



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Northern Lights YMCA
Wells Childcare & Youth Center
Wells Summer Program
Ages 5-6

2026 Parent Packet

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WELCOME TO THE NORTHERN LIGHTS YMCA WELLS SUMMER PROGRAM

We are honored you have chosen to trust us with enriching your child's development and care.

We are committed to providing your child with a rewarding and memorable experience. We have hired role models for your children who will help build character, positive experiences, and memories that will last a lifetime. Our staff is trained to display and encourage the values of caring, respect, responsibility, and honesty throughout daily activities, games, and curriculum.

Please use this handbook as a resource for the YMCA Wells Summer Program policies and procedures. It provides information about the program, policies, and practices. Please review this handbook carefully and review the program rules and guidelines with your child. Any parent/guardian that has questions or concerns regarding a child's participation are encouraged to talk with the School Age Coordinator/ Director.

PARENT NOTIFICATION OF LICENSING REQUIREMENTS

Childcare Organization Act, 1973 Public Act 116

Michigan Department of Human Services

All childcare centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010, until the license is closed.

- This center maintains a licensing notebook of all inspection reports, special investigation reports, and corrective action plans.
- The notebook is available to parents for review during regular business hours.
- Licensing inspections and special investigation reports from the last 2 years are available on the Bureau of Children and Adult Licensing website: www.michigan.gov/michildcare

CONFIDENTIALITY STATEMENT

Northern Lights YMCA Wells Summer programming maintains confidentiality and will respect each family's right to privacy, refrain from disclosure of confidential information and intrusion into family life. When we have reason to believe a child's welfare is at risk, we will share confidential information with appropriate agencies, as well as individuals who have legal responsibility for intervening in the child's interest. Disclosure of children's records beyond family members, program personnel, and consultants will require familial consent (except in cases of child abuse and/or neglect).

OUR MISSION AND VISION

We put Christian principles into practice through programs that build healthy spirit, body, and mind. Our program is committed to youth development, healthy living, and social responsibility. We follow our core values: caring, honesty, respect, and responsibility in our interactions with everyone that comes to care, as well as encouraging and teaching these values to the children in our care. Our vision is to provide a high-quality care experience that encourages children and families to grow, learn, and thrive.

OUR PHILOSOPHY

At the YMCA, we believe character development and values are part of who we are, this means more than just activities. We believe character development is an important challenge for everyone – staff, volunteers, participants, members, parents – to accept and demonstrate the positive values of caring, respect, responsibility, and honesty. We have built into our program time to reflect on these values, as well as striving for living and developing ourselves into following these daily.

An essential component of our program is our staff. Staff are trained in growth and development and set age and skill appropriate expectations. Staff guide and direct children with warmth, acceptance, approval, and respect and enable children to develop a strong, positive self-concept.

SUPERVISION

Wells Summer Program will always provide appropriate care and supervision for children. The ratio of teachers to children present will be 1:18.

Our staff members are at least 18 years old and have been properly screened and trained. All program staff have basic first aid and CPR/AED certifications.

Our program staff are required to attend a minimum of 24 hours of training prior to the start of care. Our comprehensive training and development program includes behavior management and resolution, planning age-appropriate activities, risk management, and more. They are also trained in all Wells Summer Program and YMCA policies and procedures. They explore techniques of how to better interact with children, build self-esteem and confidence, and become experts in games, skits, arts and crafts, and songs!

Students are never left alone, and no student is ever alone with a staff member. Students will be escorted by teachers following a rule of 3. There will never be less than 3 (2 staff to 1 child/ 1 staff to 2 children) individuals in a group.

GENERAL INFORMATION

OUR LOCATION

YMCA Wells Childcare and Youth Center

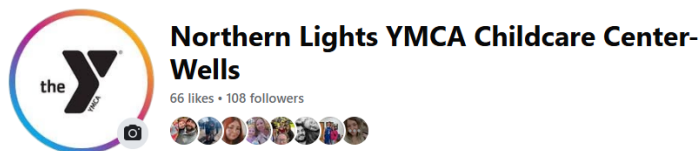
5775 Main Street
Wells, MI 49894
906-789-0202

You will check your student in and out with their teacher in Room 8. If students are not in Room 8 when you arrive for pick up please refer to the location sign found to the right of the door for indication as to where the group is located.

SOCIAL MEDIA

Follow along on the adventures of the Wells Summer Program!

Follow our page on Facebook: Northern Lights YMCA Childcare Center – Wells



CURRICULUM

We are proud of our Wells Summer program and the opportunities it offers your child for adventure and social growth. Our goal is to create a fun environment and instill our core values (Caring, Responsibility, Respect, Honesty) to help children flourish physically, mentally, and spiritually. Along the way students will build friendships, master skills, and appreciate diversity all while having the BEST SUMMER EVER!

SPECIAL NEEDS

If a child has special needs, please contact the School Age Coordinator/Director to schedule a time to talk before the child begins attending our program. We welcome all children to the center; however, we do *not* have the capacity to provide *one-on-one staffing support* and attention. The meeting will be designed to exchange information to help us accommodate your child's needs within our staffing capacity. We want to make sure we meet the needs and expectations of all our families.

Camp Harstad

- The YMCA partners with the Rotary to provide Camp Harstad which serves individuals from 6 to 17 years of age*. Camp Harstad is a program designed for children with mild to moderate disabilities that can follow group instruction and who are self-sufficient in all personal care (bathroom use, dressing, eating, etc.). If individualized or one-on-one care is needed, an aid provided by the family dedicated to the camper's personal care needs is permissible after consultation with the Camp Director, Elizabeth Taylor. Some of the educational eligibility categories of participants at camp may include (but are not limited to) Autism Spectrum Disorder, Cognitive Impairment, Specific Learning Disability, and other health impairments. If you are not sure if your camper should attend Camp Harstad, please contact the Camp Director or School Age Coordinator/ Director to discuss your options.

ENROLLMENT PROCESS AND EXPECTATIONS

Before enrolling we Suggest:

1. Review the Handbook, make sure this will fit your needs.
2. Plan any payments or payment arrangements.

YMCA Wells Summer Program Paperwork Needed:

- Acknowledgement of receipt of parent handbook
- Enrollment Agreement
- Photo Talent Release
- Emergency Treatment Release
- Topical Ointment Permission
- Written Information Packet Documentation
- Playground Permission Form
- School Age Children 5-6 Years/Child Health Statement
- Consent Form
- Walking Permission Form
- Information Record Card

Schedule Changes

Please declare any changes to your child's schedule (missing a day, early pick-ups, etc.) at the start or prior to the start of each week.

Communication

Newsletters and important care updates will be sent via the "Lilio" app, formerly known as the "HiMama" app. Prior to the start of Summer Care students will be added into our "Room 8" in the app and the noted *parent email* will be added to their account allowing you to connect yourself with your child on the app.

FINANCIAL ASSISTANCE AND 3RD PARTY CHILDCARE CONTRACTS

We are committed to providing access to all, regardless of family financial situations. We have a scholarship fund (annual campaign) to assist parents in affording summer care. This is awarded based upon fundraising and donations provided by the community each year. Scholarship forms must be turned in fully completed with all required documents. Additionally, we accept DHHS payments for childcare and work with the Sault Tribe Childcare Assistance Fund. All fees apply as normal until the application has been reviewed and approved.

ADMISSION

Our program is a full-week program. Currently, we do not offer part-time enrollment. Children may be enrolled based upon availability. The YMCA will enroll children regardless of nationality, race, gender, or creed.

Before a child may begin, the required paperwork (listed on page 5) must be submitted and approved by the School Age Coordinator/Director.

DISMISSAL PROCEDURES

The Northern Lights YMCA reserves the right to terminate care. Reasons a child may be removed from care may include but are not limited to those listed below. Please refer to the "Discipline" section for our typical procedures. Disenrollment is at the discretion of the School Age Coordinator/Director.

Possible Reasons for Termination:

- Non-payment of Fees
- Consistent and repeating disruptive behavior
- Inappropriate or unsafe behavior or language
- Physically harming self or others
- Continued Bullying
- Threats of harming oneself or others
- Bringing any form of weapon
- Consistent late pick-up

PAYMENT INFORMATION

COST OF Care

The cost for care is \$180 per child per week for members and \$220 per child per week for the public. A second child discount is also available (\$162 for members and \$189 for the public)

To hold your spot for a week of care, a *non-refundable \$20 deposit* is required at the time of registration and will count towards the total when full payment is made.

WAITING LIST

If a week is full prior to your registration, you may place your child on our waiting list. No deposit is required. If a spot becomes available, you will be contacted.

DUE DATES

- All program payments are due by 4:00PM every Friday before the week of attendance.
- Parents may set up weekly payments with the approval of the School Age Coordinator/Director.
- A child may be dismissed due to an unpaid balance. Families will be given notice for payment, if payment is not received, the child will not be able to return until balance is paid.
- Payments are non-refundable (unless there are unforeseen circumstances approved by the School Age Coordinator/Director)
- A \$25 non-sufficient funds (NSF) will be applied to each declined credit card transaction and returned check.
- Tuition is owed even if a child does not attend due to illness or vacation.

REFUND POLICY

All withdrawals from care week and/or refund request must be made in person or over the phone.

Refunds and/or credits will be issued as follows:

- A full refund or credit (less the deposit) will be issued if cancellation is received by Monday prior to the start of the care week. (7 days in advance)
- Cancellations and/or No-Shows the week of care will be charged for the full week.
- If WE need to close the center and cannot offer care for any reason, a refund will be provided.

HOURS & TYPICAL SCHEDULE

WELLS SUMMER PROGRAM

June 8 – August 14: Maximum capacity: 25

Our scheduled care runs from 7:30AM – 5:30PM Monday through Friday.

To ensure your child gets the most out of their experience, please have them arrive **by 9:00 AM**. **Students will remain together as one group** throughout the day, participating in a variety of engaging activities. While they rotate through different activities, they will do so as a **whole group rather than splitting into smaller groups**.

We follow a structured schedule and spend a lot of time outdoors exploring, so **late arrivals and mid-day drop-offs/pick-ups can be disruptive** to the program and challenging for staff. **Rotation Activities Include: Agriculture, CATCH (Health & Wellness), Art & Theater, STEM, Recreation (Sports & Games), Team Building, and Future Career Exploration.**

If you need to pick up your child early, please call ahead so that we can have your child ready for pick-up at the front desk.

Daily Schedule Overview *Subject to change*

- 7:30 AM - 9:00 AM → Drop off & Free Play (Stations, free play, or light activities)
- 9:00 AM - 9:15 AM → Welcome & Announcements (Roster check, Pledge of Allegiance, etc.)
- 9:15 AM - 10:15 AM → Morning Activity Rotations (Team building, themed activities, or group games)
- 10:15 AM - 10:45 AM → Education Refresher
- 10:45 AM - 11:45 AM → Activity Rotations
- 11:45 AM - 12:00 PM → Prep for Lunch (Hand Washing, table cleaning, etc.)
- 12:00 PM - 12:30 PM → Lunch
- 12:30 PM - 1:00 PM → Rest & Relax Time
- 1:00 PM - 3:00 PM → Outdoor time
- 3:00 PM - 3:15 PM → Snack Time
- 3:15 PM - 4:00 PM → Outdoor Group Game (e.g., Capture the Flag, Chalk, Kickball)
- **4:00 PM - 5:30 PM → End of Day Stations (Calm activities for late pickups)**

* Please note no bathroom breaks are listed as the classroom has a bathroom available for use throughout the entire day.

Weekly Highlights

- **Monday:** Team-building activities, making team posters.
- **Tuesday – Thursday:** Special activities like "Nature Nick."
- 1. **Friday:** Rotations of games, crafts, and exploration.

YMCA Summer Care Weekly Themes 2026

WEEK	THEME
Week 1: June 8 – June 12	Welcome to Camp!
Week 2: June 15 – June 19	Builders & Dreamers
Week 3: June 22 – June 26	Time Travelers
Week 4: June 29 – July 3	Party in the USA
Week 5: July 6 – July 10	All-Star Sports
Week 6: July 13 – July 17	Snack Attack
Week 7: July 20 – July 24	Out of this World
Week 8: July 27 – July 31	Water Week
Week 9: August 3 – August 8	Mad Scientist
Week 10: August 10 – August 14	Adventure Awaits

WHAT TO EXPECT IN YMCA PROGRAMS

We want you and your child(ren) to be comfortable knowing what to expect from the start.

DROP OFF & PICK UP

Parents are required to accompany children into any of our School Age programs. A daily attendance sheet must be completed, including the time of arrival and parent initials. The same information will be recorded at pick-up.

For security purposes, a door code will be required for entry. This code will be provided via email upon sign-up.

No child will be released unless the parent/authorized pick-up person signs the child out of care. No child will be released to a person not noted as an authorized release on the child's registration form. **Before a child can leave the program, the adult must sign the child out. We will check identification on everyone until faces become familiar.** If the parent wants to change the pick-up person over the phone, the new pick-up person must show identification, and the parent will have to sign a written permission at the next available time. Authorized individuals must be 18 years old.

If a parent or authorized pick-up person is suspected to be intoxicated or substance impaired when they come into the center, staff will offer to call another person to pick up the child. If that person insists on leaving, public safety and Child Protective Services will be called.

Parents who are separated and have court-ordered arrangements must have a copy of the court order on file with the school age Coordinator. The YMCA cannot enforce court orders without these documents on file.

If your child will be absent or late on any given day of care, please report the change by calling the YMCA or letting staff know of scheduled absences ahead of time.

LATE PICK-UP PROCEDURE

We respectfully ask that children be picked up no later than 5:30 PM. If a situation arises when you will be late, contact the Wells Childcare and Youth Center at 906-789-0202 as soon as possible. We will attempt to reach emergency contacts if you are more than 5 minutes late. **A late fee of \$5 for the first 10 minutes and \$1 for each additional minute will be charged, per child, for late pickups.** Late fees must be paid in full by the end of that week of care. If your child is not picked up 30 minutes after closing and we have had no contact, public safety will be called. If a child is frequently picked up late, the School Age Coordinator/Director can elect to discontinue care.

TOYS FROM HOME

We ask that personal toys be kept at home. The YMCA does not assume responsibility for personal toys at our facilities. This includes phones, smart watches, and other electronics.

EQUIPMENT USE AND SUPPLIES

The YMCA will make numerous types of equipment and supplies available to children for use during free play and group activities. We do expect some wear and tear on items; however, we ask that all our materials are treated with respect. If we have a student deliberately destroying items, the parents will assume financial responsibility for that property.

OUTDOOR TIME

Outdoor time is considered an integral part of our program. All children will be expected to go outside daily. Extreme temperatures may determine limited play. If it is raining, or if the temperature is above 95 degrees, outdoor time will be limited. It is assumed that if the child is well enough to attend care, he/she is well enough to go outside. Please send children with appropriate clothing to play outside in a variety of temperatures.

WHAT TO WEAR

Exploration and play are essential to a child's healthy development. Children should dress in comfortable play clothes that are weather appropriate. Children often soil clothing when eating, playing, and participating in activities. Please do not send your child in shoes that they cannot run in – closed toed shoes or sandals are recommended.

We do ask that parents **supply a change of clothes and outdoor gear** for your child. If your child has an accident and does not have an extra set of clothes, parents or emergency contacts will be called and asked to provide a change of clothes within 30 minutes.

NUTRITION/FOOD SERVICE

Mealtimes allow children the chance to make choices, develop relationships, practice self-help skills, and learn the fine art of conversation.

As of March 26, 2026, we are still awaiting confirmation from Escanaba Area Schools regarding their ability to provide lunches through the Meet Up & Eat Up program. If we receive confirmation, we will notify students and their families. If we are unable to partner with them, children will be expected to bring a packed, cold lunch daily.

If provided, lunches through the Meet Up & Eat Up program would be available Monday – Thursday, with all students still required to bring a packed, cold lunch on Fridays. A menu will be provided once available.

On Fridays, all students are expected to bring a packed, cold lunch. It is also required to pack an afternoon lunch and to bring a labeled water bottle for your child daily.

The menus will follow nutritional guidelines established by the U.S. Department of Agriculture. Under these guidelines, we offer children a variety of healthy foods. Food served in our program will be primarily low-sugar and low fat in nature.

A menu will be posted in the main entrance. **All food allergies must have a written doctor's statement of the allergy. Please notify the School Age Coordinator/Director right away of any allergies.**

In accordance with the Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age, or disability. To file a complaint, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410, or call (800)795-3272 or (202)7205964 (TDD). USDA is an equal opportunity provider and employer.

STAYING HEALTHY IS VITAL TO SUCCESS

HEALTH STATEMENT

All children enrolled in the Wells Summer Program are required to have an up-to-date health history on file with the School Age Coordinator/Director. This is part of the paperwork that must be turned in before your child's first day of care. If any changes occur, please provide us with a copy of the updated form. We are unable to accept children into our care without these.

MEDICATION

All medication, including ointments, will be administered only with written permission from the parent. All medication must be in the original container with a Medication Authorization form. Prescription medication must have a pharmacy label indicating physician's name, instructions, name, and dosage. If the medication is a liquid, parents are required to bring the syringe.

Medications will be stored in a secure area away from children. Rescue medications such as epi-pens and rescue inhalers will be stored with the lead teacher of the group in which the child is part of.

HANDWASHING

Handwashing is the mechanical removal of infectious agents. Handwashing will be done by using warm water and liquid soap. Rub hands together for at least 15 seconds, making sure to scrub the backs of hands, wrists, between fingers and under fingernails. Rinse well under warm water and use a paper towel to dry your hands, use a paper towel to turn off running water.

Hands will be washed before and after meals (or food preparation), after toileting, before and after the use of sand, water, or Play-Doh, and after wiping a nose, touching mouth, etc.

TOILETING

It is our policy that all children enrolled in Wells Summer Program must be fully toilet trained and self-sufficient in all personal care.

Children are never left alone, and no child is ever alone with a staff member. Children will be escorted by teachers following a rule of 3. There will never be less than 3 (2 teachers to 1 child or 1 teacher to 2 children) individuals in a group.

CLEANING & SANITIZING

All items (tables, etc.) require sanitizing to prevent illness and shall be washed, rinsed, and sanitized with approved agents, methods, and concentrations. Cleaning is done daily after each use of the item or space.

TOYS AND EQUIPMENT

Toys and equipment are shared by many children and the potential for transmitting infections is obvious. In general, soft, cuddly toys are avoided because washing is more difficult. Non-absorbent toys such as plastic toys or blocks will be washed with soap and water, rinsed, and sanitized and left to air dry. Absorbent toys such as stuffed animals will be washed in the washing machine.

IS YOUR CHILD WELL ENOUGH TO COME FOR CARE?

When parents are debating whether it's okay to attend, remember the most contagious time is just prior to the emergence of full-blown symptoms. It is important that children who have been ill do not come to care if they are still sick.

If a child becomes seriously ill during the day, parents will be notified and asked to pick up their child within 30 minutes. The Wells Summer Program is not qualified to care for seriously ill children.

Upon arrival, if a child seems too ill to be at care (determined by the School Age Coordinator or staff in charge), parents may be asked to take him or her home. If we disagree about your child's health, please understand that it is a judgment aimed only at trying to keep everyone healthy.

A parent will be notified of a fever or oral temperature of 99.9 degrees and sent home for a fever or oral temperature of 100.3 degrees or greater. Children may also be sent home for vomiting, and diarrhea (2 unexplained loose stools within an hour).

GUIDELINES FOR RETURNING TO CARE

CONDITION FOR EXCLUSION:	CONDITION FOR RETURNING:
Temperature of 100.3 or greater	Fever free for 24 hours (without fever reducing medication)
Symptoms & signs of possible severe illness (unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, or thick mucus from nose)	Until medical evaluation allows inclusion (written doctors note), or symptoms have cleared
2 abnormally loose stools, uncontrolled diarrhea, that is – increased number of stools, and / or increased stool water	Diarrhea free for 24 hours
Red or blue in the face, croupy sounding cough, or whooping sounds after coughing	Until health care provider determines the condition is noninfectious
Unusual spots or rash with fever or behavior change	Until health care provider determines the symptoms are noncommunicable
Purulent conjunctivitis (red or pink eyes with white or yellow discharge)	Until 24 hours after treatment has been initiated
Untreated scabies, head lice, or similar infestation	24 hours after treatment and free of infestation, such as lice and nits
Known contagious disease while still in communicable stages	Until health care provider determines the condition is noncommunicable or symptoms have cleared

SAFETY IS OUR TOP PRIORITY

****Below are the guidelines we enforce to ensure that your child is safe throughout the day.****

WEAPONS ARE PROHIBITED

No firearms, knives, or other items deemed as weapons may be brought into our YMCA sites. Anyone who observes the items will have to report it to the School Age Coordinator/Director or staff in charge *immediately*. Anyone found in violation of this rule will be prohibited from entering any YMCA facility or program. Public Safety will also be informed.

STAFF

Staff are certified in the following: First Aid, CPR, Blood Borne Pathogens, Health and Safety, Child Abuse Prevention, and additional professional development training.

The Wells Summer Program DOES require a criminal history background check on its employees and long-term volunteers.

1. A staff member or volunteer shall not be present in our care site or program if he or she has been convicted of the following:
 - Child Abuse or Neglect
 - A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.
 - No character crimes can be on a criminal record.
2. Before a staff member or unsupervised volunteer may have contact with a child in our care, our program will conduct a criminal history check using the State of Michigan Bureau of Community and Health Systems Childcare Background Check Program or equivalent by law in other states.
3. Parent and guest involvement is very important to the family unit and learning environment. Parents or guests that are sporadic or a onetime visitor will not under any circumstance have unsupervised time with any child in the program. Parents and guests must comply with all YMCA policies and comply with the law in the State of Michigan.

All our staff are mandated reporters by law. If any form of child abuse or neglect is suspected, by law our staff are required to report it verbally to Child Protective Services (855-444-3911) immediately. The staff who report the incident must also submit a written report to CPS within 72 hours. We are fortunate to employ mature and caring staff, eager to make your family's experience as fun, educational, safe, and memorable as possible.

STAFF RELATIONSHIPS WITH CHILDREN OUTSIDE OF PROGRAM

We understand good quality care is hard to find and some parents may be interested in having staff members provide childcare services outside of business hours. Our policies state that staff may not be alone with children that they meet in the YMCA program outside of the YMCA. If a relationship

existed prior to caring at the YMCA and you would like to have a YMCA employee on the contact card, please notify the School Age Coordinator/Director.

FIRE EMERGENCY DRILLS

Each room has emergency plans, routes, and procedures posted. The Wells Childcare and Youth Center practices these drills regularly. Fire drills are done quarterly at minimum.

TORNADO EMERGENCY & DRILLS

Again, each room has emergency plans, routes, and procedures posted. The shelter in the place zone for the Wells Childcare and Youth Center is the women's & men's restrooms, interior office and in the hallway between room 7 & 8. Children and staff will shelter in place until a WARNING has been cleared up by the NOAA Weather advisory. The center practices these drills regularly and are conducted a minimum of twice per year.

NATURAL OR MAN-MADE DISASTERS

Other natural or man-made disasters may occur and include but are not limited to flood, blizzard, gas leak or chemical spill, sewer back-up, or a power outage. If one of the listed disasters occurs, YMCA staff will move quickly and decisively while evaluating the necessity to evacuate immediately to an arranged off-site location. If children are evacuated to an off-site location, parents will be notified by phone by the Childcare Director, School Age Coordinator/Director or the YMCA.

RELOCATION PLAN

In the event the relocation of children is required, the Wells Childcare / School age children will be re-located on foot to the Wells Township Hall located at 6436 North 8th Street, Wells as a first location. If that location is also experiencing the same distress as the YMCA Wells Center (ex: No Water), the children will be re-located to the YMCA at 2000 North 30th Street, Escanaba using public transportation from DATA. Parents will be notified by calls to arrange pick up. Specific details are posted in the rooms.

INJURIES, ACCIDENTS, OR SAFETY ISSUES

Parents MUST inform the program staff of any health or safety needs of the child that the program will need to address. If your child has an illness or injury that may prevent an activity, please call the School Age Coordinator/Director.

Parents will be notified at the end of the day for non-serious injuries/incidents (anything out of the ordinary or if the child is not like him/herself). Some injuries (lacerations, anything with the head) will warrant parent notification right away.

MAJOR INJURIES: head injury, broken bone, severe laceration, or any other injury that requires a doctor's visit.

MINOR INJURIES: scratches, bruises, bumps – parents will receive an incident report at the end of the day.

In all cases a written report will be shared with parents by the end of the day. The staff is not to make judgment that the child is okay; that call is for the parent/guardian to make. The School Age Coordinator/Director will call the parent and document the call including the date, time, what was said, the parent's decision, and staff signature. The parents will receive written information regarding the incident/accident. Parents must be fully aware of the child's incident with all the details. A parent should NEVER leave care with doubt or unanswered questions.

If a child needs to go to the hospital via ambulance, a teacher will stay with the child until the parent arrives at the hospital. Parental signatures will be required on incident/accident reports.

When changes are observed in a child's health, a child experiences an accident, major injuries, or incidents, or is too ill to remain in the group, parents will be notified immediately via phone.

FIRST AID KITS

First Aid Kits are kept in the front office, hanging on the wall outside the classroom, and in the classroom backpacks. When going outside, staff will take along the class backpack containing a first aid kit, and children information record cards. Our staff are required to wear gloves whenever they are dealing with bodily fluids. This includes, but is not limited to blood, vomiting, and fecal matter.

INCIDENTS

An incident includes but is not limited to a child lost or unsupervised; alleged sexual contact; physical discipline. If this occurs, parents will be notified immediately by phone or personal contact, if appropriate, local authorities will be notified, and LARA agency will be notified using appropriate reporting form and procedures.

Water Play

Students will occasionally have water days which will be planned in advance. Parents will be notified ahead of time so that children can be sent with the necessary items and clothing.

DISCIPLINE POLICY & PROGRAM GUIDELINES

DISCIPLINE POLICY

We encourage positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to solve problems in the event of conflict.

Our staff is trained in Conscious Discipline, which is teaching over punishment, while simultaneously improving communication skills with the intent of constructively expressing emotions.

We encourage children to empathize with one another's feelings and see the results of their actions. We use "Time Out" as our last resort. Any child that is put in time out is always supervised by a teacher and shall remain in time out only 1 minute per age of the child.

When time out is over, it is explained to the child why time out occurred and what correct behavior is expected. No child is subjected to corporal punishment or physical discipline at any time.

We will make every effort to work with parents of children who have difficulties in care. Behavior of children which disrupts normal classroom group activities on a frequent or extended basis may indicate physical or emotional problems requiring the attention of a professional specialist. Children displaying chronic disruptive behavior which is upsetting to the physical or emotional well-being of another child may require the following actions:

1. Parents of the child will be called in for a conference. We will discuss the issues and identify some possible solutions. A behavior plan will be developed and agreed upon by the parents and staff.
2. If the behavior plan is not working, the parents will be called in for another meeting. We will discuss what is not working and implement the needed adjustments to the behavior plan.
3. If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length from the rest of the day to indefinitely.

PROHIBITED PRACTICES

- Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment
- Restricting a child's movement through physical restraints
- Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child
- Depriving a child of meals, snacks, rest, or necessary bathroom use
- Excluding a child from gross motor activities
- Excluding a child from daily learning activities

- Confining a child in an enclosed space. Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, based upon a child's development, to prevent a child from harming his/herself or to prevent a child from harming others.

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

Please sign and return prior to the child beginning the program:

I, _____ (please print name), acknowledge that I have received and read the Northern Lights YMCA Wells Summer Program. The Northern Lights YMCA reserves the right to amend the policies and procedures set forth in this handbook. Written notice will be provided of any modification of policies.

Signature

Date

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM ENROLLMENT AGREEMENT

I, _____
(parent / guardian name) understand the Northern Lights YMCA Wells Center is reserving the following time(s) and days for my child in their program:

My child's starting date will be:

- I understand that it is my responsibility to get my schedule in the YMCA every Wednesday for the following week. If I should forget, I understand I am taking a chance of losing my spot for that week.
- I understand I am responsible for paying my child's balance each Friday, prior to care.
- I understand that I may withdraw my child permanently from the program with two weeks' notice.

Parent/Guardian Signature:

Date

Program Director Signature:

Date

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM

PHOTO TALENT RELEASE

Photo/Talent Release

I give permission to the Northern Lights YMCA and affiliates to use without limitation or obligation, photographs, film foot, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs. Photos will be posted on the Northern Light YMCA website and Facebook page.

- Please use photos as described above.

- Please only use photos for classroom/project for home

- Please do not take my child's photo.

Participant Name – Please Print

Parent/Guardian Signature

Date

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM EMERGENCY TREATMENT RELEASE

Emergency Authorization

I hereby give permission to the medical personnel selected by the Northern Lights YMCA to provide health care; to administer medications; to order X-rays, routine tests; treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. If I cannot be reached in an Emergency, I hereby give permission to the physician selected by the Northern Lights YMCA to secure and administer treatment, including hospitalization, for the person named below.

Name of Child

Signature of Parent or Guardian

Date:

Please circle the appropriate title: PARENT OR GUARDIAN

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM TOPICAL OINTMENT PERMISSION

Ointments that we will use come in our first aid kits.

- We are asking your permission to put sunscreen on your child(ren) each day we take them outside. The brand will be Walmart Cream. YES NO
- We are asking your permission to apply first aid ointment YES NO
- We are asking your permission to apply sting relief ointment YES NO
- We are asking your permission to apply anti-itch ointment YES NO

Please sign and return this form. We appreciate your cooperation and as always thank you for your continued support of Northern Lights YMCA childcare.

I give permission for the Northern Lights YMCA Wells Childcare & Youth Center Staff to apply ointments, as needed, to

Childs Name

Parent/ Guardian Signature

Date

I will provide my own ointment / sunscreen YES OR NO

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single BCAL-4340 form may be used for all children in the same family.

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM PLAYGROUND PERMISSION FORM

WHERE: Wells Township Hall Tot Lot

WHEN: Year of 2025

Child's Name: _____

R 400.8170 Outdoor Play Area; Rule 170

(1) The playground equipment, use zones and surfacing in the outdoor play area must be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of the original license, upon request of the department, and before using any newly added playground equipment. The center shall provide documentation of the inspection to the department upon request and shall keep it on file at the center.

The Wells Township Hall Tot Watch is not a YMCA-owned playground so therefore the above-listed rule may not be required of the entity with the equipment. The YMCA does not confirm the playground is certified.

_____ YES, I have read the above listed licensing rule, and my child has permission to go on playground equipment at the above site.

_____ NO, I have read the above listed licensing rule, and my child does not have permission to go on playground equipment at above site.

Parent/Guardian Signature

Date:

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM

SCHOOL AGE CHILDREN 5-6 YEARS/CHILD HEALTH STATEMENT

I, _____ parent / guardian of
_____, state that my child is in good health.

Activity restrictions or other health conditions are noted below:

I also state that all immunizations are up to date as recommended by the State of Michigan and are on file with my child's school.

Parent/Guardian Signature:

Date:

NORTHERN LIGHTS YMCA

WELLS SUMMER PROGRAM

WALKING PERMISSON FORM

I, _____, parent/guardian of

_____, give permission for my child to walk with YMCA staff and other students to and from **Wells Township Park/Playground** during care hours.

I understand that:

- YMCA staff will supervise all walks to and from the park.
- Safety precautions will be followed, including adherence to pedestrian rules.
- Walking trips will be planned in advance, and parents will be notified as needed.

Any concerns or restrictions regarding my child's participation in walking activities are noted below:

Parent/Guardian Signature:

Date:



This program receives funding from the State of Michigan to serve your child. Michigan State University, Public Policy Associates and Altarum are contracted to evaluate program quality and impacts.

By enrolling my child in this program, I agree that the program will share attendance and demographic information with the contracted evaluators. All data will be kept confidential.

Child's Name: _____ Parent's Name: _____

Upcoming 26-27 Grade Level: _____

Parent's Signature: _____ Date: _____

Demographic Information (circle as many as apply)

- American Indian or Native Alaskan
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Prefer Not to Disclose

Return this completed form to: (insert institution's name, address & telephone number)

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Signature of Adult/Parent/Guardian

Adult/Parent/Guardian's Phone Number

Date Signed

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
			Zip Code	
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name	
			Primary Phone ()	
Home Address (if not child's address)		2nd Phone (if applicable) ()	Home Address (if not child's address)	
			2nd Phone (if applicable) ()	
City	State	Zip Code	City	State
				Zip Code
Email Address			Email Address	
Employer Name		Work Phone ()	Employer Name	
			Work Phone ()	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

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See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian

Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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