

# WEST BROAD STREET YMCA EARLY LEARNING CENTER

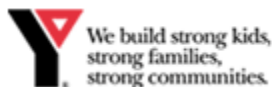


INFANTS THROUGH PRESCHOOL

Pre-K THROUGH 12TH GRADE  
BEFORE AND AFTER SCHOOL CARE



A Georgia Bright From The Start Licensed Facility  
Maximus Accepted



For more information call (912) 233-1951  
Or stop by: 1110 May Street Savannah, GA

# **WEST BROAD STREET YMCA**

## **I. OVERVIEW:**

The West Broad Street Young Men's Christian Association in Savannah, Georgia is the Downtown YMCA and provides diverse programming in the area of education and training, as well as providing a healthy, safe, moral environment for all people to learn, grow, and develop into mature productive citizens. Programs include Child Care (infants through pre-k), Before and After School (School aged child care), Boy Scouts, Youth Sports, Summer Day Camp, Parenting Workshops, Fitness, Aerobics, and Dance. The facility is located at 1110 May Street Savannah, Georgia, and is a multipurpose center which includes a gymnasium, full service kitchen, meeting and banquet rooms, aerobics and dance room, classrooms and Youth Development Center.

## **II. HISTORY:**

The West Broad Street YMCA was originally created in 1942 by a number of the city's prominent citizens as a U.S.O. Club for Black Soldiers returning from World War II who were not allowed to attend the whites only USO due to then legal segregation. After the war, the Board of Directors decided to affiliate the organization with the YMCA of the USA, and formed the local association. The group's first building was on Tattnall Street, and in 1947 moved to 714 West Broad Street and named the West Broad Street YMCA. The association continued to grow and in 1969 moved to its current multipurpose facility at 1110 May Street. The facility may be the first and only YMCA facility constructed entirely with government funds, through the old Model Cities Grants from the Department of Natural Resources, through the City of Savannah. The West Broad Street YMCA is one of the six remaining "Heritage" YMCA's (Independent YMCA's originally chartered to serve the Black Community during segregation) in the United States.

## **III. MISSION STATEMENT:**

To put Christian principles of service into practice through programs that build healthy spirit, minds, and bodies.

## **IV. YMCA VISION STATEMENT:**

To execute our mission in a manner that produces strong kids, strong families, and strong communities.

# WEST BROAD STREET YMCA EARLY LEARNING CENTER

## I. PROGRAMS:

1. FULL DAY CHILD CARE  
CHILDREN 6 WEEKS TO PRE-K
2. SCHOOL AGED CHILD CARE  
(K-8TH GRADE BEFORE/AFTER SCHOOL; SCHOOL BREAKS)

## II. PRINCIPLES OF YMCA:

1. Build healthy spirit, mind, and body.  
YMCA child care is a good place for children to grow. The West Broad Street YMCA uses a developmentally appropriate approach with attention to the children's social, emotional, cognitive, and physical growth. We take children along a pathway from simple to more complex levels of learning and maturity utilizing a creative curriculum.
2. A place to belong, people who care, and fun.  
In Y child care, children live and learn through play and by having fun. The values of caring, honesty, respect, and responsibility are instilled through nurturing teachers, while they help children explore the world around them.

## III. HOURS OF OPERATION:

The program, operated in our Youth Services Building, is open from 6:30 A.M. To 6:00 P.M., Monday through Friday.

## IV. HOLIDAYS:

Labor Day	Christmas Week
Thanksgiving (2 days)	New Years Day
Martin Luther King Day	Memorial Day
Independence Day	

## V. WEEKLY FEES: (Sliding Fee Scale Based On Income)

1. Early Learning Center infants through Pre-K:

Registration:	\$ 45 (one time, non-refundable)
Tuition Infants	\$ 80 - \$120
Tuition Toddlers	\$ 75 - \$100
Pre-School	\$ 70 - \$100
2. School Aged Child Care (Before and After School):

Registration	\$ 45 (one time, non-refundable)
Tuition	
Before School Only	\$ 15 - \$25
After School Only	\$ 35 - \$65
Both	\$ 45 - \$75

**WE OFTEN HAVE PARTIAL SCHOLARSHIPS AVAILALABLE. PLEASE ASK.**

3. Drop In rates (as space allows – child must be registered)  
No charge for members up to 2 hours per day if using facility  
If child is in our before or after school program the drop in rate is \$10 per half day and \$15 per full day.  
If the child attended our summer camp within the past 9 months, the rate is \$15 per half day and \$20 per full day.  
All others are at the rate of \$5 per hour or \$30 per day, which ever is less.
4. Discounts:  
10% per child for multiple children  
10% per child for Members of the West Broad Street YMCA
5. Late Fees:  
\$15.00 per child for late payment  
\$15.00 for first 15 minutes and \$1 per minute per child for failure to pick up by 6:00 P.M.
6. Returned Checks: the amount of check plus \$50.00
7. P.E.A.C.H./Maximus is accepted in both programs. Maximus provides child care benefits and subsidies to support the efforts of parents moving from public assistance to employment. See your case manager at The Department of Family and Children Services.
8. Fee Schedule:
  - Fees are due on Monday unless other arrangements in writing have been made with the director.
  - Late fees are assessed on Monday evening.
  - Children are charged for the full week regardless of attendance. (No pro-ration of fees.)
  - There is no reduction in fees for holidays or days when we are forced to close for weather or related reasons.
  - Children are allowed up to 2 vacation weeks per year (September through August). The Director must be informed in writing of vacation weeks, otherwise full charges apply.

VI. ENTRY REQUIREMENTS:

1. Immunization Record (Form 3231 – must use this approved form)
2. Completed Application
3. Registration Fee and first week fees
4. Extra Clothing (labeled)
5. Large towel, blanket, etc. (labeled)

VII. VISITATION:

We have an open door policy. Parents are welcome at any time. If you wish to eat lunch with us, please inform us that morning and we will accommodate you. The cost is \$2.00.

VIII. MEALS AND SNACKS:

Early Learning Center children are provided breakfast, lunch, and an afternoon snack. School aged children are provided an afternoon snack.

IX. ATTENDANCE:

After two (2) weeks of absence without explanation or notice, children are “dropped” from the roll and must be registered again. Fees will be charged for these two weeks.

X. DISCIPLINE:

We promise and require positive discipline in all of our children. Staff and teachers are required to attend the State approved continuing education courses on discipline on an annual basis. Children are disciplined only in accordance with State Guidelines as promulgated and executed by the Georgia Department of Human Resources. Occasionally, we have children that do not respond to those methods, and sometimes present a threat to themselves or other children. Parents are then contacted and conferred with. We use suspension and expulsion as methods of last resort.

XI. GRIEVANCES:

Child care staff members are always available to discuss any grievances or complaints with parents. Should a parent not be satisfied with the response of staff, the Program Director, and the Chief Executive Officer shall then be available.

XII. LEGAL MATTERS:

We are regulated by State Law and are subject to the Rules and Regulations of Bright From The Start of the Department of Human Resources. Thus, we are required to report any cases of suspected child abuse or neglect to the Child Protective Services Division of the Chatham County Department of Family and Children Services. Parents will be asked to confer with staff and have those suspicions stated before any contact is made with anyone else. We are also required to notify parents in the case of emergencies or natural disasters (hurricanes, storms, etc.) and in the case of illness. You will be asked to pick up your child.

XIII. ILLNESS AND EMERGENCIES:

We are required to remove any children with communicable diseases from the Child Care Center. Parents will be contacted and are required to pick their child up. Children with a temperature over 100 degrees, vomiting, or with diarrhea will be considered “sick” and parents will be contacted. Parents are required to sign and maintain an emergency medical authorization and waiver. Parents are also required to keep emergency contact information current.

XIX. ADDITIONAL REGISTRATION INFORMATION:

Registration fees must be paid at the time of enrollment. Tuition is due and payable on Monday, or the first day of the week that your child attends. If the fees are not paid by Monday, or the first day after the first day of attendance, parents are assessed a late fee of \$15.00. If you pick up your child after 6:00 P.M., there is a \$15.00 late charge for the first 15 minutes that you are late and \$1 per minute per child thereafter. Late fees are assessed to encourage parents to pay and pick up on time. We will work with you to handle any special problems. All tuition must remain current. If your child attends one or more days of the week, the full tuition is due. If your child is absent the entire week, full tuition is due, unless special arrangements are made.

**CHILD CARE REGISTRATION**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE(HOME) \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

**PARENTS INFORMATION**

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ PAGER/CELL NO. \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ WORK NO. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ PAGER/CELL NO. \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ WORK \_\_\_\_\_

**OTHER CONTACT'S INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

PAGER/CELL NO. \_\_\_\_\_

**EMERGENCY CONTACTS (GENERAL)**

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone/Cell Relationship

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone/Cell Relationship

**PERSONS AUTHORIZED TO DROP OFF/PICK UP CHILDREN**

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone/Cell Relationship

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone/Cell Relationship

PARENTAL AGREEMENT WITH CHILD CARE FACILITY

THE WEST BROAD STREET YMCA (the YMCA) agrees to provide child care for my child

\_\_\_\_\_ on \_\_\_\_\_ days  
(Name of Child) (Number of days)

My child will participate in the following meal plan (circle appropriate meals and/or snacks):

Breakfast

Lunch

Afternoon Snack

I certify that at least one of the following statements is true about me and/or my family. \_\_\_\_\_ (Initial)

Receive state or federal assistance (TANF, Medicaid, EBT, WIC, DFCS or similar), Am unemployed, Live in Section 8 or Public Housing, Make \$8.00 per hour or less, qualifies for free or reduced lunch or have a family income at or below 150% of the FPL.

I (we) understand and agree that it is the principle, policy, and practice of The West Broad Street YMCA to dispense medication to children in their care **only with the written permission of the parent(s) of the child.** I agree to complete a written form authorizing the YMCA, and/or its staff, volunteers, or other persons responsible for the care of my child, to receive medications from me and administer it to my child. This form shall contain my child's full name, date, name of the medication, physician, and expiration date, the number of the medication to be administered, and my signature. I also agree that any medications that I give to the YMCA shall be clearly marked with the child's name, date, name of medication, physician, and expiration date. I also agree that the YMCA and/or its staff, volunteers, or other persons responsible for the care of my child shall not dispense any non-prescription drug that is not in its original, clearly marked container.

I (we) agree to keep the YMCA and/or its staff, volunteers, and other persons responsible for the care of my child, informed as to my (our) whereabouts and location, and how I (we) may be reached at all times during the time they are caring for my child.

I (we) also agree to inform the YMCA and/or its staff, volunteers, or other persons responsible for the care of my child, of any medications that my child must take during the time of their care. The West Broad Street YMCA, Early Learning Center, and/or its staff, volunteers, or other persons responsible for the care of my child, or any medications that my child must take during the time of their care.

The West Broad Street YMCA, Early Learning Center, and/or its staff, volunteers, or other persons responsible for the care of my child (the YMCA), agrees to keep me informed of any incidents that may or may not require medical attention.

I understand and agree that it is the principle, policy, and practice of The West Broad Street YMCA **not to allow any child to enter or leave unless accompanied by an adult.** To that end, I (we) agree that I (we) or any person(s) I (we) have authorized to drop my child off or pick them up will not

pick them up or leave them without talking to personnel present to ensure that they are aware of what we are doing. I (we) agree that I (we) or any person(s) I (we) have authorized to drop my child off or pick them up will sign in when they are dropped off or picked up.

I acknowledge and agree that it is my (our) responsibility to keep my child's record current to reflect any significant changes as they occur, i.e. telephone numbers, work locations, emergency contacts, child's physician, the child's health status, and immunization records. I also agree to notify the staff in advance of any days that my child is not attending.

The YMCA agrees to obtain my (our) authorization before my child participates in any transportation, field trips, special activities away from the facility, or any water-related activities. I acknowledge and agree that payment is due on Monday, or the first day of the week my child attends, that **all payments are final, and that there will be NO REFUNDS of any fees paid,** and that I have been informed of all policies regarding fees as stated herein.

I acknowledge and agree that , by my signature hereto, I am agreeing to all of the policies, principles, practices, and conditions stated herein.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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PARENT OR GUARDIAN SIGNATURE

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PARENT OR GUARDIAN SIGNATURE

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FOR THE WEST BROAD STREET YMCA

## TRANSPORTATION AGREEMENT

This shall certify and acknowledge that I give the West Broad Street YMCA, Kiddie Kollege Child Care and/or its staff, volunteers, or other persons responsible for the care of my child permission to transport my child.

Name of Child: \_\_\_\_\_

From YMCA to: \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.) Before School

From \_\_\_\_\_ to YMCA at \_\_\_\_\_ (a.m./p.m.) After School

On the following days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

\_\_\_\_\_ is authorized to receive my child. In the event that said person is not available, the following procedure shall be followed:

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In the event that I do not wish my child to be transported in the manner described above, I agree to notify the West Broad Street YMCA.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Parent or Guardian

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Parent or Guardian

West Broad Street YMCA Scholarship Information

Name of Child \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

To qualify for a scholarship the parent or guardian must meet the following criteria:

1. Be in school to improve skills for a new career and working 24 hours a week or more, or just returning to the workforce from being unemployed.
2. Not have any assistance in paying for childcare (CAPS, etc.).

To apply for a scholarship the parent or guardian must present:

- a. proof of family income
- b. size of family
- c. one of the following: a letter of acceptance from an accredited secondary school, proof of new employment, proof of unemployment

The purpose of the scholarship is to help people in transition. For this reason, scholarships are in 30 day periods. At the end of the 30 days, parents or guardians are responsible for full tuition. There may be an extension of the scholarship depending upon circumstances. Parents and guardians are to stay in close contact with the director and are encouraged to seek other funds for assistance.

I \_\_\_\_\_ agree to pay \_\_\_\_\_ per week from \_\_\_\_\_ to \_\_\_\_\_. Unless the scholarship is continued, I understand that I will need to pay \_\_\_\_\_ per week starting on \_\_\_\_\_.

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
For West Broad Street YMCA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date