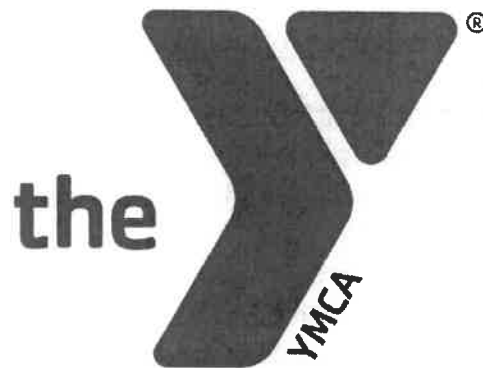


KEYS

Keep Every Youth Safe

After School Program



August 2025 - May 2026

MEXICO AREA FAMILY YMCA KEYS

1127 Adams Street

581-1540

General Information

The YMCA School Age Child Care Program is a state licensed program offered by the Mexico Area Family YMCA. The site is directed by competent and experienced YMCA staff. The After School Program provides children of working parents (Kindergarten through 5th grade) with a safe and well-supervised environment for those hours when school is out and an adult cannot be home. This program provides stimulating, safe, fun, and instructive activities such as arts and crafts, sports, games, and academic support. The School Age Child Care Program has been a part of the Mexico Area Family YMCA since 1982. This program is called KEYS which is an acronym for "Keep Every Youth Safe."

The YMCA strives to provide an adult to child ratio of 1-12 or less. **We are not a one on one care program.**

Goals and Objectives

1. To provide a safe and positive environment for all children.
2. To model positive, healthy lifestyles and habits.
3. To provide a variety of activities that will strengthen youth physically, morally, and intellectually.
4. To provide guidance, direction, courage, and leadership.
5. To support individual diversity.
6. To provide all children with an opportunity for success by giving choices in a supportive environment.
7. To promote educational skills such as literacy and mathematics through daily homework assistance.
8. To retain and build program participation through excellent member services and programming.
9. To provide an enjoyable and memorable experience for all children in the program.
10. TO HAVE FUN!

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

YMCA Core Values: Caring, Honesty, Respect, Responsibility

DEPARTMENT OF HEALTH LICENSING RULES

A copy of the office regulations governing the licensure of this program by the Missouri Department of Health Bureau of Child Care Safety and Licensure is available on site for your perusal.

In accordance with the federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 326-W, Whitten building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.

About the KEYS Program Staff Members

The KEYS Director is approved by the state and has earned more than sixty college semester hours, with at least twelve of the sixty in child related courses. These courses are in the field of elementary education, special education, psychology, sociology, and physical education. Site directors and staff are trained in First Aid and CPR as well.

KEYS staff are eighteen years or older and demonstrate an aptitude for childcare. All KEYS staff are required to earn twelve continuing education hours each year.

Directors and staff submit Tuberculin skin tests and physical examinations as a condition of employment. The YMCA conducts a background screening on all staff through the Family Care Registry with the Department of Health and Senior Services, and Fingerprinting through IDEMIA.

YMCA Child Care Director: Samantha Wilson 581-1540 samantha.wilson@mexicoymca.org

YMCA KEYS Director: Mikayla Cooke 581-1540 mikayla.cooke@mexicoymca.org

KEYS Policies and Procedures

Communication: We will try our best to keep a strong line of communication between parents and KEYS staff. We will keep any information that parents may need by the sign out book so that it is available daily. If at any time you have questions or concerns please do not hesitate to speak to any staff member at any time.

Sign In and Sign Out: The YMCA is committed to the greatest possible protection of the children entrusted to our care. We require an adult at least 18 years or older to sign in or sign out any child under the care of our program. An adult picking up a child from the program must be identified on the child's registration form as authorized to pick up the child. It is important that the registration be current.

Parents or guardians may modify the registration form at any time by changing the form at the site.

The YMCA will not release a child to anyone not specifically identified on their list as an authorized person to do so. Please notify us immediately if someone new will be picking up your child.

Accidents: Staff will treat any injury that is brought to their attention. If a child is injured and needs medical attention, parents will be notified immediately.

Illness: KEYS is not a place for sick children. We will call you to pick up your child if he/she is/has:

- Showing any symptom that are relevant to the diagnoses of COVID-19
- Running a fever of 100 or above
- Vomiting or Diarrhea
- Lice or nits
- Undiagnosed Rashes
- Other contagious disease/symptoms

***Children need to remain home for at least 48 hours once symptoms have subsided.**

Distribution of Medication: KEYS staff members will dispense only prescription medication. A signed note from parents or guardians giving permission to give medication, including time, date, and amount to be given, must accompany medication/ The medication must be in its original container. The parent or authorized adult must deliver all medicines to the staff. Parents will be contacted immediately if the child refuses the medication.

Absence: Please call or text the KEYS phone 573-567-6186 or call the YMCA, 581-1540, if your child is going to be absent from KEYS that day.

Meals: The Mexico YMCA participates in the CACFP (Child and Adult Care Food Program) and receives reimbursement for meals served during the after-school program. This is a federally funded program through the USDA. The Mexico YMCA has also adopted the HEPA(Healthy Eating and Physical Activity) Standards.

- **KEYS:** Each child will receive an afternoon meals. The meal will consist of 5 components: meat, grain, fruit, vegetable and milk. Each child is required to take all components, but is not required to eat every item. If a child does not want/like an item they can leave it on the share table for another child to have. Children are not forced to eat any food item they dislike. Any parent wishing to send a special snack

for the entire group should first check with the director. Children will also have 30 to 60 minutes of physical activity every day.

Dismissal: The after-school program ends at 5:30 pm. Your child will be walked to the front desk until they are picked up. Late fees will be applied. (See attached fee chart)

Discipline Policy: If disciplinary action becomes necessary with a child, our policy is first to conduct a one-on-one talk between the child and the adult in charge. An effort will be made to help the child understand why his/her behavior is unacceptable and what may happen if the behavior continues. If misbehavior continues, our next action will include one or more of the following techniques: redirection (change child's attention to some other activity), time out (separation from the group), time out (separation from specific activity), shadowing teacher (staying by teacher's side for a time), peer mediation (buddy system), call a parent (for advice!). We will try as many techniques as we think are reasonable, after which, if the child continues to misbehave, we will call a parent and ask that the child be removed from the site as soon as possible that day. **We reserve the right to expel a student from the program if the child continues to misbehave and after all acceptable behavior modification techniques have been attempted.**

REGISTRATION AND FINANCIAL INFORMATION

Registration: There will be a one-time registration fee to hold your child's place in the KEYS Program. (see fee chart)

Monthly Fees: Fees must be paid by automatic draft coming from a credit card, debit card, or EFT. The fees will be auto drafted out of your account on the 1st day of each month.

Financial Assistance: No one will be denied participation in any YMCA program because of inability to pay the full fee. Financial Assistance Application Forms are available through our YMCA Membership services. Final decisions on financial assistance are made by a committee of selected YMCA personnel. Requests for renewal of previous assistance should be reinitiated for the next school year. Financial assistance is made possible by the YMCA Annual Support Campaign contributors and The United Way. Financial assistance will only be applied to full month attendance.

Refunds: The YMCA schedules staff and supplies based upon scheduled attendance and fees paid. Therefore, **no fees will be refunded.**

KEYS MONTHLY FEE

	YMCA Member	Non-Member
1 Child	\$160.00	\$200.00
2 Children	\$300.00	\$380.00
3 Children	\$440.00	\$590.00

Late Fee for Pick-up past 5:30 pm

Late pick-up fees: Parents picking up children after 5:30 pm will be charged a late fee of \$15.00 for every 15 minutes you are late, per child with no cap. Late fees are to be paid at the front desk at the time of pick up. Upon 3 or more late pick-ups your child will be terminated from the program. Should you pick your child up an hour or more past the pick up time they will be immediately terminated from the program.

Late pick up fees per child

5:31-5:45	\$15.00
5:46-6:00	\$30.00
6:01-6:15	\$45.00
6:16-6:30	\$60.00

Child's
Name _____

School _____

Required Registration Information Checklist

(Please initial each item below to ensure complete registration)

Registering for:

KEYS (After School Program)

	<u>Parent/Guardian Initials</u>	<u>Staff Initials</u>
Child Enrollment Form	_____	_____
Parent's Health Statement	_____	_____
Signed Immunization Request Form	_____	_____
Immunization Records from Physician	_____	_____
Medication Authorization Form (Mark N/A if no prescribed medications are required)	_____	_____
Authorized Pick Up List	_____	_____
Parent Handbook Reviewed (available online at mexicoymca.org)	_____	_____
EFT or Credit Card for <u>Monthly</u> Program Fees (charged on the 1st of the month)	_____	_____
Photo Release Form	_____	_____

Is your child under the care of the Missouri Department of Social Services? If yes, please contact your caseworker to get approval paperwork. Fees for childcare services will be the parent or guardian's responsibility until an approval letter is received.

*****Please complete all forms. If a line or form is not applicable put N/A*****



MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USOA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race?
(Select one or more.)

☐
American Indian or
Alaskan native

☐
Asian

☐
Black or African
American

☐
Native Hawaiian or
other Pacific Islander

☐
White

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

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

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

☐ New Year's Day
☐ Martin Luther King, Jr.'s Birthday
☐ Lincoln's Birthday
☐ Washington's Birthday

☐ Easter
☐ Truman Day
☐ Memorial Day
☐ Juneteenth
☐ Independence Day

☐ Labor Day
☐ Columbus Day
☐ Veterans Day
☐ Thanksgiving Day
☐ Christmas Day

AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
<p>I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize</p>			
		(CHILDCARE FACILITY NAME)	
to contact the following:			
PHYSICIAN OR CLINIC			
NAME		TELEPHONE NUMBER	
PREFERRED HOSPITAL			
NAME		TELEPHONE NUMBER	
ACKNOWLEDGMENTS			
A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.		PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.		PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.		PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.		PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.		PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.		PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.		PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.		PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.		PARENT/GUARDIAN INITIALS
PARENT/GUARDIAN SIGNATURE			DATE
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

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

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

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

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

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

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

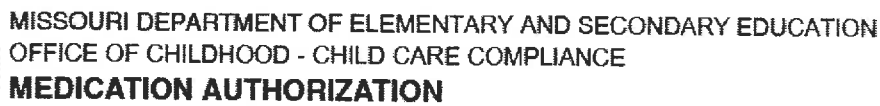
Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



RESET

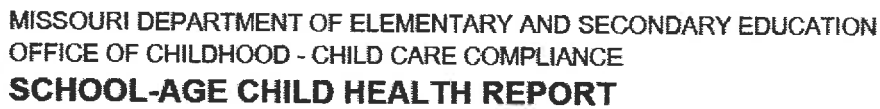
PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
DOSAGE	TIME(S) OF DAY	
POSSIBLE SIDE EFFECTS		
SIGNATURE OF PARENT(S) OR GUARDIAN		DATE

[illegible]

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CHILD'S NAME

BIRTHDATE

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE _____

DATE _____

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Authorized Persons to Pick-up

Child's Name _____

The following persons will be authorized to pick up my child from KEYS:
(The child will not be released to anyone who is not listed on this form)

Please list name and phone number for each person.

In the event that I will need to call and arrange for alternate transportation for my child, I will supply the YMCA staff with my child's date of birth and the password: _____

Parent Signature

Date

Children will utilize various areas throughout the Mexico Area Family YMCA facility. These areas include the Kennen Center, conference room and our YMCA Park. By Signing below you give permissions for your child to travel to these spaces.

Parent Signature

Date

Immunization Request Form

Mexico Are Family YMCA KEYS Program

Child Care Licensing for the State of Missouri requires each child to provide a record of immunizations or an immunization exemption for enrollment in this program. These records can be obtained by your child's physician and turned in with your child enrollment forms or the physician may **fax** a copy to us at **573-581-1210**.

If you have any questions, please contact the YMCA at 573-581-1540.

I understand that my child may not attend the after-school program until immunizations records have been received by the Mexico YMCA.

Parent/Guardian Signature

Date