Engage, Learn, Shine

Meyers Lake YMCA – Perry Local
2019-2020 Before & After School Registration

Hours of Operation
Monday – Friday
6:30AM – School Day Begins
School Day End – 6:00PM
Days Out of School
6:30AM-6:00PM

Locations
• Whipple Heights Elementary

Days Out of School
Care is available at the Meyers Lake YMCA on school days off and snow days from 6:30AM-6:00PM for children in grades K-8. Pre-registration is required for care on school days off.

*NEW CHILD CARE BUSINESS OFFICE*
All matters of child care business operations will now be handled through our Child Care Business Office located at the Association Service Center. Please see page 3 for detailed information!
School Day Site Information

- **YOU MUST COME IN TO THE BUILDING TO SIGN YOUR CHILD IN AND OUT EACH DAY.** Students are not permitted to enter or exit the program alone.
- Students are released to the school’s breakfast if they choose. The Y does not provide an AM snack. Students are permitted to bring a snack in the morning if you choose. PM snack is provided each day.
- Curriculum includes: Homework help, 30+ minutes of active indoor or outdoor play each day, arts & crafts activities, STEM activities, free choice time and much more. Weekly lesson plans are posted for specific activities.
- Please contact the sites if your child will be absent on a scheduled care day. You may call and leave a message on the site cell phone.

Fun Club Days/Snow Days

- Snow Days and Fun Club Days follow the Canton City School calendar.
- If your child is registered for Before and After School care, you are automatically registered for the Snow Day program. Bring your child, with payment, to the YMCA in the event a snow day is called.
- For days pre-determined off school, a form will be provided at the sites two weeks in advance. You must sign up for days needed and pay for those days by the due date on the form.
- Please bring a bathing suit, towel, and lunch for your child when attending Fun Club Days or Snow Days.
- Daily charge of $25.00/Member or $30.00/non-member applies.

CONTACT INFORMATION:

**Site Cell Phone Numbers:**
Whipple: 330.936.7015

**Child Care Director:**
Holly Hug, hhug@ymcastark.org
330.454.9018
Child Care Parent/Guardian(s):

As of June 2019, the Child Care Business Office, located at the YMCA of Central Stark County’s Association Office, will be handling the billing functions for our child care programs and services.

What you need to know:

- Continue to submit your child’s registration packet along with any financial aid forms to the branch your child is attending. You will receive an e-mail from the Child Care Business Office that will confirm your enrollment and notify you of your child/children’s start date.

- All invoicing and auto-payments will be processed at the Association Child Care Business Office – Child Care Directors located at the branch/site will no longer be handling any billing related functions or account changes.

- As of June 3, 2019, please contact the Child Care Billing Specialists at the YMCA Association Office to update payment information or with any billing related inquiries at 234-215-3566 and ask for Laura or Alex between the hours of 7am–6pm, Monday through Friday.

Thank you for being part of the YMCA!

Please call the Child Care Billing office at 234-215-3566 between 7am and 6pm, Monday through Friday.
YMCA of CENTRAL STARK COUNTY
FALL 2019/2020 CHILD CARE REGISTRATION

CHILD’S INFORMATION
Child’s Name (first/last) ___________________________________________ Birth date ___/___/____ Age ______
Address _____________________________________________________________________________________________________________________
City_________________________________________________________ State ______ Zip ______________________
County ___________ Home Phone: ___________________________ Gender ___________________________
School Attending (School year 2019/2020) ___________________________________________ Grade __________
Membership Status (Please circle one): Member Akron/Western Stark Y Member Non-Member
1st Parent ___________________________________________ Birthdate ___________ Contact Phone # __________
2nd Parent ___________________________________________ Birthdate ___________ Contact Phone # __________
Parent Email _______________________________________________________________________________________________________________

Marital Status  □ Married □ Separated □ Divorced □ Single □ Other

Custody/Contact restrictions: (Equal access to the center and child will be granted to each parent in the absence of a Court order, which must be provided to the YMCA, specifying otherwise).
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

PROGRAM NEEDED (Check program needed AND circle days needed)
Site child will attend: _____________________________________________________________________________________________________

□ Before School Care ONLY (M T W TH F ) □ Both Before and After School Care (M T W TH F )

□ After School Care ONLY (M T W TH F ) □ Fun Club Days ONLY

Please list the persons permitted to pick-up your child:
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

Will you donate to our Annual Campaign? Your money will go directly back into our program to allow children needing financial assistance to participate this school year!

Thanks for your donation to the Annual Campaign = $________

1st Weeks Payment: $________
Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION
FOR CHILD CARE

This form shall be completed prior to the child’s first day of attendance and updated annually and as needed.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
<th>First Day at Program/Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
<td>Home Telephone Number</td>
</tr>
</tbody>
</table>

Parent/Guardian Name | Relationship to Child
|---------------------|---------------------|

Home Address | Home Telephone Number
|-------------|---------------------|

City | State | Zip

Email Address (if applicable) | Cell Phone

Parent’s Work/School Telephone Number | Parent’s Work/School Name

Parent’s Work/School Address | City

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  
Yes  ☐  No  ☐

If you answered yes, please indicate which number(s) above to include on the list  ☐ Work #  ☐ Cell #  ☐ Home #  ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name | Relationship to Child
|---------------------|---------------------|

Home Address | Home Telephone Number
|-------------|---------------------|

City | State | Zip

Email Address (if applicable) | Cell Phone

Parent’s Work/School Telephone Number | Parent’s Work/School Name

Parent’s Work/School Address | City

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  
Yes  ☐  No  ☐

If you answered yes, please indicate which number(s) above to include on the list  ☐ Work #  ☐ Cell #  ☐ Home #  ☐ Email

Where can you be reached while your child is in this program/home?

**Emergency Contacts:** Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Telephone Number | Relationship to Child | Telephone Number | Relationship to Child

Other numbers where emergency contact can be reached (if applicable) | Other numbers where emergency contact can be reached (if applicable)

Name of Physician or Clinic/Hospital

Street Address

City | State | Telephone Number
## Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have any food, medication or environmental allergies?</td>
<td>Yes - check all that apply</td>
<td>Food, Medication, Environmental. Please list and explain.</td>
</tr>
<tr>
<td>Does your child’s allergy/allergies require child care staff to monitor</td>
<td>Yes - a JFS 01236 &quot;Medical/Physical Care Plan&quot; or equivalent form and if administering medication, a JFS 01217 &quot;Request for Administration of Medication&quot; must be completed.</td>
<td></td>
</tr>
<tr>
<td>Does your child have a special health or medical condition?</td>
<td>Yes - please explain</td>
<td></td>
</tr>
<tr>
<td>Does the special health or medical condition require child care staff</td>
<td>Yes - a JFS 01236 &quot;Medical/Physical Care Plan&quot; or equivalent form and if administering medication, a JFS 01217 &quot;Request for Administration of Medication&quot; must be completed.</td>
<td></td>
</tr>
<tr>
<td>Is your child currently using any medication, food supplement or medical</td>
<td>Yes - please explain</td>
<td></td>
</tr>
<tr>
<td>If yes, does this medication, food supplement, or medical food need to</td>
<td>Yes - a JFS 01217 &quot;Request for Administration of Medication&quot; must be completed and kept on file for each medication, food supplement or medical food.</td>
<td></td>
</tr>
<tr>
<td>Does your child have any dietary restrictions, including those for</td>
<td>Yes - written instructions from the child’s health care provider must be on the JFS 01217 &quot;Request for Administration of Medication.&quot;</td>
<td></td>
</tr>
<tr>
<td>Does this dietary restriction require a modified diet that eliminates</td>
<td>N/A - child does not attend a full time program.</td>
<td></td>
</tr>
</tbody>
</table>

JFS 01234 (Rev. 12/2016)

Page 2 of 3
Child’s Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained?  □ Yes (If yes, skip to Emergency Transportation Authorization section)  □ No (If no, fill out the following)

The program’s policy is to check diapers every _________ hours. Please indicate if you want your child’s diaper checked according to the program’s policy or another:

□ I agree with the program’s schedule  □ I do not agree, please check my child’s diaper every _________ hours.

Emergency Transportation Authorization

Give Permission to Transport  OR  Do Not Give Permission to Transport

Program or Home Name  Meyers Lake YMCA

has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

□ Do not sign both

Parent’s Signature  Date  Parent’s Signature  Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program’s or home’s policies and procedures/handbook  □ Yes  □ No

(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)  Date

Administrator/Designee Signature  Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child’s first day of attendance and thereafter while the child is enrolled.
YMCA of Central Stark County – Schedule and Tuition Agreement
Perry Local 2019-2020 School Year

Child’s Name _____________________________________________________________  Birthdate ________________________________

School Child Attends ___________________________________________________  Start Date ________________________________

WHAT DAYS DOES YOUR CHILD NEED CARE? (Please circle days)

Before School: M T W TH F

After School: M T W TH F

PAYMENT SCHEDULE: (Please circle the schedule your child will attend)

<table>
<thead>
<tr>
<th>Program</th>
<th>Y Member 1-3 days</th>
<th>Program Participant 1-3 days</th>
<th>Y Member 4-5 days</th>
<th>Program Participant 4-5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before-School Only</td>
<td>$28</td>
<td>$36</td>
<td>$35</td>
<td>$44</td>
</tr>
<tr>
<td>After-School Only</td>
<td>$28</td>
<td>$36</td>
<td>$35</td>
<td>$44</td>
</tr>
<tr>
<td>Before and After School</td>
<td>$53</td>
<td>$71</td>
<td>$68</td>
<td>$87</td>
</tr>
<tr>
<td>Fun Club/Snow Days</td>
<td>$25 per day</td>
<td>$30 per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child Care Payment Policies

Please initial beside each of the following:

_____  Tuition payment is due one week in advance of attendance.

_____  Accounts that have a balance of 2 weeks or more will be considered delinquent. The Child Care Business Office will contact the responsible parent to reconcile the balance and keep the account current. If a payment agreement is not reached or payment is not made, child care services may be suspended.

_____  Payments/Refunds will be applied to any outstanding Y balances first then to current programming fees.

_____  The site closes at 6:00PM. A $1 per minute per child late fee is charged after 6:00PM. All late fees will be added to the next weeks draft payment.

_____  I understand I will be charged for the program and rate for which I signed up my child.

_____  I understand that weekly tuition is not adjusted for days missed due to illness unless the child is hospitalized and the parent/guardian notifies the Child Care Business Office.

_____  A 2 week written notice is required for any change in schedule, otherwise the account will be charged based on the schedule for which you signed up.

_____  Should my bank, for any reason, not honor any debit, I am responsible for the payment and I may also be responsible for a fee up to $30. The payment and fee may be collected electronically by a third party.

_____  Failure to communicate with Y staff for 5 business days may result in termination of services.

I will be paying by:  □ Bank Draft  □ Credit Card Draft

Parent/Guardian Signature ___________________________ Print Name ___________________________ Date ___________________________
Automatic Payment Enrollment Form

Participant Information:
Child’s Name __________________________ Date of Birth __________________
Site/Location Child Attends: ____________________________________________
Program: (Please circle one)
Before Only After School Only Before & After School Fun Club Only

Responsible Parent/Guardian Information:
Name: _________________________________________________________________________________________________________
Phone: __________________________ 2nd Phone: __________________________
Are you responsible for entire tuition payment? YES NO (If “no” please explain below)
_____________________________________________________________________________________________________________________________

Ohio Department of Jobs & Family Services Assistance:
Are you receiving assistance through Ohio Jobs and Family Services? YES NO
If yes, please specify copay amount: __________

*Please see ODJFS policy document from your Child Care Director for all responsibilities for approved cases.

PAYMENT OPTIONS:
1. Bank Draft (Please include a voided check) Account Type:
   [ ] Weekly [ ] Bi-Weekly [ ] Checking [ ] Savings
   Bank ____________________________________________________________
   Bank Address/City/State/Zip ________________________________________
   Transit & Routing # ________________________________________________
   Account # ______________________________________________________

2. Credit Card Draft
   [ ] Weekly [ ] Bi-Weekly [ ] Credit Card [ ] Debit Card
   MasterCard VISA Discover American Express
   Issuing Bank Name __________________________________________________
   Name on Card _____________________________ Exp. Date _________
   Account # ______________________________________________________

Draft Authorization: I authorize automatic payments for my child care fees in the amount of the agreed upon weekly payment rate for the program my child attends. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 14 business days notice is required to stop or edit drafts.

______________________________ ____________________________
Parent/Guardian Signature Print Name Date
Child’s Name: ___________________________  Child’s Date of Birth: ____________

Y  N  I give permission for my child to be included in publicity pictures connected with the program, including those used in online media such as on our website and Facebook page.

Y  N  I give permission for my child to walk outside of the YMCA Program building with the staff for the occasional walking trip. Any trips requiring a specific permission slip would be provided including the exact nature of the activity, destination, transportation being used, specific time period, time of departure and return to the center.

Y  N  I give permission for my child to participate in swimming activities while at the YMCA for Fun Club Days or Snow Days. Children who are unable to touch in the shallow end of the pool will be given a life-jacket to wear unless they are able to pass a swim test administered by YMCA lifeguards.

***  My child is a _______ swimmer _______ non-swimmer  ***

I, the undersigned parent/guardian, do hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result of, and/or participation in a YMCA of Central Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions expressly including but not limited to the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of the release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. The YMCA of Central Stark County is not responsible for misplaced or stolen items.

PERMISSION TO TREAT: IN CASE OF MEDICAL ILLNESS OR INJURY, I hereby give permission to YMCA of Central Stark County personnel to provide routine health care, first aid, medication or treatment as determined by medical personnel. IN CASE OF MEDICAL EMERGENCY or medical care beyond the scope of YMCA staff, I understand that every effort will be made to notify listed contact(s). I authorize YMCA personnel to act on my behalf and secure emergency medical treatment and grant permission to the attending physician to secure proper treatment for the named child.

________________________________________  __________________________
Parent/Guardian Signature                        Date

Demographic Information

Agencies like the United Way allocate funds to the YMCA every year. We use this money to help with financial assistance to those who need it which in turn keeps fees lower. Please fill in the information requested below to help the Child Care Programs with our funding requests.

Child’s Ethnicity (please circle one below):

American Indian/Alaska Native    Asian    Black/African American
Hispanic/Latino                  Native Hawaiian/Pacific Islander  White    Other

Child’s Gender: ___________________________

Family Size (please circle one): 2  3  4  5  6  7  8

Household Income Level (please check one):

_____ $0-$9,999                      _____ $30,000-$39,999
_____ $10,000-$19,999                _____ $40,000-$49,999
_____ $20,000-$29,999                _____ $50,000+
YMCA of Central Stark County Child Care
BEHAVIOR GUIDANCE/MANAGEMENT POLICY

Our goal is to set guidelines to develop a feeling of self-worth and competence for each child that results in social and emotional growth. The Y has developed a set of expectations that are developmentally appropriate for their group of children. The child care staff will review these rules with the groups and they will be posted. YMCA rules are expected to be followed both in and outside of the Y building and at all times the child is in the Child Care program.

Our disciplinary steps are based on an understanding of the individual child’s needs and stage of development as well as each individual situation. It is our desire to help each child develop self-control, and respect for the rights of others. Please provide staff as much information as possible about your child at the beginning of and throughout their time in the program to help inform this process.

When behavior management problems arise, staff will use a problem-solving approach to support children in resolving conflicts. Staff will approach the situation calmly, stopping any hurtful actions or language. When the situation is calm, staff will gather information from the children involved and any others that witnessed the incident. Staff will also ask the children for ideas for a solution and how to properly handle the situation next time.

At no time will any form of corporal punishment or shaming be used. Children are never deprived of food as a form of discipline. The entire group is not punished for the actions of one or a few. Children are not restricted from activities for extended periods of time.

Behavior Management Reports and Procedure:

When a behavior concern arises, staff will utilize the Behavior Management Report to document the incident and report to parents/guardians. This form addresses the following behaviors with room for additional situations.

- Refusal to follow rules/cooperate with staff
- Leaving the group or staff without permission
- Continuous disruptive behavior
- Stealing/damaging of property
- Use of profanity, vulgarity or obscenities
- Endangering the health and safety of self, other children and/or staff
- Teasing/bullying of other children or staff
- Fighting of any kind

Staff will follow the below procedure for these incidents with campers:

First Report: Written warning and parent/guardian will be contacted.

Second Report: The student will be sent home and serve a suspension. Parent/Guardian will be contacted and must discuss with Director.

Third Report: The student will be sent home and serve a suspension. Child cannot return until parent/guardian meets with a director to develop a specific behavior management plan.

Fourth Report: The student will be removed from the program and services will no longer be provided.

When there are recurring problems, sufficient attempts to follow the above steps have failed, and/or the behavior involved may result in unsafe conditions for the child, others or the program environment, immediate removal from the program may be necessary. These situations will result in an immediate “pick-up”. Parents/guardians will be contacted via the preferred method indicated and are required to pick up the child and respond to any correspondence. The Child Care Director will determine the most appropriate next step and discuss with the child and parent/guardian. Each YMCA location reserves the right to skip steps in this process as deemed necessary. If removed from the program, campers will not be re-admitted to any child care program with YMCA of Central Stark County, unless specific exception is made at the time of the request.

Please initial each statement and sign below:

_____ I understand that in a crisis situation, my child may be physically held to prevent bodily harm to self and/or others, or the destruction of property. Physical holding shall be utilized for the minimum frequency and duration possible and shall not be used as punishment, convenience for staff, or as a means for compliance with behavioral expectations.

_____ Abusive language or actions, illegal acts or endangerment of any Y staff or participant by parents/family members of enrolled child may result in immediate dismissal of the child from programming.

_____ I have read and understand the above Behavior Guidance/Management Policy.

SIGNATURE _______________________________ DATE ____________
Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES FOR CHILD CARE

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)

- Child swimming in water 18 inches or more in depth
- Child participating in activities near water 18 inches or more in depth (no water activities planned)
- Infants and toddlers using wading pools

I give permission for my child to participate in the following swimming/water activities

<table>
<thead>
<tr>
<th>Swim Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meyers Lake YMCA</td>
</tr>
</tbody>
</table>

Date(s)

- August 12th, 2019 – May 29th, 2020

Departure/Arrival Times from Center

- On site – Swim time from 10:00–3:00

Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)

- N/A – Swimming on Site

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My child is a
- [ ] Swimmer
- [ ] Non swimmer

Parent's Signature

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Step Up To Quality is a five star quality rating and improvement system administered by the Ohio Department of Jobs and Family Services that recognizes quality education based child care programs. We are proud to be a highly rated childcare program. Because of this, there are a few additional documents we ask you to complete annually.

• FAMILY QUESTIONAIRE
   The questions asked help our staff get to know more about your child in order to provide the most individualized care possible. Please complete all questions on this form and sign and date.

• CHILD GOAL SHEET
   In order to assist your child in reaching developmentally appropriate milestones we will be asking them to develop goals for themselves during their time in our programming. Please discuss these goals with your child and sign and date the form.

We would love to discuss Step Up to Quality further with you. Please ask your Site Director or Child Care Director for more information!

If your child is in need of any specialized care, additional documents are necessary for registration. Please provide the most detailed and up to date information possible in order for our staff to be able to provide the highest quality of care.

If your child has an allergy, special health concern, medical condition or requires a food supplement/substitution, please fill out these additional forms:

• CHILD MEDICAL/PHYSICAL CARE PLAN
   Required for all situations listed above. Please answer all parts of each question on the form and sign as the trainer and parent. If there are procedures listed that require training, parents must provide this training for staff.

• REQUEST FOR ADMINISTRATION OF MEDICATION
   Required when any medication needs to be administered during time in care.

   Box 1 must be filled out in its entirety by the parent/guardian. (Needed for ALL medications)

   Box 2 must be filled out and signed by a licensed physician, dentist, advanced practice registered nurse or certified physicians assistant. (Needed for Prescription Medications ONLY)
Family Questionnaire

Please complete the following questions in order for us to best serve your child during their time in our programming.

1. What might you and/or your child be anxious about as he/she starts this program?

2. Are there any changes or transitions that your child has recently experienced or is experiencing? (moved to a new home, divorce, death of a family member, friend or pet)

3. What methods do you use at home to respond to your child’s negative behavior?

4. What are your expectations for your child in this program?

5. What other information might be helpful for the staff caring for your child to know?

Parent Signature: ____________________________  Date: ____________
Student Goal Worksheet
We will work together to reach my goals!

Child’s name: _________________________________________________________________

Date: ___________ Parent Signature: _________________________________

Goal for my Body:

Action Step 1: 
Action Step 2: 
Action Step 3: 

Goal for my Mind:

Action Step 1: 
Action Step 2: 
Action Step 3: 

Goal for Social Responsibility:

Action Step 1: 
Action Step 2: 
Action Step 3: 

Goal for my Character:

Action Step 1: 
Action Step 2: 
Action Step 3: 

These people will help me reach my goals:

This is how I will feel when I reach my goal (draw or write it):

My parent’s goal for me:

Goal Accomplished

Goal Accomplished

Goal Accomplished

Goal Accomplished

Goal Accomplished