



HOT SPRINGS FAMILY YMCA SCORE
STUDENT/PARENT/FACULTY
CODE OF CONDUCT
AGREEMENT

1. We follow the Conscious Discipline classroom management and social-emotional educational system.
2. We treat all with respect. We keep our hands and feet to ourselves, treat others how we want to be treated and stop and think before we act.
3. We look each other in the eye when being spoken to, and when we speak to others. We do not talk down to students, colleagues or caregivers.
4. We speak in pleasant, respectful tones. We do not yell under any circumstances.
5. When there is an issue, we walk across the room to speak with each other. We do not yell across the room.
6. If there is unacceptable behavior, we offer two safe choices.
7. If a student cannot pick a safe choice, adults will pick an activity for them and sit with them to complete it. (puzzles, drawing, legos, ect.)
8. We use logical consequences. Some examples of logical consequences in place are: If a student is disruptive during an activity, or is having trouble with listening skills they may be sent to the "not listening" table.
9. We use positive reinforcement and redirection. We do not use threats. For example, we do say: "If you don't do _____, then you can't _____." This includes empty threats: We do not use manipulative, empty threats to coerce each other into doing what we want."
10. We maintain an appropriate ratio at all times. Maintaining ratio means no "sidebar/adult conversations", no cell phones, and nothing that requires you to turn your back to the student for extended periods of time.
11. We call people by their names. We don't call them pet names or nicknames.
12. We deal with discipline issues privately. We don't call out students in front of the class.
13. If a student is being disruptive/unsafe, an adult need to accompany them to our safe space and help them refocus and redirect. We only remove students from the room/ have them sit in the hall for extreme occurrences.

We agree, as a community, that our students are our clients. We work hard to serve them in an appropriate way, promoting high level psycho/social emotional skills and life competencies.

Understanding that success only comes when we all come together with equitable visions and goals. I _____ agree to observe and adhere to this code of conduct, and hold myself to the highest standard in upholding their aim and internet.

Signed: _____ Date: _____



S.C.O.R.E.

Lakeside Afterschool Program



Registration Form 2021-2022

E-Mail: _____

Grade: _____ Teacher: _____ Start Date: _____

CHILD'S INFORMATION

Child's Name: _____ D.O.B: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Address: _____ Address: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

EMERGENCY CONTACT INFORMATION

Name of person to call if parents can not be reached: _____

Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this person authorized to take the child from the center? YES NO

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
Address		Address		Address	
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Telephone		Telephone		Telephone	
_____		_____		_____	

MEDICAL INFORMATION

Child's Physician or Emergency treatment facility: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ (Father, Mother, Guardian) (Circle one that applies) of _____ do hereby give my consent to the Director of the Child Care

Child's Name

Facility, or his duly designated representative, or said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the Director or his duly appointed representative to transport child for emergency treatment, if the parents cannot be reached.

Signed: _____ Date: _____

List any situations your child has experienced and may be receiving counseling for so we can better serve your child:

Child's special food needs: _____

Medications, Allergies or Medical Concerns: : _____

Press Release

I give written permission for my child to be photographed and give my permission for my child's picture to be used in any advertising or press releases, including social media Parents will be notified prior to the release.

Signature: _____ Date: _____

Sunscreen Information

I am aware that, due to outside activities, and being in the sun, my child may incur a sunburn. I will provide sunscreen for my child when necessary.

Signature: _____ Date: _____

Nutritional Information

The Department of Human Services requires the Hot Springs Family YMCA to inform parents that your child's lunch should provide nutritional food from the four basic food groups.

- * Dairy
- * Protein
- * Fruits and Vegetables
- * Grains, Wheat and Pasta

Signature: _____ Date: _____

RULES AND REASONABLE MODIFICATIONS TO OUR POLICIES, PROCEDURES, AND SERVICES

All children enrolled in our center will be expected to follow rules established by the staff. The staff is committed to positive reinforcement in their behavior management. Physical discipline is never allowed. Time-out may be used to allow a child to regain his/her self-control before returning to the group. If a major discipline problem occurs, the childcare staff will contact you. Please cooperate with us by stressing the importance of good behavior patterns with your child. Continued behavior problems may lead to suspension or expulsion from the program.

Every effort will be made to integrate each child into the program. Please let us know if your child is receiving counseling, has a serious behavior problem or has other special needs. We are willing to work with you to explore reasonable modifications to our policies, practices or services as required by state or federal law, but we need accurate information on your child's specific needs in order to do so.

Signature: _____ Date: _____

YMCA S.C.O.R.E Is a state- licensed child care facility and as such parents need to be informed that participants are subject to interviews by Child Care Licensing Personnel, DCFS Special Investigators and Law Enforcement Personnel for investigative purposes and/or for determining compliance with Licensing Requirements. DHS compliance forms for the center are available for review upon request.

Signature: _____ Date: _____

Kindergarten Readiness

(4 year olds only)

This is to acknowledge that I have received the Kindergarten Readiness Skills checklist for my child.

Signature: _____ Date: _____

Late Pick Up Policy

I understand that the S.C.O.R.E program ends at 5:30p.m. Monday through Friday. If I am late picking my student(s) up, I will be charged one dollar, per child, per minute for every minute after 5:30p.m.

Signature: _____ Date: _____

For Office Use Only

Date Enrolled: _____ Date Withdrawn: _____ S.C.O.R.E Classroom: _____