may return.
- The YMCA has the responsibility to keep all children in the program safe and healthy. We will always inform parents if a child at care has been diagnosed with a contagious condition, and their name will remain anonymous. We also expect that you will inform us if your child has a contagious disease so we can inform the other parents as well.
- YMCA staff are mandated child abuse reporters- this includes physical, sexual, emotional, mental abuse and neglect.
- All allergies should be brought to the attention of the care staff.
- Children with special emotional or physical needs should be called to the attention of the Youth Development Director by fully describing any unique requirements of the child at least two weeks prior to the start of your selected care session. We will make every reasonable accommodation possible to serve your child with special needs.

## MEDICAL AUTHORIZATION & EMERGENCY PROCEDURES

- The YMCA is permitted to administer medication only as prescribed by a physician. Medication must be in its originally labeled pharmaceutical bottle. All medications must be dropped off by the parent and must accompany a fully completed medication release form. Medication will be locked away and kept out of the reach of children. We require all parents and doctors to sign a medical release form.
- **All children must have immunization and health record before they may attend program.**
- If your child is injured during care hours, we will handle minor scrapes, scratches and bruises, but we will call you if there are any questionable or serious injuries. The YMCA does not provide insurance.

## NO BABYSITTING

YMCA employees are not allowed to babysit or have contact with participants in YMCA programs outside of program activities. We ask parents not to ask staff to babysit or participate in non-YMCA related events with their children.



# 2026-27 YMCA SCHOOL AGE CENTER – EASTVIEW CANTON REGISTRATION FORM

Please complete all information and return form to the YMCA. We must have this form and immunization and health records returned before your child will be able to attend Child Care.

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

PARENT#1 \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

PARENT#2 \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

In case of an emergency and we are unable to reach you, please list 3 emergency contacts

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

LIST ALL WHO ARE AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_

DISCIPLINE: What type of problem solving approach do you find works best with your child? \_\_\_\_\_

We want your child to have a successful experience. Please add any comments about your child you feel would be helpful to the staff. \_\_\_\_\_

My child's usual days and times of attendance will be:

|             | MONDAY | TUESDAY | WEDESDAY | THURSDAY | FRIDAY |
|-------------|--------|---------|----------|----------|--------|
| Leaving at: | _____  | _____   | _____    | _____    | _____  |

\*\* Please note that the YMCA Child Care Program is a license exempt program and is not licensed or regulated by DCFS.

# AUTHORIZATIONS

## MEDICAL AUTHORIZATION:

All information on the opposite side is correct so far as I know and the child herein described has permission to engage in all prescribed Child Care activities, except as noted by me or an examining physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Site Director to hospitalize and/or secure proper treatment for my child as named.

My Child's Physician's Name is \_\_\_\_\_

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Parent/Guardian

Date

## AUTHORIZATION TO DISPENSE MEDICATION:

I hereby request and authorize the Child Care staff to dispense any medication listed below to my child per my instructions. I understand that all prescription medication must be sent in its original container, which has my child's name on it as well as the prescribing physician. I understand that I must send a note with dispensing instructions and my signature for all medications.

List any medications to be given at Child Care \_\_\_\_\_

List any allergies or medical conditions that we should be aware of \_\_\_\_\_

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Parent/Guardian

Date

## FIELD TRIP & TRANSPORTATION AUTHORIZATION:

I hereby give permission for my child to attend any and all field trips that may be taken during Child Care. I give permission for my child to be transported on all field trips.

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Parent/Guardian

Date

## MEDIA AUTHORIZATION:

I hereby give permission for my child's name and image to be used in the promotion or media coverage of Child Care activities. Including the YMCA Website, Facebook, Videos and Newspaper Ads.

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Parent/Guardian

Date

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Please complete all information and return form to the YMCA. We must have this form and immunization and health records returned before your child will be able to attend Child Care.

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

GUARDIAN #1 \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

GUARDIAN#2 \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

In case of an emergency and we are unable to reach you, please list 3 emergency contacts

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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DISCIPLINE: What type of problem solving approach do you find works best with your child? \_\_\_\_\_

We want your child to have a successful experience. Please add any comments about your child you feel would be helpful to the staff. \_\_\_\_\_

My child's usual days and times of attendance will be:

|             | MONDAY | TUESDAY | WEDESDAY | THURSDAY | FRIDAY |
|-------------|--------|---------|----------|----------|--------|
| Leaving at: | _____  | _____   | _____    | _____    | _____  |

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**Date**

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List any medications to be given at Child Care \_\_\_\_\_

List any allergies or medical conditions that we should be aware of \_\_\_\_\_

---

**Parent/Guardian**

**Date**

## FIELD TRIP & TRANSPORTATION AUTHORIZATION:

I hereby give permission for my child to attend any and all field trips that may be taken during Child Care. I give permission for my child to be transported on all field trips.

---

**Parent/Guardian**

**Date**

## MEDIA AUTHORIZATION:

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**Parent/Guardian**

**Date**

## **2026-27 Child Care Payment Agreement**

We are thrilled that you have chosen to enroll your child for Child Care! To ensure proper communication, we have outlined our policy related to child care payments. If you have questions please feel free to contact us at 309-647-1616.

### **PLEASE READ CAREFULLY**

1. All past due accounts must be brought to a \$0 balance prior to sign up.
2. Payments for care are due the Thursday prior to the start of care. For example if you sign up for the week of September 11-15, then your care balance is due on September 7th. You are also welcome to pay the care balance any time prior to the due date.
3. If you wish to cancel your child's enrollment, notification in writing must be sent 14-days prior to the start of the registered care week.
4. To receive the member rate for child care, your child must be a current YMCA member from the date of registration through the child's last day of care.
5. A \$10 program fee will be charged when a child is registered After Thursday 6pm for the next week.
6. There are no credits or refunds for missed days.
7. Payment Options:

Bank Draft your care fee

Pay in person check, cash, debit or credit card

Pay over the phone with a debit or credit card 309.647.1616

Mail check: Canton Family YMCA Child Care 1325 E. Ash Canton, Illinois 61520

I have read and understand the above statements. I fully understand my responsibility for payment of my child's care fees. I also understand that my child may be released from the care program if I have not met my financial obligations. Return this form along with your child's registration information, signed bank draft form, and signed attendance schedule.

Child(ren) name: \_\_\_\_\_

Parent's

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



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**To all YMCA Child Care Program Participants:**

You are enrolling in a recurring payment plan. Your credit card/bank draft will be charged the amount according to the charts below based on agreed days attending. Payments will come out the Thursday prior to the week of attending the After School Program. This form will be used for all child care programs and expires on 5/31/27

**Contact Information**

**When to Draft:**

Parent Name: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly

Child(ren) Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Automatic Withdrawal Information**

**Bank Draft Information (Please check one and attach a voided check)**

\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

Bank Name \_\_\_\_\_

Routing/Transit Number (First set of Numbers) \_\_\_\_\_

Account Number (Second Set of Numbers) \_\_\_\_\_

**OR**

**Credit/Debit Card Information**

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**ATTENDANCE SCHEDULE FOR DRAFT:**

Payments will be drafted the Thursday before the planned attendance

**After Care**

| FEES:    | Y Member | Non-Member |
|----------|----------|------------|
| 1 day    | \$11     | \$17       |
| 2 days   | \$22     | \$34       |
| 3 days   | \$33     | \$51       |
| 4 days   | \$44     | \$68       |
| 5 days   | \$55     | \$85       |
| Half Day | \$22     | \$35       |
| All Day  | \$30     | \$44       |

**Child Care Payment Policy**

20% Sibling Discount

- I understand that if a payment is returned to the YMCA, a \$25 charge will be added to my account.
- The YMCA reserves the right to terminate child care upon non-payment of fees.
- I understand that this draft authorizes a perpetual payment from the above account and that account will only be charged for days child is signed up to attend.
- You may cancel your program at anytime. The cancellation policy is simple and can be completed at the front desk. There is no fee for canceling.

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

# ATTENDANCE SCHEDULE

Please check mark each week of care you plan for your child to attend. A bank draft payment will be taken on the Thursday before that week of care, unless other arrangements have been made with the Youth Development Director. **Care for Kindergartners will begin on their first full day of school. Care will not be provided for their half days in August.**

|                 |                          |               |                          |                |                          |                |                          |                |                          |
|-----------------|--------------------------|---------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
| Aug 17-21       | <input type="checkbox"/> | Oct 19-23     | <input type="checkbox"/> | Dec 21-25      | <input type="checkbox"/> | Feb 22-26      | <input type="checkbox"/> | Apr 27-30      | <input type="checkbox"/> |
| Aug 24-28       | <input type="checkbox"/> | Oct 26-30     | <input type="checkbox"/> | Dec. 28-Jan. 1 | <input type="checkbox"/> | Mar. 1-5       | <input type="checkbox"/> | May 3-7        | <input type="checkbox"/> |
| Aug. 31-Sept. 4 | <input type="checkbox"/> | Nov. 2-6      | <input type="checkbox"/> | Jan. 4-8       | <input type="checkbox"/> | Mar 8-12       | <input type="checkbox"/> | May 10-14      | <input type="checkbox"/> |
| Sept 8-11       | <input type="checkbox"/> | Nov 9-13      | <input type="checkbox"/> | Jan. 11-15     | <input type="checkbox"/> | Mar15-19       | <input type="checkbox"/> | May 17-20      | <input type="checkbox"/> |
| Sept 14-18      | <input type="checkbox"/> | Nov 16-20     | <input type="checkbox"/> | Jan 18-22      | <input type="checkbox"/> | Mar 22-26      | <input type="checkbox"/> | Emergency Days | <input type="checkbox"/> |
| Sept 21-25      | <input type="checkbox"/> | Nov 23-27     | <input type="checkbox"/> | Jan 25-29      | <input type="checkbox"/> | Mar -29-Apr. 2 | <input type="checkbox"/> |                |                          |
| Sept 28-Oct. 2  | <input type="checkbox"/> | Nov 30-Dec. 4 | <input type="checkbox"/> | Feb 1-5        | <input type="checkbox"/> | Apr 5-9        | <input type="checkbox"/> |                |                          |
| Oct. 5-9        | <input type="checkbox"/> | Dec 7-11      | <input type="checkbox"/> | Feb 8-12       | <input type="checkbox"/> | Apr 12-16      | <input type="checkbox"/> |                |                          |
| Oct 12-16       | <input type="checkbox"/> | Dec 14-18     | <input type="checkbox"/> | Feb 15-19      | <input type="checkbox"/> | Apr 19-23      | <input type="checkbox"/> |                |                          |

**Half day care dates: 9/17;10/30;2/4**

**All day care dates:**

**10/12;10/23;11/25;12/21;12/22;12/23;12/28;12/29;12/30;1/4;1/18;2/15;3/22;  
3/23;3/24;3/25**

**\*\* PLEASE NOTE THAT THERE IS NO CARE ON THE FOLLOWING DATES:**

**9/7;11/26; 11/27; 12/24; 12/25; /12/31; 1/1; 3/26**

## ATTENDANCE SCHEDULE FOR DRAFT:

Payments will be drafted the Thursday before the planned attendance **After Care:**

1 Day \_\_\_\_\_  
2 Days \_\_\_\_\_  
3 Days \_\_\_\_\_  
4 Days \_\_\_\_\_  
5 Days \_\_\_\_\_

My child's usual days and times of attendance will be:

**MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY**

After Care

Pick Up time: \_\_\_\_\_

Child(ren) name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_