



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMERGENCY CHILD CARE YMCA OF SPRINGFIELD Grades K-6th

Kerasotes YMCA • Monday-Friday • 7 AM—6 PM

\$130/Week for Members

\$180/Week for NonMembers

During these difficult times, the YMCA of Springfield is prepared to provide childcare to essential personnel within our community. We will be operating under guidelines established by CDC, Department of Health, and YUSA in regards to cleaning and group sizes. Daily program activities will include active games, arts and crafts, table games, and a variety of physical exercises developed by our wellness staff. We also ask parents to send books and homework that staff will assist participants to complete during our morning and afternoon quiet times. Electronics are welcome if they are part of homework. Supplies from home MAY NOT be shared with other participants. Please send a lunch and afternoon snack as well as water bottle. **Effective April 1, all essential workers in health care, human services, essential government services, and essential infrastructure now qualify for the state's Child Care Assistance Program.**

[Click here to apply for the Illinois Child Care Assistance Program](#)

Wellness Checks

- Daily health checks will be completed upon arrival for all children. If child care is denied, we will require the child to have a doctor's note to return to the center.
- We will be restricting visitor access to the centers.
- A YMCA staff member will escort children into the center. Parents/ Guardians will not be allowed past a certain checkpoint for safety & health precautions.
- Additional safety precautions will be shared with families during the registration process.

Emergency Child Care Dates

- April 27-May 1
- May 4-8
- May 11-15
- May 18-22
- May 25-29



Submit completed form to

npopejoy@springfieldymca.org

You will be contacted directly to confirm registration and payment.



EMERGENCY CHILD CARE SNAPSHOT

PARTICIPANT _____

DOB ____/____/____

First and Last Name (One form per child)

ADDRESS _____ **City** _____ **STATE** _____ **ZIP** _____

Emergency Child Care Dates (Please fill in the square of the weeks you need for Emergency Child Care)

- April 27-May 1
- May 4-8
- May 11-15
- May 18-22
- May 25-29

PARENT/GUARDIAN (1)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

Primary E-Mail (Required) _____

Address (if different than child's) _____

PARENT/GUARDIAN (2)

Full Name _____

Work # _____

Cell (Required) _____

Day/Work Location _____

EMERGENCY NOTIFICATION INFO (Required)

In case of an emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name _____

Phone # _____ Relation _____

2. Name _____

Phone # _____ Relation _____

COVID-19 DISCLOSURE

I attest that my child does not live with or has had close contact (prolonged or coughed on, for example) with anyone who has been diagnosed with COVID-19 within the last 14 days.

I attest that my child does not have any signs of communicable illness such as cold or flu.

I attest that my child has not had a fever, cough or shortness of breath within the last 72 hours.

I attest that at the time any of the above statements become true, I will notify YMCA staff and withdraw my child from the program immediately.

I understand that reimbursement will not be available for current week of care due to withdrawal

Signed: _____ Date: _____

HEALTH HISTORY

List any current allergies: _____

List any current dietary restrictions: _____

List any current or past medical treatment that would affect your child's day: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations: _____

List any current medications (prescription and over the counter): _____

Reasons for the above medications: _____

CURRENT IMMUNIZATIONS, REQUIRED (Check One)

I attest, by my signature following this statement, that all immunizations required by the IL Department of Public Health for my child's are up to date and that my child has a current DTap shot with the month and year stated below.

I attest that I have signed and provided to the YMCA a waiver exempting my child from vaccination due to religious or other reasons.

Date of last DTap shot: Month _____ **Year** _____

Child's medical insurance carrier: _____

Group Policy # _____

Name of Physician: _____

This information is correct and complete as far as I know, and person herein described has permission to engage in all program activities except as noted in a separate written form. I hereby give permission to the program to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the program to arrange necessary related transportation for the participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied as necessary for treatment or for program related travel.

Signed: _____ Date: _____

PHOTO RELEASE

Emergency Child Care is a special program and we are receiving local and state level requests to share this work. Please read the statement below and sign if we may use photos of your child. We will never share names or contact information.

I grant the YMCA permission to use photographs of my child in promotional materials such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Signed: _____ Date: _____