the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOREVER A PLACE TO LEARN

REMOTE EDUCATION SUPPORT

District 100



PAV YMCA

PAVYMCA.ORG



HERE FOR OUR COMMUNITY

BEGINS 8/24

As schools transition to virtual learning this fall, the Y is offering care to provide children a place where they can attend virtual classes while their parents are at work.

The Pav YMCA has been working diligently, in collaboration with **Berwyn South School District 100**, to develop a remote learning program that aligns with educational requirements while also supporting child care needs. Our staff, who have experience working with school-age youth, will provide a safe and engaging environment to meet the needs of all students. Staff undergo thorough background and reference checks and receive several hours of training in child development and safety, including Child Abuse Prevention.

Small classes of students will be grouped in quiet rooms for study and remote learning time. Each group will contain no more than 10 students and all spaces are designed to comply with local and state safety guidelines for social distancing.

Our program will take place **Monday-Friday from 7:30am-4:00pm** at Emerson Elementary School. Lunch and recess breaks will allow students to safely eat and play outside. After remote learning has finished for the day, students will have time for homework or age-appropriate, structured activities.

Parents can register at the Pav YMCA or online (fillable PDF to be emailed to director). Extended care is also of-fered for an additional cost. **Extended care hours are from 6:30am-7:30am and 4:00pm-6:15pm**. Families do not need to be Pav YMCA members to utilize this program, however the **student must be registered through Berwyn South School District 100 for the 2020/2021 school year in order to participate**.

RATES

Monday-Friday	$150/wk
4 Days/week	$120/wk
3 Days/week	$90/wk
Morning Care	$6/day
After Care	$9/day



Questions or comments about the program? Contact us!

SABINA GARCIA
School Age Child Care Director
Phone: 708.749.0606 ext. 321
E-MAIL: sgarcia@pavymca.org

The Pav YMCA will take proper safety precautions to maintain a healthy environment each day. All policies and procedures adhere to the CDC's recommendations and guidelines.

SAFETY MEASURES

- Students will be split into groups of 10 or less.
- Daily touch-less temperature checks will be completed for staff and students. Anyone with a temperature higher than 99.5 degrees will be sent home and must remain symptom free for 48 hours before returning with a required doctor's note.
- Masks must be worn when in common areas or when it is not possible to social distance.
- Frequent hand washing throughout the day.
- Students will have designated bathrooms.
- All supplies, high-touch equipment and high traffic areas will be disinfected after use.





STAY SAFE & COME PREPARED



In order for children to have the best experience possible and succeed in their remote learning, they must bring the following items each day

WHAT TO BRING DAILY

- School issued computer/tablet
- Charger
- Headphones
- Weekly/Daily Lesson Plans
- Supplies needed to complete tasks
- Lunch (optional, district will provide lunch)
- Snack
- Water bottle



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PAV YMCA
REMOTE LEARNING PROGRAM
2020-21 REGISTRATION FORM

Child's Name_____

Child's Preferred Name_____

Address_____

City/State/Zip_____

Sex_____ Date of Birth_____

School_____ Grade_____

PROGRAM PRICING

	Day Program	AM Care	PM Care
Full Time Rate	$150	$30	$45
4 Day's	$120	$24	$36
3 Day's	$90	$18	$27

*Minimum 3 days per week for 5 weeks is required for enrollment.

Parent/Guardian Name_____

Day Phone_____

Evening Phone_____

Cell Phone_____

Email Address_____

☐ Contact for payment/enrollment issues PIN:_____
Office Use Only

Parent/Guardian Name_____

Day Phone_____

Evening Phone_____

Cell Phone_____

Email Address_____

☐ Contact for payment/enrollment issues PIN:_____
Office Use Only

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DAY PROGRAM (7:45am-4:00pm)	☐	☐	☐	☐	☐
BEFORE CARE (6:30am-7:45am)	☐	☐	☐	☐	☐
AFTER CARE (4:00pm-6:15pm)	☐	☐	☐	☐	☐

NON-REFUNDABLE Weekly DEPOSITS
$25 per week deposit due to secure child's space in program Deposit: $_____

PARENT STATEMENT OF UNDERSTANDING

- I understand that when my child arrives in the morning, I may not leave my child at the program site unless I have signed in with a YMCA staff person.
- I grant permission for my child to participate in all planned activities including trips by motor vehicles.
- I give permission to photocopy all forms.
- **I also give permission to the YMCA to use all photos, videos, voice, and images taken of the child for purposes, which the YMCA deem appropriate.**
- I understand YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I have read and understand the payment expectations. I understand that my child's bill will not be adjusted each payment to the days that my child actually attends the program and that my weekly payments deposits will secure my child's spot in the program.

I, _____, have read and understand the policies listed above.

Signature: _____ Date:_____

Child's Name_____ Age___ School_____ Grade_____

EMERGENCY CONTACT AND RELEASE INFORMATION

Please list the full name, complete address, and phone numbers of those to whom the PAV YMCA may release your child for pick up and emergency purposes. You must list at least two contacts other than parents/guardians.

Name_____ Relationship_____

Address_____ Day Phone_____

PIN:_____ **Office use only** Evening Phone_____

Name_____ Relationship_____

Address_____ Day Phone_____

PIN:_____ **Office use only** Evening Phone_____

Name_____ Relationship_____

Address_____ Day Phone_____

PIN:_____ **Office use only** Evening Phone_____

Any safety issues regarding custody concerns?_____

I authorize the PAV YMCA to release my child to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person picking up my child must have been authorized by a parent/guardian and must present a valid picture I.D. Should an authorized person arrive to pick up my child that appears to under the influence of alcohol or drugs, the staff will report this person to the police.

_____ _____
Parent/Guardian Signature Date

HEALTH HISTORY

Does your child take any medication? ☐ Yes ☐ No Please list_____

Does your child have any allergies, including food? ☐ Yes ☐ No Please list_____

Please describe any current health conditions requiring medical attention, treatment, or special consideration while at camp (including water activities). Attach detailed medical information if necessary. _____

I authorize the Pav YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. Children needing medical assistance while at the Pav YMCA will be brought to MacNeal Hospital. In the event that your child is not near the Pav YMCA, they will be seeking medical treatment at the nearest hospital. I accept responsibility for any/all medical expenses my child may need and understand the Pav YMCA does not cover health and medical expenses. I also agree to waive any claims against the Pav YMCA, it's members, staff, and volunteers for injuries or damages against my child.

_____ _____
Parent/Guardian Signature Date

How did you hear about the Program?
☐ Friend ☐ Newspaper ☐ Online ☐ Postcard ☐ Other: _____

FOR OFFICE USE

PAV YMCA
2947 S. Oak Park Ave.
Berwyn, IL 60402

STAY CONNECTED



WE ARE GOING PAPERLESS!

Text PAVYMCA to 22828 and join our e-mail list today!

@PAVYMCA

HAVEN'T HEARD FROM US?
Use the camera on your phone to scan the QR code and update your contact information!