

# Registration Packet Checklist

- CIIS Vaccination record/waiver
- Permission Slip
- Consent & Liability Waiver
- Parent's/Guardian's Permission To Apply Sunscreen To Child
- Health Form

# 2023-2024 School Year



204 E. Kansas  
Trinidad, CO 81082  
youthcluboftrinidad@gmail.com  
Telephone: 719-422-8090

## Hours of Operation

Monday-Thursday: 3 PM-5 PM  
Friday: 8 AM-5 PM

***Maximum Participants: Sixty (60) Children***  
**NO DROP-INS. Registration required.**

Dear Families,

We are looking forward to a fantastic school year. There are some changes, so please review the handbook with your child to ensure they know the expectations and code of conduct.

Please make sure registration paperwork is complete, or it will delay enrollment. We also must have current vaccination records/waivers on file for every child before attending. Please make sure we have medical documentation for any allergies as well.

Private pay rates are **\$13.50 for part-time (under 5 hours) and \$24.50 for full-time.**

Children must be signed in and out every day. They may sign themselves in when they arrive after school but must be signed out by a parent when they are picked up. **CCAP parents need to approve hours at least weekly.**

Please keep us informed if your child will be absent due to appointments, illness, etc. Also, please let us know if you will be late picking up your child.

Thank you.

Patrick Walsh  
Executive Director



**FOR OFFICE USE ONLY**

Entry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by \_\_\_\_\_

- Vaccination record/waiver     Permission Slip     Consent & Liability Waiver
- Parent's/Guardian's Permission To Apply Sunscreen To Child
- Health Form
- New         Renewal         Former

For Former Members: Were they ever suspended or expelled from the Youth Club?

Y  N Why? \_\_\_\_\_

# Youth Club of Trinidad, Inc. Enrollment Application 2023-2024 SCHOOL YEAR

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Youth First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Gender Identity \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Immunization Records or Waiver Required)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Parent Email \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

**Payment Options:**

- Option 1: CCAP (All families must apply within 30 days of registering.) The full-time fee is **\$24.50/day/child**, part-time (under 5 hours) is **\$13.50/day/child**. **Fees apply until CCCAP approval is received.**
- Option 2: Private Pay (families that don't qualify for CCAP)

*I have read and understood the Youth Club of Trinidad, Inc.'s practices and expectations in the Handbook. My child and I will uphold enrollment expectations and have received, read, and understood the content of the Youth Club of Trinidad's Handbook. I will ensure truthful, accurate, and current information is on file for my child.*

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**FAMILY INFORMATION**

*This information is collected for grant-writing purposes ONLY.*

Household Type:  Both Parents  Single Parent  Alternate Custody  Other Family Member  Foster Care  
 Other: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Household Size: \_\_\_\_\_

Any Active Duty Family Members:  Y  N If yes, which branch: \_\_\_\_\_

Do you reside in public housing?  Y  N

Are any members of the household disabled?  Y  N

Number in household \_\_\_\_\_

Are any members of the household 65 or older?  Y  N

Annual income:

- \$0-\$9,999                       \$10,000-\$14,999                       \$15,000-\$19,999                       \$20,000-\$29,999
- \$30,000-\$39,999                       \$40,000-\$49,999                       \$50,000-\$54,999                       \$54,999-\$59,999
- \$60,000+

**DEMOGRAPHICS**

Race: (Please select one)  Asian/Pacific Islander     Black/African American     White/ Caucasian     American Indian/Native American  
 Multi-Racial     Other \_\_\_\_\_

Ethnicity: (Please select one)  Non- Latino/Hispanic     Latino/Hispanic

Child's name \_\_\_\_\_

**CONTACTS**

The Youth Club of Trinidad maintains an open-door policy allowing access to children during regular operating hours. Parents/Caregivers must sign children in and out each day. The Youth Club of Trinidad, Inc. cannot be held liable for anything that occurs while a child is not signed in or if they leave without permission.

**PARENT/CAREGIVER CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Authorized to pick up member?  Y  N

**ALTERNATE/EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Parent/Guardian?  Y  N Emergency contact?  Y  N  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Authorized to pick up member?  Y  N

**ALTERNATE/EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Parent/Guardian?  Y  N Emergency contact?  Y  N  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Authorized to pick up member?  Y  N

**ALTERNATE/EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Parent/Guardian?  Y  N Emergency contact?  Y  N  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Authorized to pick up member?  Y  N

# PERMISSION SLIP

**IF ANY CONSENTS ARE NOT AGREED TO, PARENT/GUARDIAN WILL BE ASKED FOR WRITTEN EXCLUSION**

**CONSENT 1:** I permit my daughter/son to go with authorized Youth Club of Trinidad, Inc. staff members/volunteers on trips to places of interest (by bus, van, or car) and hereby authorize Youth Club of Trinidad, Inc. to carry out any measures deemed necessary should an emergency occur, including securing, at the expense of the undersigned, appropriate medical treatment for the participant, and hereby release any liability suffered by myself or my child at any activity sponsored by this agency. \_\_\_\_\_ **Initial**

**CONSENT 2:** I authorize the Youth Club of Trinidad, Inc. to use and reproduce all photographs or videos which may be taken in connection with Club activities for any purpose whatsoever without compensation. All negatives and positives together with prints and video footage shall constitute Youth Club of Trinidad property, solely and completely. \_\_\_\_\_ **Initial**

**CONSENT 3:** I understand that my child will have access to the Internet /WiFi, and they may access inappropriate sites even with our utmost security measures. The Youth Club of Trinidad, Inc. will have rules and consequences for such behavior; however, the Youth Club of Trinidad will not be responsible for the consequences of such access. \_\_\_\_\_ **Initial**

**CONSENT 4:** I permit my child or dependent to attend the Youth Club of Trinidad, Inc. I acknowledge that my child may not leave without a parent/guardian or the organization's staff at any time. The Youth Club will not be held responsible for children who leave without permission. Leaving without permission or unsupervised will result in being expelled from the program.

\_\_\_\_\_ **Initial**

**CONSENT 5:** I give the Youth Club of Trinidad, Inc. permission to survey or interview my child to determine in research being conducted by the Youth Club of Trinidad, Inc. to find out what his/her behaviors, skills, and attitudes are concerning issues such as health risks and habits positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as their experiences at the Club. I understand that this information will remain private and that only my child's Director and assigned research assistants will be able to look at his/her responses. I understand that my child's responses will be automatically grouped with the responses to other the Youth Club of Trinidad members for any public presentations of findings. My child will never individually be linked to his/her responses. I understand that if I choose not to give my permission for my child to participate in this research, they will continue to receive all of the services offered by the Youth Club of Trinidad, Inc.

\_\_\_\_\_ **Initial**

**CONSENT 6:** In case of an emergency involving the child on this form, I authorize the Youth Club of Trinidad, Inc. to use the information in the medical section for emergency medical treatment under the following conditions:

1. An emergency or unanticipated condition requiring actions for the preservation of the life or health of my child; and
2. Reasonable attempts to contact Parent/Guardian/Emergency Contact have failed.

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

**CONSENT 7:** I am responsible for any damages my child causes to Club property or equipment or neighboring properties and agree to pay for any repairs or replacement of damaged or destroyed equipment or property. \_\_\_\_\_ **Initial**

**CONSENT 8:** I acknowledge that a variety of dangers, injuries, obstacles (both natural and artificial) may be encountered, and have an inherent risk of death, dismemberment, injury, etc., that may arise while my child engages in physical activity on the Club's premises. I recognize these risks and permit my child to participate in activities sponsored by the Youth Club of Trinidad.

\_\_\_\_\_ **Initial**

**CONSENT 9:** I understand that the Youth Club of Trinidad Inc. reserves the right to revoke enrollment for any reason. \_\_\_\_\_ **Initial**

**CONSENT 10:** I permit my child to watch G or PG-rated movies at the Youth Club of Trinidad, Inc. \_\_\_\_\_ **Initial**

**CONSENT 11:** I have received and read the parent handbook. My child and I will uphold the practices and expectations of enrollment. I will ensure that information is truthful, accurate, and kept current.

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

I release and forever discharge the Youth Club of Trinidad, Inc., their agents, and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the event. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless at the Youth Club of Trinidad, Inc., its agents, and servants, successors, and assigns, directors, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by my child or me, by anyone on behalf of my child or me, or by anyone else on their behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by my child or me during this event or travel to and from the same.

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

**IF YOU DID NOT INITIAL EVERY CONSENT, PLEASE INITIAL HERE AND EXPLAIN WHY** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CONSENT AND LIABILITY WAIVER FORM

Each participant of the Youth Club of Trinidad, Inc. must complete all Consent and Liability Waiver Form spaces. Please type or print in ink.

**Participant's Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Gender Identity \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Home/Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Health Plan Carrier** \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Agent Phone ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Medical Exchange ( ) \_\_\_\_\_

**Family Dentist** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

1. Do any precertification, notification, or other requirements exist with respect to the health insurance of participant? If so, please specify: \_\_\_\_\_

2. Are there any allergies that staff/medical personnel should be aware of? If so, please describe: \_\_\_\_\_

3. Is the participant taking any medication? If so, please describe/list: \_\_\_\_\_

4. Does your child have any mental/health/physical/behavior challenges:

Autism    ADHD    Developmental Delays    Hidden Health Concerns (i.e., Diabetes)    Physical Challenges

Emotional Challenges    Behavioral Challenges    Any other Special Needs please specify: \_\_\_\_\_

I, the undersigned parent(s) and/or natural guardian(s) of \_\_\_\_\_, a minor, do hereby authorize my child's adult leader (and/or any other adult appointed or designated by him/her)

(i.) to consent to medical, surgical, and dental care for such minor child

(ii.) to consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and

(iii.) on my/our behalf,

a. to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,

b. admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care

c. and sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of any condition or situation that would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be necessary. I fully understand the consequences of the foregoing statements and sign this *CONSENT & LIABILITY WAIVER INFORMATION FORM* knowingly, freely, and willingly.

I understand that I have a duty to provide primary accident and medical insurance for myself (or my child). I declare that I am (or my child is) covered by a primary accident and medical insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Parent's/Guardian's Permission To Apply Sunscreen To Child

Participant's Name \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the Youth Club of Trinidad, Inc. to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when they are playing outside, especially during March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

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

Parent/Guardian full name (print): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# HEALTH FORM

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Past Illnesses – check those the child has had and give approximate dates:

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ Rubella: \_\_\_\_\_ Rheumatic

Fever: \_\_\_\_\_ Asthma: \_\_\_\_\_ Hay Fever: \_\_\_\_\_ Diabetes:

\_\_\_\_\_ Mumps: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Whooping Cough:

\_\_\_\_\_ Poliomyelitis: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical condition(s) requiring the facility's special attention: \_\_\_\_\_

Medication(s) Prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_ If

Tuberculin test given - Date: \_\_\_\_\_ Result: \_\_\_\_\_ If Chest

X-Ray given - Date: \_\_\_\_\_ Result: \_\_\_\_\_ Vision:

\_\_\_\_\_ Hearing: \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach them to this form.

Date of my most recent examination of the child: \_\_\_\_\_

Signature of Parent or Guardian Date

\_\_\_\_\_

**PLEASE PRINT**

\_\_\_\_\_

Print Name of Parent or Guardian



## **DRESS CODE POLICY**

- Closed toed shoes must be worn at all times
- Attire, accessories, and belongings(phones, hats, etc) may not:
- Advertise or promote the following: drugs, alcohol, tobacco products, weapons, violence, sexually suggestive language or symbols
- Degrade or demean any ethnic background, national origin, religious belief, gender, gender orientation, or disability
- **Clothing must be sufficiently to:**
- Conceal undergarments at all times
- Completely conceal buttocks and chest and abdomen at all times.
- Jewelry, accessories, and other belongings that, in the opinion of the staff, distract from the goals of the club by attracting undue attention or pose a threat to the safety of others are not permitted.

This dress code applies to all activities the club is involved in minus special field trips such as the pool, etc. the staff reserves the right to modify the dress code policy as needed. Staff will enforce the dress code policy equitably, with as little disruption to activity as possible. Consequences for dress code violations:

**1st offense:** Meet with staff, change of clothing, verbal warning documented.

**2nd offense:** Meet with director, change of clothing, parent contact.

**3rd offense:** Meet with director, change of clothing, parent contact, write up.

## **CHILD EXPECTATIONS**

- Understand that attendance is a privilege that comes with a responsibility to participate in Club programming actively
- Be a positive spokesperson for TYC.
- Be respectful and courteous to TYC staff and other children.
- Participate in surveys, pre-and post-testing
- Be responsible and accountable for your actions and behavior.
- Respect the club, yourself, and others.
- Keep your hands and feet to yourself.
- Use appropriate language.
- Clean up after yourself.
- Follow directions given by staff and volunteers.
- Leave toys, stuffed animals, etc., and electronic devices at home. Children will be assigned lockers to keep their belongings in.
- Dress comfortably and appropriately (Nothing revealing, tight, or too short) for physical activities.
- Closed-toed shoes such as tennis or walking shoes are required. **Flip flops are not allowed.**
- Read, understand and abide by the rules outlined in the handbook.

## **ZERO-TOLERANCE POLICY**

The following behaviors will automatically result in a minimum one-week suspension. Depending on the severity of the incident, the suspension can be elevated to any level, including expulsion.

- Fighting
- Stealing
- Bullying
- Damage to the Youth Club of Trinidad facility or any neighboring properties.
- Threatening the safety of another child, staff member, or volunteer.
- Possession of alcohol, tobacco, illegal material, or weapons

## **DISCIPLINE POLICY**

TYC strives to keep the consequences for unacceptable behavior clear, appropriate, and timely. The safety of all children is of utmost importance to us. Our standards, along with the expectation that all children use good common sense, exist to ensure that your child and every other child at the Club can safely enjoy our activities.

Any child who disrupts programs or creates a dangerous situation will be disciplined appropriately. Minor offenses will be dealt with by staff. Children who do not follow the rules can expect to lose privileges and face the consequences.

Behavior reports will be filled out for any Zero Tolerance behaviors and require a parent's signature at pick up. Three write-ups for any Zero Tolerance behaviors will result in suspension or expulsion depending on the offenses' severity. Zero Tolerance Policy offenses will result in immediate suspension or expulsion depending on the severity of the offense. A staff member will call parents/caregivers to remove any child behaving aggressively or violently and creating a dangerous situation for themselves, other children, staff, volunteers, or visitors. If you are

called to pick up your child for discipline reasons, it is your responsibility to pick them up within 30 minutes, or staff will call an emergency contact. If staff cannot reach a parent/caregiver or emergency contact, staff will contact the appropriate authorities.

Our staff is trained and background-checked youth development professionals. They shall be treated with respect at all times by children and parents. If a disagreement arises, please make an appointment to speak with the Executive Director. The staff has been advised not to engage in any form of discussion with a parent regarding discipline issues. Staff may inform parents of behaviors and consequences but will not be questioned regarding the decisions made.

Member signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_



# Youth Club of Trinidad, Inc. (TYC)

## 2023-2024 School Year Handbook

204 E. Kansas, Trinidad, CO 81082

719-422-8090

[youthcluboftrinidad@gmail.com](mailto:youthcluboftrinidad@gmail.com)

**Each child and parent must review this handbook as a condition of enrollment.**

*Failure to abide by these expectations will result in expulsion.*

The Youth Club of Trinidad is an out-of-school time program that promotes youth development.

This handbook is designed to inform children & parents of the policies and procedures of the Youth Club of Trinidad, Inc. (TYC). It contains rules by which the Club operates and helpful hints to make your child(ren)'s experience more enjoyable.

We provide young people with opportunities to engage in programs that help them achieve academic success, take charge of their health by building healthy habits that stick with them throughout their lives, step outside their comfort zones, and foster the skills they need to be active in their communities. We ensure that every child that walks through club doors has their needs met. By collaborating with families, schools, and other partners in the community, our club can provide an environment for learning and growing. Our staff of professionals delivers well-rounded and innovative programs to children. By tracking participation and results, we can continually evaluate our effectiveness.

Our primary focus areas include academic success, good character and citizenship, and healthy eating/active living. Our activities include enrichment classes, community service projects, field trips, physical activity, and nutrition.

The Youth Club of Trinidad provides young people:

- A safe, positive, and inclusive environment to learn and grow.
- Opportunities to build positive, meaningful, and healthy connections with their peers and adults.
- High-quality strength-based activities and programs to explore and obtain skills necessary to make good decisions.
- Experiences that foster hope, belonging, and a sense of purpose.
- Opportunities for youth to lead, contribute their ideas, and be recognized.

We are a non-profit organization. Funding for programs comes from private foundations that support youth development, area businesses, individual contributions, government grants, and special events.

### **CLUB HOURS**

School Year: Monday-Thursday 3:00-5:00 P.M.; Friday 8:00-5:00 P.M.

Summer & School Breaks: Monday through Friday 8 AM-5 PM

### **HOLIDAY CLOSURES**

Wednesday, September 6 – Labor Day

Thursday & Friday, November 23-24 – Thanksgiving

Monday, December 24 - Christmas (observed)

Sunday, December 31, 2021 – New Year's Day (observed)

Monday, January 1 – New Year's Day

Monday, May 27 – Memorial Day

Thursday, July 4 – Independence Day

*Periodically the Club may be closed on other days to facilitate staff training and preparation needs. When such a closure occurs, parents will be given as much notice as possible.*

## **INCLEMENT WEATHER POLICY**

Youth Club of Trinidad, Inc. will make every effort to remain open during inclement weather. Our goal is to make sound decisions based on the safety of families and staff while still meeting families' and children's needs. In a state of emergency or if the state and city government is closed, the Youth Club of Trinidad, Inc. will also close.

Youth Club of Trinidad, Inc.'s response to a school snow day is that we will be closed to our members. We make every effort to communicate a decision to close or delay opening as quickly as possible. There are many ways to learn about club closings or delays:

- Youth Club of Trinidad, Inc.'s Facebook page
- Constant Contact
- Instagram
- KCRT

If Youth Club of Trinidad, Inc. closes early, you will be notified by phone, as well as a posting on our website and Facebook. You must arrange to have your child picked up as soon as possible in the event of an early closing. If this is the case, every effort will be made to contact each family by phone or e-mail, and staff will stay until all children are picked up.

## **OTHER CLOSURES**

If we are experiencing an extended power outage or water shortage, we will close the Club.

## **COLD TEMPERATURES/HOT WEATHER**

Members will be allowed to play outside when appropriate clothing is worn. The Executive Director will monitor weather conditions and determine if outdoor winter activities are appropriate.

During hot weather, staff will provide ample water and shade for members at all times and seek additional shelter if necessary. Sunscreen application will be supervised by staff and applied by members according to policy. In excessive heat, the Executive Director will make a judgment call about how long members may remain outside at any given time.

## **ANTI-DISCRIMINATION POLICY**

The Youth Club of Trinidad, Inc. does not discriminate against any individual concerning race, color, religion, sexual orientation, national origin, age, disability, or other protected status. The policy extends to all enrolled children, parents, employees, volunteers, and the general public.

## **VISITOR POLICY**

All visitors must sign in and be escorted by a staff member during their visit. Visitors include everyone except Youth Club of Trinidad, Inc. staff and authorized volunteers.

## **ENROLLMENT**

Enrollment is open to all youth ages 5-17. A registration packet must be completed and signed by a parent or guardian. Full-time enrollments will have priority. Enrollment is a privilege and will be revoked if the rules and expectations outlined in this handbook are not followed.

## **FINANCIAL ASSISTANCE**

Child Care Assistance is available. Please contact the Department of Human Services and ask for child care assistance program information. If you qualify for financial assistance, your parent fees will be based on your family's size and household income.

The full-time fee is **\$24.50/day/child**, part-time (under 5 hours) is **\$13.50/day/child**. There is no discount for multiple children.

Option 1: CCAP (All families must apply within 30 days of registering.) Daily fees apply until CCAP approval is received. Hours must be approved weekly for children that are approved for CCAP. Parent fees are due at the beginning of each month.

Option 2: Private Pay (families that don't qualify for CCAP) will be billed on actual attendance. Fees are due on Monday when your child is dropped off.

## **PAYMENT POLICIES**

- There is no scholarship program.
- We accept CCAP, checks, money orders, and cash.
- All accounts must be paid in full by the 10th of each month. Fees must be kept current!
- No refunds will be given. Overpayment will be credited to your account.
- Accounts 30 days past due will result in a revocation of enrollment privileges until paid in full.
- Accounts will be charged a \$30 fee for any check/charge returned for non-sufficient funds.

## **DROP-OFF/PICK-UP**

A parent/caregiver must stay until the child(ren) has passed the screening process and then sign them in. A parent/caregiver must sign the child(ren) out each day. Children are not allowed to leave the Club unsupervised. Children must be picked up no later than 5:00 p.m. Failure to pick up your child(ren) by the closing time three times without notification will result in a revocation of enrollment.

The Club will not be held responsible for members that leave the Club unsupervised. The Club reserves the right to discipline members that leave unescorted, up to and including suspension and expulsion. Children will not be allowed to go with a parent/caregiver clearly under the influence of drugs or alcohol. Staff will contact the appropriate authorities if this occurs.

### **CLUB ACTIVITIES**

If a child arrives late and their group has left the facility for an off-site activity, they will remain at the club and participate in an alternative activity. If a child is with their group for an off-site activity, they are expected to participate in the activity their group is doing. If they become ill, staff will call a parent/caregiver to pick them up at the off-site location.

### **MEALS & SNACKS**

Monday through Thursday, the children will receive an afternoon snack. On Friday, they will be given a morning snack, lunch, and an afternoon snack. Alternatives are only available for children with documented dietary restrictions. **Outside food and drinks are not permitted.**

### **TRANSPORTATION**

We do not provide transportation to or from the club for our members under any circumstances. Staff will only transport children off-site in an evacuation or for a field trip.

### **ACCIDENTS & INJURIES**

Youth Club of Trinidad staff works very hard to create a safe and secure environment. The completed enrollment application authorizes staff to obtain medical treatment for a member, if necessary. Minor injuries, such as cuts, scrapes, will be treated on-site. When a serious injury occurs, a staff member will immediately call the parents or emergency contact person while a second staff member seeks appropriate care for the injury. Please keep contact information current. All staff is first aid and CPR certified in case of emergency.

### **SICK POLICY**

- We will be conducting screenings for illness anytime anyone enters our facility. The health department has a list of our children, parents, and staff members for contact tracing purposes. Please do not leave before your child has been screened.
- All children must have current emergency contact information on file so that staff can contact families quickly due to a sick child or necessary closure. Also, please ensure that we have a current vaccination record or waiver on file for each child.
- If a child becomes ill during the day, they will be placed in an isolation/sick room until they and other children from the same household are picked up. Staff will disinfect the isolation/sick room after use. Staff will use personal protective equipment while supervising an ill child.
- Any member exposed to a contagious disease will be allowed back into the Club only after a physician's official authorization. Do not send a sick child to the club.
- If your child becomes ill while at the Youth Club of Trinidad, staff will contact a parent/caregiver to pick them up as soon as possible or make arrangements for them to be picked up within 30 minutes.

### **MEDICATION POLICY**

**Staff will only dispense emergency medications.** If your child has a chronic condition requiring emergency medication such as an epi-pen or inhaler, please ensure they know how to use and carry it and have the prescription information on file.

### **BATHROOM ACCIDENTS**

**Any child with a "bathroom accident" involving soiled clothing while at the Club must be picked up immediately.** Please be aware children wearing soiled clothes pose a serious health risk to other children and staff and may not remain at the Club.

### **PARENT/CAREGIVER CODE OF CONDUCT**

*Parents are expected to:*

- Ensure truthful, accurate, and current information is on file for your child.
- Pay fees promptly (by the 10th of each month)
- Be respectful to staff, administration, other parents, and other children.
- Work respectfully and cordially with the staff to resolve any problems.
- Ensure your child is signed in when dropped off and picked up before Club closing hours
- Promote and support programs provided by TYC
- Be a supportive participant in your child's success with TYC.
- Encourage your child to participate actively and benefit from the programs offered at TYC.
- Provide constructive feedback of programs or procedures
- Make arrangements for outside activities before drop-off. The Club phone is for business and emergency use only.
- Read, understand and abide by the handbook.

*Parents must refrain from:*

- Physical punishment of children.

- Verbal abuse, yelling, swearing, or cursing.
- Threatening staff, other parents, or children.
- Smoking, drinking, etc., on Club grounds.
- Quarreling with other parents or staff.
- Disciplining other people's children.

## **CHILD EXPECTATIONS**

- Understand that attendance is a privilege that comes with a responsibility to participate in Club programming actively
- Be a positive spokesperson for TYC.
- Be respectful and courteous to TYC staff and other children.
- Participate in surveys, pre-and post-testing
- Be responsible and accountable for your actions and behavior.
- Respect the club, yourself, and others.
- Keep your hands and feet to yourself.
- Use appropriate language.
- Clean up after yourself.
- Follow directions given by staff and volunteers.
- Leave toys, stuffed animals, etc., and electronic devices at home. Children will be assigned lockers to keep their belongings in.
- Dress comfortably and appropriately (Nothing revealing, tight, or too short) for physical activities.
- Closed-toed shoes such as tennis or walking shoes are required. **Flip flops are not allowed.**
- Read, understand and abide by the rules outlined in the handbook.

## **ZERO-TOLERANCE POLICY**

The following behaviors will automatically result in a minimum one-week suspension. Depending on the severity of the incident, the suspension can be elevated to any level, including expulsion.

- Fighting
- Stealing
- Bullying
- Damage to the Youth Club of Trinidad facility or any neighboring properties.
- Threatening the safety of another child, staff member, or volunteer.
- Possession of alcohol, tobacco, illegal material, or weapons

## **DISCIPLINE POLICY**

TYC strives to keep the consequences for unacceptable behavior clear, appropriate, and timely. The safety of all children is of utmost importance to us. Our standards, along with the expectation that all children use good common sense, exist to ensure that your child and every other child at the Club can safely enjoy our activities.

Any child who disrupts programs or creates a dangerous situation will be disciplined appropriately. Minor offenses will be dealt with by staff. Children who do not follow the rules can expect to lose privileges and face the consequences.

Behavior reports will be filled out for any Zero Tolerance behaviors and require a parent's signature at pick up. Three write-ups for any Zero Tolerance behaviors will result in suspension or expulsion depending on the offenses' severity. Zero Tolerance Policy offenses will result in immediate suspension or expulsion depending on the severity of the offense. A staff member will call parents/caregivers to remove any child behaving aggressively or violently and creating a dangerous situation for themselves, other children, staff, volunteers, or visitors. If you are called to pick up your child for discipline reasons, it is your responsibility to pick them up within 30 minutes, or staff will call an emergency contact. If staff cannot reach a parent/caregiver or emergency contact, staff will contact the appropriate authorities.

Our staff is trained and background-checked youth development professionals. They shall be treated with respect at all times by children and parents. If a disagreement arises, please make an appointment to speak with the Executive Director. The staff has been advised not to engage in any form of discussion with a parent regarding discipline issues. Staff may inform parents of behaviors and consequences but will not be questioned regarding the decisions made.

## **DRESS CODE POLICY**

- Closed toed shoes must be worn at all times
- Attire, accessories, and belongings(phones, hats, etc) may not:
- Advertise or promote the following: drugs, alcohol, tobacco
- products, weapons, violence, sexually suggestive language or
- symbols
- Degrade or demean any ethnic background, national origin,
- religious belief, gender, gender orientation, or disability
- **Clothing must be sufficiently to:**
- Conceal undergarments at all times
- Completely conceal buttocks and chest and abdomen at all times.

- Jewelry, accessories, and other belongings that, in the opinion of the staff, distract from the goals of the club by attracting undue attention or pose a threat to the safety of others are not permitted.

This dress code applies to all activities the club is involved in minus special field trips such as the pool, etc. the staff reserves the right to modify the dress code policy as needed. Staff will enforce the dress code policy equitably, with as little disruption to activity as possible. Consequences for dress code violations:

**1st offense:** Meet with staff, change of clothing, verbal warning documented.

**2nd offense:** Meet with director, change of clothing, parent contact.

**3rd offense:** Meet with director, change of clothing, parent contact, write up.