

## **It's Back-to-School Time!**

We've made it through summer and are excited to head into the fall season. Attached you'll find our Childcare Enrollment Forms. Please ensure that all forms are filled out thoroughly, and every field is **completed**. The only acceptable response for a non-applicable question is "N/A," as required by the State of Missouri.

We require completed enrollment forms, a copy of the child's immunization records, and a valid payment method on file before they can start Y-Club.

Also attached is our Parent Handbook, which is yours to keep. This handbook outlines the structure and expectations we will follow in operating our Y-Club programs.



# EXCEL AFTER THE BELL

## Y-Club After School Program

For children ages 5-12.

**ENROLL  
TODAY!**

The Y-Club After School Program in Butler, MO, is licensed by the Missouri Department of Elementary and Secondary Education. Children receive homework help, along with a healthy afternoon snack and participate in a variety of fun activities in a safe, nurturing environment.

### DATES

**Start Date:** August 19, 2025

### TIME/DAYS

Tuesday-Fridays, end of school day until 5:30 pm.  
We will be open when school is in session on Mondays

### WEEKLY RATES

**Full-Time (4 days a week):** \$36/week  
**Part Time (1-3 days a week):** \$28/week  
20% sibling discount  
\$25 nonrefundable registration fee

### FINANCIAL ASSISTANCE

The Y offers Financial Assistance to those who qualify.

### LOCATIONS

Program is offered at Butler Elementary School

### REQUIREMENTS

Completed registration packet and current copy of child's immunization records are required to attend.

### REGISTRATION PAPERWORK

Go to [opymca.org](http://opymca.org) or email [smccullough@opymca.org](mailto:smccullough@opymca.org) for complete registration packet.

A billing method will need to be provided for weekly automatic payments on Fridays.

### OSAGE PRAIRIE YMCA

500 W. Highland Nevada, MO 64772 | 417-667-9622 | [opymca.org](http://opymca.org)





### CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<b>IDENTIFYING INFORMATION</b>		
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, <a href="http://www.dese.mo.gov/veterans-services">click here for more information about military-related services in Missouri</a> or visit <a href="http://www.dese.mo.gov/veterans-services">www.dese.mo.gov/veterans-services</a> .		
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)</b>		
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/USDA 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](mailto: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**

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

CACFP REQUIREMENT



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

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

\_\_\_\_\_  
(CHILDCARE FACILITY NAME)

to contact the following:

**PHYSICIAN OR CLINIC**

NAME

TELEPHONE NUMBER

**PREFERRED HOSPITAL**

NAME

TELEPHONE NUMBER

**ACKNOWLEDGMENTS**

<b>A</b>	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
<b>B</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
<b>C</b>	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
<b>D</b>	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
<b>E</b>	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
<b>F</b>	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
<b>G</b>	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
<b>H</b>	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
<b>I</b>	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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**MEDICATION AUTHORIZATION**

SAVE

PRINT

RESET

**MEDICATION REQUIREMENT**

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.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

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

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
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**RECORD OF ADMINISTRATION**

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

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FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



LET'S  
**GO!**  
TIME TO  
EXPLORE

School-Age Programs Parent Manual

OSAGE PRAIRIE YMCA 2025-2026



<p><b>Osage Prairie YMCA Mission and Goals</b></p> <p><b>Mission Statement</b> At Osage Prairie YMCA, our mission is to embody Christian principles through programs designed to cultivate a healthy spirit, mind, and body for all.</p> <p><b>Our Goals</b> YMCA School-Age Programs aim to help children reach their fullest potential by emphasizing:</p> <ul style="list-style-type: none"> <li>• Interpersonal relationships</li> <li>• Character development</li> <li>• Academic achievement</li> <li>• Physical skills</li> <li>• Health and nutrition</li> </ul> <p><b>Health and Nutrition</b> We provide USDA-approved snacks daily and adhere to HEPA standards. To support this, we ask that no outside food, drinks (except water), or candy be brought to our afterschool program.</p> <p><b>Academic Support</b> The Y is dedicated to delivering quality programs for all youth. We understand the importance of combining enriching and fun activities with academic support. Daily homework assistance is available, and if your child requires additional help, please speak with your Director. Our program offers a balanced mix of socialization, recreation, and academic support, ensuring a safe and structured extension to your child's school day.</p>	<p><b>Quality Staff</b> We provide the highest quality staff to meet your family's needs. Our staff members are required to complete:</p> <ul style="list-style-type: none"> <li>• Comprehensive background checks</li> <li>• 12 hours of state-licensed child care training</li> <li>• Child abuse prevention training</li> <li>• Mandated reporter training</li> <li>• CPR/First Aid/AED certification</li> <li>• Approval through the Missouri Department of Elementary and Secondary Education (DESE) for all directors</li> </ul> <p>We are here to serve you and your children. Please take the time to meet with your child's director and share any information that will aid in the daily care of your child.</p> <p><b>Court-Ordered Documents</b> If you have court-ordered paperwork for any individuals who are not allowed contact with your enrolled child, please provide the documents to your Director at the time of enrollment. The paperwork must be an official court-ordered document, indicating the primary residential parent or shared parental custody, and must be updated annually. Occasionally, we are asked to provide copies of sign-in/out sheets or attendance records. Please note that to obtain any records from the YMCA, we must be subpoenaed. Thank you in advance for your cooperation.</p>
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<p><b>Enrollment and Payments</b> Enrollment starts on the first day of attendance. Registration, along with all required documentation must be completed before attendance. Enrollment forms must be renewed annually.</p> <p><b>Pre-Enrollment Requirement:</b> Children must be enrolled before starting. Due to licensing requirements, participants who have not completed their registration will not be accepted into the program until it is complete.</p> <p><b>Fees:</b> \$36/week for full-time (4 days) \$28/week for part-time (1-3 days) 20% sibling discount</p> <p><b>Registration Fee:</b> A fee of \$25 per child is due before enrollment in the after-school program and is non-refundable</p> <p><b>Fee Policy:</b> Enrollment in Y programming reserves your child's space, time, and staffing, whether your child attends the program or not. Therefore, weekly fees are due and billed regardless of attendance on Mondays.</p>	<p><b>Non-Payment Policy:</b> Non-payment for the current week may result in immediate termination of services. Continued past due payments may be considered abuse of service and can lead to termination of services.</p> <p><b>Financial Assistance:</b> Financial assistance is available to all participants. Qualification for financial assistance does not remove a participant's responsibility to pay their weekly fees and keep their account current.</p> <p><b>Separate Enrollment:</b> Enrollment in afterschool care does not automatically enroll your child for Summer Camp. Summer Camp requires separate registration and additional fees.</p>
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**Drop Off and Pickup**

Missouri State statute regulating childcare licensing requires that all children be signed in and out by an authorized parent/guardian or another authorized person over the age of 18. Our staff will sign your child in upon arrival to the afterschool program. It is the parent/guardian or authorized person's responsibility to sign the child out at the correct time.

- **Safety Protocol:** For your child's safety, if someone appearing to be under the influence of drugs or alcohol arrives to pick up your child, our staff will contact another person on your pick-up authorization list. If no one is available, we will call local law enforcement.
- **Authorized Pickup:** Children will only be released to a parent/guardian or authorized persons. Staff may request photo identification at sign-out if they are unfamiliar with the person picking up the child.
- **Late Pickup:** If you anticipate being late to pick up your child, please notify the director or YMCA immediately. All YMCA childcare programs end promptly at 5:30 PM. A late fee will apply if your child is picked up late: \$10 for 1-10 minutes late and an additional \$1 per minute for every minute thereafter. Any late fees will be charged via Electronic Funds Transfer the following business day.

**Staff Code of Conduct**

YMCA staff members sign a Code of Conduct that outlines expected behaviors both at work and within the community. This Code of Conduct specifies appropriate behaviors and sets rules to prevent potential abuse and to avoid placing adults in vulnerable positions where allegations of abuse could arise. Signing this document is a crucial step in ensuring the protection of your child during our program and in community social settings.

- YMCA staff members must adhere to these guidelines or face termination.
- To protect our organization, staff, and participants, please do not ask YMCA staff to babysit, transport, or otherwise be responsible for your child outside of YMCA program time.
- Staff are also prohibited from engaging with children online or through any type of electronic communication.

These measures are in place to ensure the safety and well-being of all involved.

**Personal Items, Mobile Phones, and Electronic Devices**

Please ensure your child leaves personal items such as tablets, iPods, toys, mobile phones, games, and trading cards at home. These items are not allowed in the program. If your child has a school-issued iPad, it can be used during homework time for homework purposes only. The YMCA is not responsible for lost, stolen, or broken items. If this policy is not followed, items will be confiscated and only returned to a parent/guardian or authorized person at pickup time.

**Head Lice**

Head lice checks will be conducted as needed by designated YMCA staff. If live head lice or new eggs are found in your child's hair, a parent/guardian will be notified and advised on treatment.

**Emergency Closures**

Osage Prairie YMCA will not offer childcare when the Butler School District is not in session. This includes closures due to inclement weather, snow, or any other unscheduled school closings.

**Holiday/No School Days Schedule-CLOSED**

When Butler R2 is out of session, we will not hold Y-Club, after-school program.



### Discipline Procedures

YMCA staff are committed to fostering a positive environment based on the YMCA's Four Core Values: Caring, Honesty, Respect, and Responsibility. We highly encourage and expect proper participation and conduct from all children.

#### Discipline Procedures:

- **Positive Behavior Support:** We use redirection, verbal praise, and conflict resolution techniques as preventive measures to encourage positive behavior.
- **Behavior Review:** Any behavior notifications will be reviewed with the Associate Director to determine appropriate next steps.
- **Appropriate Discipline:** Children will not be subjected to severe, humiliating, or frightening discipline. Discipline will not involve food, rest, or toileting as consequences.

We aim to maintain a supportive and respectful environment for all participants.

#### Expulsion Policy

1. **Verbal Warning:** The child and parent will receive a verbal warning. The incident will be documented in the child's file.
2. **Written Warning:** A written warning will be issued to the parent.
3. **Suspension:** The child may be suspended from the program for 1-3 days.
4. **Dismissal:** If issues persist, dismissal from the program may occur.

#### Dismissal Reasons:

Dismissal from the YMCA program may occur for the following reasons:

- **Discipline Issues:** Persistent discipline problems that cannot be resolved despite repeated attempts, or issues that jeopardize the safety of others.
- **Excessive Late Pickup:** Frequent late pickup after program hours.
- **Fee Payment Issues:** Excessive tardiness in fee payments or failure to make payments for more than 2 weeks.
- **Inappropriate Behavior:** Disruptive or disrespectful behavior from adults involved with the program.

These steps ensure a safe and respectful environment for all participants.

### Hours

After school program is open from 3:30pm 5:30pm.

### Primary Contact Information:

Samie McCullough, Senior Associate Director  
Cell: 417-448-9044  
Email: [smccullough@opymca.org](mailto:smccullough@opymca.org)

