CHILD'S NAME:_____

AGE:_____ SCHOOL:_____

START DATE:_____

Armed Services YMCA Killeen

2026 – 2027

Before & After School Registration Packet

Armed Services YMCA Killeen
254.690.9622
killeen.asymca.org | fb.me/yourasymca

Revised 02.24.2026

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BEFORE & AFTER SCHOOL PROGRAM OPERATIONAL POLICY AGREEMENT 2026-2027

NOTICE TO PARENTS: IT IS IMPORTANT TO READ THE FOLLOWING AGREEMENT THOROUGHLY, PRIOR TO SIGNING.

In accordance with the TEXAS STATE MINIMUM STANDARD RULES, the following information will be submitted to you in writing as the child care parent or guardian. To complete enrollment, the bottom portion of this form must be signed, dated, and returned to the Armed Services YMCA staff. You may request a copy.

GENERAL INFORMATION:

1. I understand that before-school care operates from 6:00 AM until the first school bell, and after-school care operates from school dismissal until 6:00 PM. I acknowledge that children must arrive before 6:45 AM to be admitted to before-school care. To allow staff to complete attendance verification and account for all children, I understand that children may not be picked up from the ASYMCA program until 15 minutes after school dismissal. This procedure supports the safety and supervision of all children in our care.
2. understand that if my child is not picked up by 7:00 PM, it may result in the child being picked up by Child Protective Services or the local Police Department.
3. I understand that no child shall be excluded from our child care program regardless of race, color, creed, or national origin.
4. I understand that the Armed Services YMCA's after-school program environment places special emphasis on caring, respect, honesty, and responsibility. The staff of the Armed Services YMCA will not tolerate inappropriate behavior, language, or actions from parents or children enrolled in the program.
5. I understand that any person who will be picking up or dropping off my child must be at least 16 years of age with a picture ID. No child will be allowed to leave the center alone (i.e., walking home). I understand that I must sign my child in/out each day on the appropriate form.
6. I understand that my enrollment packet must be filled out completely and updated periodically and that they will be on file at the child care site.
7. I understand that in case of an emergency that the proper procedures will be taken to ensure my child's health/safety as to notify the parents or guardian. If they cannot be reached, we will call the next person on the authorized list. I understand that I must notify the Armed Services YMCA immediately in case of home or business address/phone number change, or additions/deletions of who can pick up my child.
8. I understand that the attached discipline policy guidelines will be strictly enforced. I understand that the Armed Services YMCA staff will notify me of any special or disciplinary problems or needs of my child.
9. I understand that my child shall receive an afternoon snack and drink within the first hour in the after-school program.
10. I understand that the operational policies are available for review by parents.
11. I understand that as a parent, I may drop in any time and observe my child in care.
12. I understand that my "parent participation" in the program will be appreciated (e.g., parties).
13. I understand the parents can review the licensing rules and reports that are available at the childcare site.
14. I understand that if I have any questions or problems with licensing rules, I may contact the Texas Health & Human Services licensing representative. The local contact information is 254.526.9011 | 401 East Elms Road, Killeen, Texas 76542 | www.HHS.Texas.gov.
15. I understand that if there is a change in policy, I must be notified and provided a copy of such change.
16. I understand that due to inclement weather, when school districts have a 2-hour delay in opening, Armed Services YMCA will not open for AM care, and if the PM care program closes early, I must make immediate arrangements for my child to be picked up.
17. I understand that the Armed Services YMCA is adhering to CDC and State of Texas guidelines regarding to COVID-19 safety precautions. I understand my child cannot be transferred to a different school site.

18. I understand that the child care program will follow the scheduling of the Killeen Independent School District (KISD) and Copperas Cove Independent School District (CCISD).
19. I understand that no childcare will be offered on the holidays observed by the Armed Services YMCA.
20. I understand that for safety and accountability purposes, I need to inform the Armed Services YMCA Child Care Center at 254.690.9622 ext. 212 if my child is to be absent or late. I understand that the Armed Services YMCA uses cell phones at the school sites for a line of communication.
21. I understand that I must keep receipts for my records. Childcare tax statements will be available in the Online Portal (qrco.de/daxko-mobile) for service provided from January 1 through December 31 each calendar year. Armed Services YMCA Killeen does not mail or email tax statements.
22. I understand that before there are any water activities, I will be notified of such activities (swimming, water balloons, etc.). Parents are responsible for putting sunscreen on their child, as ASYMCA Killeen is not allowed to do so.
23. I understand that there will be no field trips while my child is enrolled in the Armed Services YMCA Before & After School Child Care Program.
24. I understand that no pets are allowed at the Armed Services YMCA child care site.
25. I understand that my child is not allowed to bring any toys to the program (e.g. dolls, handheld electronics, games, etc.) The Armed Services YMCA will not be responsible for toys brought to the program and lost.
26. I understand that my child is not allowed to bring phones and/or other electronic devices to the Armed Services YMCA program.
27. I understand that the Armed Services YMCA has an Emergency Procedure Plan on file at the school in case of an emergency. I may review the procedure at any time at the school site.
28. All "Custody Agreements" must be on file at the Armed Services YMCA Main Office. Please be aware that the Armed Services YMCA will not be party to any violations of custody agreements. Any disagreements involving custody must be resolved between the parties concerned or the courts.
29. I hereby give the Armed Services YMCA, its legal representatives, successors and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish photographs in any and all media, of or concerning my child, in whole, in part, or in composite, for purposes of Armed Services YMCA art, advertising, education, or promotion, or any other purpose consistent with the Armed Services YMCA mission.
30. I understand that for the safety of my children they will only be released to those who are listed inside the registration packet. If they are not listed as a primary or an emergency contact they will not be allowed to pick up my child.
31. I understand that a child may be suspended dependent on behavioral/safety concerns.
32. Parents are responsible for transporting medication from the school site to any play day or camp that the child may attend. Parents are also responsible for transporting (they need to have their own copies) FARE forms and Action plans to play day and camp weeks.

MEDICAL INFORMATION:

1. I understand that my child's immunizations, TB test, hearing, and vision screening must be current and on file at the school prior to enrollment.
2. Parents must have 2 emergency contacts listed that are in the State of Texas. It has to be a different person(s) listed other than the primary.
3. I understand that I am responsible for payment of any medical services rendered, should my child require medical attention while participating in the Armed Services YMCA program.
4. I understand that if my child has an allergy that requires special instructions, I must provide the Armed Services YMCA with documentation from the child's healthcare professional.

4. I understand that I will be notified immediately should my child become ill or injured. I understand that the Armed Services YMCA staff will notify me of any communicable diseases occurring at the facility. If my child is diagnosed with a communicable disease by a healthcare professional, my child must have medical documentation indicating my child is no longer contagious before returning to the Armed Services YMCA program. I understand that if my child exhibits any of the excludable diseases or conditions defined by the Texas Department of Health (TDH), my child may return to the Armed Services YMCA program with a doctor's statement that my child no longer has the excludable condition or disease, or when my child is free of symptoms for 24 hours. Children with any form of head lice will not be allowed in the center until the child has received successful treatment.

MEDICAL EMERGENCIES:
The Program Registration Form includes a medical release, giving us permission to seek medical attention for your child in case of an emergency. Please update this form as necessary with any changes in home, work, or medical phone numbers. In the case of life threatening emergencies, a member of our staff will immediately call 911, administer First Aid & CPR, and notify you as quickly as possible. If you cannot be reached, your designated emergency contact will be notified. If transportation to the hospital is needed, a staff member will accompany your child on the ambulance and will stay with him/her until you arrive.

For minor emergencies and injuries, all of our staff are trained in First Aid & CPR, and we will administer as needed. A staff member will then contact you to come and care for your child if additional care is needed.

For minor injuries that do not require us to notify you immediately, a written report will be given to you that day when you pick up your child, explaining what happened and how the situation was treated. Internal accident reports are completed for our records and recorded in our medical log. Internal accident reports are not allowed to be released to parents.

We are required to notify the Department of Social & Health Services by phone and in writing of any serious injuries that require medical treatment, illness that requires hospitalization, occurrences of food poisoning, or communicable diseases.

I understand that I am responsible for payment of any medical services rendered, should my child require medical attention while participating in the Armed Services YMCA program.

SPECIAL NEEDS/MEDICAL DIAGNOISIS:
Armed Services YMCA staff members are encouraging, patient, and helpful in paving a pathway for children with mild to moderate disabilities to succeed at Armed Services YMCA programs. We are not equipped nor staffed to work with children who need significant assistance with personal care, constant one-on-one care, or have great difficulty in managing their behavior in a group setting.

ADA Policy: If a child requires one-on-one care, the Armed Services YMCA will be unable to accommodate.

_____(Initial here) I understand that the following requires a parent or guardian to contact the Sr. Director of Child Care (amaddox@asymca.org) if a child has a medically diagnosed issue or special need prior to proceeding with registration: Diabetes Medical Management, Seasonal Allergy, Seizure, Asthma, and/or Special Needs before proceeding with registration.

INSURANCE:
It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all Armed Services YMCA activities. The Armed Services YMCA does not provide any accident or health coverage for its participants.

CODE OF CONDUCT:
The Armed Services YMCA is committed to providing a positive atmosphere that is safe and inclusive to all in our community. Therefore, Armed Services YMCA Killeen has adopted a code of conduct to govern the actions and behavior of all people while in our facilities and while participating in Armed Services YMCA programs.

Individuals are expected to:

- Uphold the Armed Services YMCA core values of respect, responsibility, honesty, and caring
- Provide an atmosphere free of derogatory or unwelcome comments, conduct or actions of a sexual nature, or actions based on an individual's sex, race, ethnicity, age, religion, abilities, sexual orientation or any other legally protected statutes
- Be respectful and cooperative with ASYMCA staff and others
- Parents are not allowed to intimidate staff, and if founded they will not be allowed to be apart of the program anymore

The Armed Services YMCA has a zero tolerance for any of the following in our facilities and programs:

- Abusive, harassing, and/or obscene language or gestures
- Threats of harm, physical aggression, or violent acts
- Weapons of any kind
- Smoking
- Damaging or defacing property
- Possession, sale, use or being under the influence of alcohol or illegal drugs
- Offensive and unlawful conduct

Individuals who experience or observe inappropriate conduct are encouraged to promptly report their concern to Armed Services YMCA staff. Every effort will be made to ensure that reports are investigated and resolved promptly and effectively.

STATEMENT FOR PREVENTION OF ABUSE:
A principal endeavor of the Armed Services YMCA is to provide a healthy atmosphere for the growth and development of youth and children. Thus, the mistreatment or neglect of youth or children and the resulting severe effects are of primary concern to the Armed Services YMCA. Child abuse is mistreatment or neglect of a child by parents or others resulting in injury or harm. Abuse can lead to severe emotional, physical, and behavioral problems. Because of its concern for the welfare of children and youth, the Armed Services YMCA has developed policies, standards, guidelines, and training to aid in the detection and prevention of child abuse.

In addition, all employees are thoroughly screened, and background checks are conducted upon hiring or rehiring. Additionally, employees who have contact with children and youth receive training in recognizing, reporting, and preventing child abuse, which includes training in recognizing signs that a child is being groomed for abuse. Some of the guidelines employees are expected to follow are:

- Avoid being alone with a single child where you cannot be observed by other staff or adults
- You may not relate to children who participate in Armed Services YMCA programs outside of approved Armed Services YMCA activities. For example, baby-sitting weekend trips, foster care, etc. are not permitted. An exception must be approved in advance by the Child Care Director
- Giving personal gifts to program participants or their parents is not allowed
- Program rules and boundaries must be followed, including appropriate touch guidelines
- Children or youth should not be singled out for favored attention
- Dating a program participant under age 18 is not allowed.

- Children may not be disciplined by use of physical punishment or by failing to provide the necessities of care.
- Verbally, physically, sexually, or emotionally abusing or punishing children or youth is not allowed.
- Children may be informed in a manner that is age-appropriate to the group of their right to set their own "touching" limits for personal safety.
- Children should only be released to authorized persons in programs with controlled pick-up procedures.
- Any information regarding abuse or potential abuse should be documented in writing.
- At the first reasonable cause to believe that any child abuse exists, it should be reported to your supervisor or branch executive so that proper reporting can be initiated.
- At the first reasonable cause to believe that an employee or volunteer abused a child or youth, even if it was not during working hours, his or her conduct should be reported to the program director and the branch executive or another designated branch representative. Additionally, it is the Armed Services YMCA's protocol to make a report to the appropriate authorities. Appropriate actions will be taken regarding the employee or volunteer, including suspension or termination from Armed Services YMCA employment or volunteer status.

PARENT'S RIGHTS:
Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- enter and examine the child care facility during the facility's hours of operation without advanced notice;
- review the child care facility's publicly accessible records;
- receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- obtain a copy of the child care facility's policies and procedures;
- review, at the request of the parent or guardian, the facility's:
  - staff training records; and
  - any in-house staff training curriculum used by the facility;
- review the child care facility's written records concerning the parent's or guardian's child;
- inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - video recordings of the alleged incident are available;
  - the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- be provided the contact information for the child care facility's local Child Care Regulation office;
- file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature of Parent or Guardian **Date**

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FEES AND FINANCIAL INFORMATION:

1. I understand that any Armed Services YMCA outstanding balance must be paid in full before I may register my child to attend the Armed Services YMCA program or classes.

_____ Initial

2. **I understand that there are no prorates, nor daily or hourly rates. I understand that childcare fees are due each Friday before the next week of service. A late fee of $25.00, per child, will be assessed if payments are not made by 11:59 PM Friday prior to the week of service. I also understand that if payments are late, my child is subject to immediate removal from the program. To re-enroll, a $50 re-registration fee per child will be assessed.**
3. I understand that all payments can be made online at qrco.de/daxko-mobile, via bank draft, or at any Armed Services YMCA facility with cash, credit/debit, or check. Payments can be made online 24/7, or in person at an Armed Services YMCA Killeen facility during operational hours. *We encourage all parents to set up auto-draft, as you will be subject to a $25 late fee and the risk of immediate removal from the program if payments are late.*

_____ Initial

4. **I understand that if my fees are delinquent, my child is subject to immediate removal from the Before and After School Care Program and I am responsible for the payment of those fees.**
5. I understand that all dishonored checks or declined ACH/credit card drafts will be handled by the Armed Services YMCA. A declined or returned item charge of $35.00 must be paid to continue child care services. I understand that if I have a dishonored payment, I will be required to pay future payments in cash, credit/debit card, or money order only.
6. I understand that no refunds will be given if my child is removed from the program due to my failure to follow these rules. Registration fees are non-refundable and non-transferrable.

_____ Initial

7. **There are no holding fees or skipping weeks; enrollment is continual. If my child is enrolled, I am responsible for paying the weekly fee in full by the deadline for my child to remain registered in the Before & After School Program.**
8. I understand that if my child is going to be out sick for an entire week, I must submit a doctor's note within 24 business hours or I will be responsible for payment of that week. If my child is going to be out for more than one (1) week, documentation must be submitted to Andrea Maddox, Sr. Director of Childcare, at amaddox@asymca.org, downtown office, to be considered for non-removal.
9. I understand that I must pick up my child by 6:00 pm. If my child is not picked up by 6:00 pm a late pick-up charge of $2.00 per minute, per child, will be assessed to my account. The late pick-up fee must be paid at an Armed Services YMCA office by close of business the next day. I also understand, that my refusal to pay a late fee will result in immediate removal of my child from the program.

_____ Initial

10. **A two week written cancellation notice is required in order to withdraw my child from the program. If required notice is not given, I am responsible for all charges incurred for those two weeks. Email to: syerrington@asymca.org**

_____ Initial

11. **Please circle your selected weekly payment option: Self Pay OR Auto Draft**

By my initial I understand and accept that Armed Services YMCA Killeen reserves the right to change or amend these policies at any time.

By my signature below, I certify that I have read and understand this agreement. I am aware of the basic standards of Armed Services YMCA's Child Care Program, and I agree with these standards, rules, and policies. I understand that it is my responsibility to inform any person responsible for my child of these standards, rules, and policies.

_____ _____

Signature of Parent or Guardian **Date**

ARMED SERVICES YMCA KILLEEN PHOTO/AUDIO VISUAL/NARRATIVE RELEASE FORM

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License.
For my participation in activities to be conducted by Armed Services YMCA Killeen and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- Video film or footage of me(/my child)
- Sound track recordings of me(/my child)
- Photo reproductions of me(/my child)
- Any narrative account of my(/my child's) experience

My consent includes a perpetual license to Armed Services YMCA Killeen and collaborating third parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions.

Ownership, Confidentiality, and Shared Use.
I agree:

- All works belong to Armed Services YMCA Killeen;
- Armed Services YMCA Killeen has no duty of confidentiality regarding any licensed uses;
- Armed Services YMCA Killeen shall exclusively own all known or later existing rights to the uses throughout the world;
- Armed Services YMCA Killeen and collaborating third parties may use any video film, footage, sound track recording and photo reproductions of me(/my child) and or my(/my child's) narrative account for any purpose without additional compensation to me.

****

☐ **By my initial I understand and accept that The Armed Services YMCA Killeen reserves the right to change or amend these policies at any time.**

____**Waiver for Photo/Video/Audio Release (optional):**
By my signature below, I give my consent for any photos, videos and audio taken of me(/my child) involved in Armed Services YMCA programs to be used for Armed Services YMCA promotions, trainings and/or display.

_____ _____

Signature of Parent or Guardian **Date**

TEXAS Health and Human Services

Form 2935
January 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name/School Name		Director's Name: Andrea Maddox	
Child's Full Name:		Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:			Area Code and Phone No.:
Name:			Area Code and Phone No.:
Name:			Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

◯ I give consent for my child to participate in field trips. ◯ I do not give consent for my child to participate in field trips.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

◯ Yes ◯ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

◯ Yes ◯ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

◯ Yes ◯ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ **Signature — Parent or Legal Guardian**

_____ **Date Signed**

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian **Date Signed**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to:
Check all that apply.

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian **Date Signed**

Requirements for Exclusion from Compliance

- ◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯Pass ◯Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

Signature **Date Signed**

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ◯ A signed and dated copy of a health care professional's statement is attached.
- ◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ◯ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯Positive ◯Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature **Date Signed**

TEXAS
Health and Human Services

Form 1099
July 2019-E

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

1) Individualized and consistent for each child;
2) Appropriate to the child's level of understanding; and
3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2) Reminding a child of behavior expectations daily by using clear, positive statements;
3) Redirecting behavior using positive statements; and
4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1) Corporal punishment or threats of corporal punishment;
2) Punishment associated with food, naps, or toilet training;
3) Pinching, shaking, or biting a child;
4) Hitting a child with a hand or instrument;
5) Putting anything in or on a child's mouth;
6) Humiliating, ridiculing, rejecting, or yelling at a child;
7) Subjecting a child to harsh, abusive, or profane language;
8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  (B) What behaviors would warrant the use of these measures; and
  (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by:

Role:

◯ Parent ◯ Caregiver/Employee ◯ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y

- Title 26, Chapter 747 Subchapter L
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y

- Title 26, Chapter 744 Subchapter G:
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

BEFORE & AFTER SCHOOL CARE PAYMENT OPTIONS

- **Payments must be prepaid:**
  - Members: $85 per child per week, due every Friday
  - Non-Members: $100 per child per week, due every Friday

- **Payments can be made online:**

  To make payments online, go to
  qrco.de/daxko-mobile
  or scan the QR code with your phone!

- **The preferred method of payment:**

  Auto-Draft
  - Available for bank accounts or credit/debit cards. This method will help eliminate late fees.
  - Childcare payments will be drafted every Friday at 2 AM CST.
  - Late payment fees of $25 per child will be assessed every Friday at midnight.
  - The participant will be subject to dis-enrollment and additional fees if any balance is not paid by midnight on Sunday.
  - Account holder is responsible for any outstanding balance.

- **Payments can be made at the in-person at the following location, and are due every Friday:**
  - Armed Services YMCA Wellness Center
    110 Mountain Lion Rd, Harker Heights
    254.690.9622

Payments made at Armed Services YMCA Offices can be made by check, cash, money order, or credit/debit cards. Postdated checks will not be accepted. To accept checks for your childcare payment fees, your driver's license number must be on file or presented when making a payment via check.

PLEASE NOTE: ANY payments declined by your financial institution, regardless of reason, are subject to a $35 fee per item. If payments are declined as a result of fraud or a bank/credit card issuer error, you can provide documentation from your bank/credit card issuer to receive a one-time courtesy fee waiver.

_____ **Initials**

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the ARMED SERVICES YMCA

ASYMCA EMERGENCY INFO CARD

CHILD'S NAME _____ SEX_____ D.O.B._____ AGE ____

ADDRESS _____ CITY _____ ZIP _____

ADULT 1 _____ PHONE_____ EMPLOYER _____

ADULT 2 _____ PHONE_____ EMPLOYER _____

RELEASE OF CHILD: I HEREBY AUTHORIZE THAT MY CHILD ONLY BE RELEASED TO:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

IN CASE OF EMERGENCY AND I/WE CAN NOT BE REACHED PLEASE CONTACT THE FOLLOWING:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

DO NOT RELEASE MY CHILD TO THE FOLLOWING:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

IF MILITARY, PLEASE DENOTE YOUR UNIT DESIGNATION AND PHONE NUMBER:

UNIT _____ PHONE _____

AUTHORIZATION OF MEDICAL CARE:

In the event I can not be reached to make arrangements for emergency medical care at the time of illness or injury, I hereby authorize the Armed Services YMCA to take my child to the nearest hospital, clinic, or medical center.

I understand that I am responsible for payment of any medical services received.

_____ _____

Signature Date

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Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ARMED SERVICES YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risks

I acknowledge and agree that nay use of Armed Services YMCA facilities, services, equipment and premises ("Facilities") and any participation in Armed Services YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of all nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Armed Services YMCA it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however incurring including, but not limited to the negligence of Releasees. I understand that I will be solely be responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained form the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO NOT RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

____
Participant or Parent/Guardian Signature

____
Date

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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.

☐ **Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s)** _____.

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

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 BODY SYSTEM**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM A **SINGLE BODY SYSTEM** (E.G. SKIN, GI, ETC.), 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

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE DATE

Form provided courtesy of **Food Allergy Research & Education** (FARE - FoodAllergy.org) - January 2023

FARE. Food Allergy Research & Education

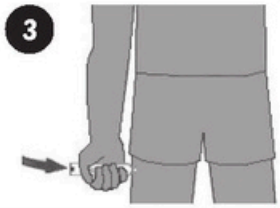
FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

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.

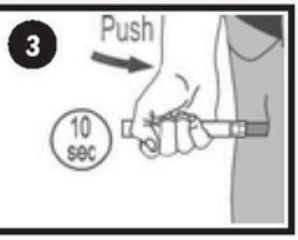
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. 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.
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.



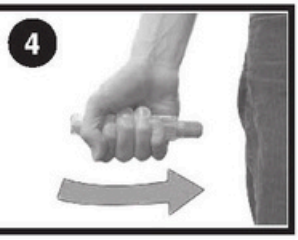
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.):

Epinephrine first, then **call 911**. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Form provided courtesy of **Food Allergy Research & Education** (FARE - FoodAllergy.org) - January 2023

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