FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# Out Of School Time Enrollment Packet

## (Before/After School)

**YMCA of Southern WV**
121 E. Main St
Beckley, WV 25801
(304) 252 0715

***It is imperative to fill this packet out in its entirety. Read the reverse side of this page to ensure packet is filled out correctly. Errors or areas left blank will result in a delay in starting the program.***

Dear Parent/Guardian/Custodian,

Welcome to The YMCA Out of school time programming! Thank you for trusting us to care for your child. We look forward to getting to know both you and your family during your time here.

To register your child you will need to do the following:

1. Complete, sign and return all forms in the enrollment packet. Per, WV Child Care Licensing Department, the enrollment **packet must be completed in its entirety. No line or information can be left blank.** Use N/A on lines that do not apply.
2. Submit a copy of your valid ID, for verification purposes.
3. Submit a copy of your insurance information with carrier and policy number. You may enter this information into the attached Medical Information form or attach a copy of your insurance card to your enrollment packet.
4. Read and sign the Financial Agreement, Behavior Management Policy, and Youth Code of Conduct.
5. If you will be receiving services from Mountain Heart you must submit a current Mountain Heart Certificate, at time of registration, with your schools YMCA Afterschool Site listed as the provider.
6. Pay a non-refundable application fee if you are a non-member of the YMCA.

**Enrollment packets must be submitted in person.** We are unable to accept enrollment packets by email, as payment information, required fees, and supporting documentation must be collected and verified at the time of registration.

**Please note:** Submission of an enrollment packet does not reserve a space or guarantee enrollment. A child's space is not reserved until all required forms, documentation, payment information, and registration fees have been received. All enrollments are subject to review and approval by the YMCA based on program capacity, staffing, and our ability to safely meet the individual needs of each child.

If you have any questions, please contact the Youth Development Director at your convenience.

Sincerely,

**Dominique Greer** – Youth Development Director
dom.greer@ymcaswv.com

**CHECK DAYS PLANNING TO ATTEND**

**Days:**

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

**YMCA of Southern WV**
121 E. Main Street
Beckley, WV 25801

**Enrollment Date:**

_____

**SCHOOL ATTENDING:**

_____

## Child's Information Record

*We accept all children without regard to race, ethnicity, creed, religion, national origin, gender, gender identity, sexual orientation, ability or parent's marital status.*

Child's Name _____ Date of Birth _____ Current Age _____ Gender _____

Child's Primary Address _____

### Parent/Guardian/Custodian Information

Parent/Guardian/Custodian Full Legal Name _____ Date of Birth _____ Relationship to the Child _____

Primary Address _____ Email Address _____

Primary Phone Number _____ Work Phone Number _____ Cell Phone Carrier (Used for Family Communication) _____

Employer _____ Employer Address _____

Parent/Guardian/Custodian Full Legal Name _____ Date of Birth _____ Relationship to the Child _____

Primary Address _____ Email Address _____

Primary Phone Number _____ Work Phone Number _____ Cell Phone Carrier (Used for Family Communication) _____

Employer _____ Employer Address _____

If child does not reside with the above, please explain the arrangements below:

_____

_____

_____

Who should be contacted first? _____

Who is responsible for payment of fees? _____

**Special Instructions:** Biological/custodial parents must be given access to their children unless there is a court order preventing contact. **A copy of the court order must be provided.**

Individuals with court orders against them preventing child pick up:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

## Emergency Contacts and Authorized Pick-Ups

### Emergency Contacts:

*These should be local persons who may be notified in case of emergency or illness when the parent/guardian/custodian is unavailable: You MUST list at least one additional Emergency Contact other than yourself.*

Full Legal Name _____ Relationship to the Child _____

Primary Address _____ Email Address _____

Primary Phone Number _____ Work Phone Number _____ Other Phone Number _____

Full Legal Name _____ Relationship to the Child _____

Primary Address _____ Email Address _____

Primary Phone Number _____ Work Phone Number _____ Other Phone Number _____

### Authorized Pick-Ups:

*The following people have permission to pick up my child from the center. Anyone not listed cannot pick up the child without written permission.*

1. Name: _____ Relationship to Child: _____
   Address: _____
   Primary Phone Number: _____ Other Phone Number: _____
2. Name: _____ Relationship to Child: _____
   Address: _____
   Primary Phone Number: _____ Other Phone Number: _____
3. Name: _____ Relationship to Child: _____
   Address: _____
   Primary Phone Number: _____ Other Phone Number: _____
4. Name: _____ Relationship to Child: _____
   Address: _____
   Primary Phone Number: _____ Other Phone Number: _____
5. Name: _____ Relationship to Child: _____
   Address: _____
   Primary Phone Number: _____ Other Phone Number: _____

*By signing below, you certify that the information provided on this form is correct, current, and accurate to your best knowledge. You agree to review and update information whenever changes occur and at least every 12 months.*

**Parent/Guardian Signature: _____ Date: _____**

# Authorizations and Permissions

Child's Name: _____ Date of Birth: _____ Date: _____

## Authorization for Emergency Medical Treatment

**1. Permission to Secure Medical Treatment:**

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I hereby give the YMCA staff permission to seek medical treatment. I agree that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

Signature of Parent/Guardian _____ _____ Date

## Child Care Permission Form

*Please read each statement below and initial in the provided space. If you do not agree with the statement or choose not to initial, please schedule a meeting with the Director. This may delay registration to the program.*

***INITIAL HERE***

_____ I hereby grant permission for my child to use all play equipment and participate in all activities associated with the program.

_____ I understand that the YMCA and its staff are not responsible for anything that may happen as a result of false or incomplete information given by a parent or legal guardian at time of enrollment or thereafter.

_____ I agree to sign my child in and out each day to ensure proper safety for my child, staff, and other youth.

_____ I hereby grant permission for my child to be included in evaluations, photos, and audio or video recordings connected with the program. Photographs and videos may be used for YMCA promotional purposes.

_____ I understand that the YMCA has zero tolerance for abuse of any kind and will not tolerate the mistreatment or abuse of youth in our programs, including inappropriate physical contact by program participants.

_____ I understand that the YMCA is For All, By All and does not discriminate against anyone regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation.

**Approval:** As the parent or legal guardian of the child named above, I approve the conditions stated above.

Approval Signature: _____ Date: _____

# Medical Information Form

Child's Name: _____ Date of Birth: _____

Health Insurance Company: _____ Policy #_____

Name of Physician_____ Physician's Phone _____

Physician's Address _____

Has your child had any of the following illnesses or conditions?

| | Yes | No | When | | Yes | No | When |
|---|---|---|---|---|---|---|---|
| Poliomyelitis | ( ) | ( ) | | Rheumatic Fever | ( ) | ( ) | |
| Tuberculosis | ( ) | ( ) | | Meningitis | ( ) | ( ) | |
| Scarlet Fever | ( ) | ( ) | | Mumps | ( ) | ( ) | |
| Pneumonia | ( ) | ( ) | | Measles (type) | ( ) | ( ) | |
| Frequent Headaches | ( ) | ( ) | | Heart Troubles | ( ) | ( ) | |
| Seizures | ( ) | ( ) | | Hives | ( ) | ( ) | |
| Asthma/Hay Fever | ( ) | ( ) | | Fainting | ( ) | ( ) | |
| Chronic Cough | ( ) | ( ) | | Ear Infections | ( ) | ( ) | |
| Whooping Cough | ( ) | ( ) | | Bronchitis | ( ) | ( ) | |
| Eczema | ( ) | ( ) | | Chicken Pox | ( ) | ( ) | |
| Frequent Colds | ( ) | ( ) | | Croup | ( ) | ( ) | |
| Influenza | ( ) | ( ) | | Tonsillitis | ( ) | ( ) | |

Other_____

Comments on checked items_____

Serious Injuries_____

Hospitalizations _____

Any Operations_____

Allergies ( ) Yes ( ) No If yes, please specify: _____

_____

Unusually sensitive to: ( ) Poison Oak or Ivy ( ) Any Medications
( ) Insect Stings ( ) Other: _____

Is your child currently taking any medications? (Specify) _____

_____

It is a requirement that all children be potty trained and are able to use the restroom independently to attend our program. Is your child fully potty trained and can use the restroom with no assistance? ( ) Yes ( ) No

Special Needs/Disabilities: _____

_____

Any additional information that will help us better care for your child: _____

_____

**IMPORTANT:** Please notify the Youth Development Director if your child is exposed to any communicable disease.

**PARENT/GUARDIAN AUTHORIZATION**: By signing below you certify that the above given information is current, correct, and accurate to your best knowledge.

**Parent/Guardian Signature:** _____ **Date:** _____

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**YMCA of Southern WV**

*Special Needs Verification Form*

Please indicate below if your child has been diagnosed with any of the following:

_____ Attention Deficit Disorder

_____ Developmental Disability

_____ Cerebral Palsy

_____ Rhett Syndrome

_____ Severe Allergy

_____ Attention Deficit Hyperactivity Disorder

_____ Pervasive Developmental Disorder

_____ Bipolar Disorder

_____ Down Syndrome

_____ Autism Spectrum Disorder

_____ Oppositional Defiant Disorder

_____ Asthma

_____ Asperger's Syndrome

_____ Obsessive Compulsive Disorder

_____ Fragile X Syndrome

_____ Tourette's Syndrome

_____ Sensory Processing Disorder

_____ Other: _____

**Does your child have any of the following: If yes, submit a copy.**

_____ IEP

_____ Behavioral Plan

_____ Section 504 Student Amendment Plan

If your child has been diagnosed with any of the above disabilities and an IEP/BMP/504 is NOT in place, a Special Needs form will be required before you can register.

**Any of the above items must be discussed with the Youth Development Director prior to your child's first day in a YMCA program.**

**Program placement will be determined following review of all submitted documentation to ensure the YMCA can safely and appropriately meet each child's needs within the program setting.**

**Please note:** Failure to disclose relevant medical or behavioral information may impact our ability to safely meet your child's needs.

*In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the YMCA of Southern WV will not discriminate against any individual on the basis of disability. The YMCA of Southern WV will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modification would fundamentally alter the nature of its services or change the environment of the program for all participants. This form will not be considered valid unless signed by the parent or legal guardian.*

**Signature of Parent/Legal Guardian:** _____ **Date:** _____

Signature of YMCA Administrator: _____ Date: _____

**YMCA of Souhern West Virginia**

*Youth Development Agreement Page*

*After reviewing the next 3 pages, sign each acknowledgment below.*

**Child(ren)'s Name:** _____

**YOUTH DEVELOPMENT FINANCIAL AGREEMENT**

*By signing below, you acknowledge that you have read, understand, and agree to the attached Youth Development Financial Agreement.*

**Parent/Guardian Signature** _____ **Date** _____

**BEHAVIOR MANAGEMENT POLICY**

*By signing below, you acknowledge that you have read, understand, and agree to the attached Behavior Management Policy.*

Parent/Guardian Signature _____ Date _____

**YOUTH CODE OF CONDUCT**

*By signing below, you acknowledge that you have read and explained the Youth Code of Conduct with your child. You understand that violations of this Code of Conduct may result in disciplinary action up to dismissal from the program.*

**Parent/Guardian Signature** _____ **Date** _____

**SELF CHECK LIST - INITIAL ALL**

_____ *All areas of this packet have been completed and signed in all signature/intial areas. Blank areas must have N/A or a - if they do not apply.*

_____ *State or Government Issued ID has been attached. (Front Desk of the Y may copy for you if needed)*

_____ *Copy of Insurance information has been copied and submitted. You may fill this information out on page 4 instead of copying if needed.*

_____ *Mountain Heart Only - Mountain Heart certificate has been submitted in hard copy (obtain at Mountain Heart) Your school site must be listed as the Afterschool site provider.*

****The Next 3 pages are yours to keep.**

*Youth Development Financial Agreement*

**REGISTRATION**

- **A valid credit card or banking information must be provided at the time of enrollment. This information will be securely stored on the account and used for tuition purposes only. Credit cards and banking information will not be shared with any other parties.**
- A $15 registration fee, per child, is due at time of registration or when registering for a new program. The registration fee does not apply to weekly fees.
- Registration fees are non-refundable and non-transferable.
- A service fee of $30 will be charged on all returned checks , returned bank drafts, and declind payments.

**AUTOMATIC PAYMENTS**

- All families are required to participate in automatic payments.
- Prior weekly attendance fees will be automatically deducted in full each Monday using the credit card or banking information provided.
- If payment is declined, the account will be subject to late fees, suspension of services, and/or discontinuation of enrollment if not resolved promptly.
- Fees are based on attendance.

**SUBSIDIZED FEES** (State, Mountain Heart, etc.)

- Mountain Heart daily fees are drafted at the end of each week based on the child's actual attendance.
- Weekly draft amounts may fluctuate based on attendance and contracted daily rates.
- At the end of each month, accounts will be reconciled in accordance with subsidy provider guidelines. Any overpayment or underpayment will be applied as a credit or debit to the account and drafted on the next scheduled payment date.
- Attendance records maintained by the YMCA are considered the official record for billing purposes.
- If a child attends outside of the contracted subsidized hours, parent/guardians will be billed for the difference at the private pay fee rate.
- Parent/guardians are responsible for payment of fees in the event of subsidy lapse, delay, denial, termination, or eligibility change.
- The parent/guardian listed on the subsidy certificate must review and sign daily attendance records. Failure to provide required signatures may result in discontinuation of enrollment.
- The YMCA is not responsible for delays, denials, or eligibility changes made by the subsidy provider. Families remain financially responsible for all charges incurred.
- Accounts that remain past due will result in suspension of services and/or discontinuation of enrollment.

**LATE PICK-UPS**

- A fee of $15 for the first 15 minutes late and $1 per minute following the initial 15 minutes past closure will be applied to your weekly fee and will be due by the next billing period.
- Your child's registration will be discontinued for consistent late pickups.

*The YMCA of SWV reserves the right to modify tuition rates, fees, or financial policies with advance written notice to families.*

**Please keep this copy for your records**

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# YMCA of Southern West Virginia

*Youth Development Behavior Management Policy*

The YMCA of Southern West Virginia believes every effort should be made to serve children already participating in its programs. However, not all programs can meet the needs of all children. When the demands placed on employees and volunteers by particular children exceed the skills of the employees and volunteers or the scope of the program, accidents or abuse may occur.

We understand each child is different and responds differently in certain situations. Through behavior management, we will try preventing problems, using redirection, having clear rules, which are developmentally appropriate, and giving positive reinforcement. Discipline problems may still arise; if these occur, we will be using progressive discipline.

Progressive discipline refers to increased severity if a child repeatedly violates rules or becomes harmful to self or others. Behavior standards will be broken into three categories, Level I, Level II, and Level III. Each category carries its own series of consequences. Below you will find the definition of each violation.

**Level I:**

- Disrespectful towards employees and volunteers
- Disrespectful towards other children
- Disruptive Behaviors
- Repeatedly not following direction
- Repeatedly not following program/game rules
- Excessive Horseplay

**Level II:**

- Pushing
- Tripping
- Hitting
- Kicking
- Spitting
- Threatening Comments or Gestures
- Uncontrollable Behaviors
- Inappropriate Language
- Aggressive behavior towards others
- Teasing or embarrassing others
- Willful destruction of the program property

**Level III:**

- Fighting
- Leaving assigned area without permission/Elopement
- Biting (3 years old and up)
- Harassment and/or Discrimination
- Intimidation
- Bullying
- Inappropriate physical interactions
- Inappropriate verbal interactions
- Inappropriate content on devices
- Severe aggressive behaviors towards others
- Abuse of any kind

**Please keep this copy for your records**

| | First Violation | Second Violation | Third Violation | Fourth Violation | Fifth Violation |
|---|---|---|---|---|---|
| **Level I *** | Verbal notice to parent/guardian describing the behavioral concern | Written notice to parent/guardian describing the behavioral problem | Written notice describing the behavioral problem and parent/guardian conference | 1-3 days out of program suspension (tuition not prorated) | Expulsion from the program without reimbursement from the program |
| **Level II *** | Verbal and written notice to parent/guardian describing the behavioral concern | Written notice describing the behavioral problem and parent/guardian conference | 1-3 days out of program suspension (tuition not prorated) | Expulsion from the program without reimbursement from the program | |
| **Level III *** | 1-3 days out of program suspension or immediate expulsion (tuition not prorated or reimbursed) | | | | |

*Determination of the violation is at the discretion of the Youth Development administrative team. Violation determination may escalate to immediate suspension or expulsion based on severity of violation. Please discuss this behavior management with your child.

The Youth Development administrative team will ask the following questions when determining if a program fits a child's unique needs:

- Can the staff adequately supervise this particular child without compromising the interactions with other children?
- Has this child previously posed a threat to others?
- Have we made a solid attempt to meet this child's needs while ensuring the safety of others enrolled in the program?
- Does this child pose a risk to the safety and well-being of others?

If the Youth Development administrative team concludes the program is not the right fit for a particular child, a meeting will be held with the child's parents/guardians to discuss the conclusions. Possible re-entry into future programming at the YMCA will be based on many factors including the age of the child, the nature and severity of the behaviors, etc.

**Please keep this copy for your records**

# YMCA of Southern West Virginia

*Youth Code of Conduct*

Please read and review this Youth Code of Conduct with your child as it outlines specific expectations of youth participants in programs at the YMCA of Southern West Virginia.

**Abuse or Mistreatment**

The YMCA of Southern West Virginia is committed to the safety and protection of all youth participants. Any form of abuse or mistreatment of youth participants, employees, and volunteers is prohibited. Youth participants shall not abuse or mistreat employees, volunteers, or other youth in any way. Use of abusive language, obscene or profane language, including racial, religious, or sexual references directed at other people will not be tolerated. It is important to treat others as you would like to be treated.

Youth participants shall not engage in the verbal or emotional abuse or mistreatment of other youth participants, employees, or volunteers.

| *Appropriate Verbal Interactions* | *Inappropriate Verbal Interactions* |
|---|---|
| • Appropriate jokes<br>• Encouragement<br>• Praise | • Name-calling<br>• Bullying<br>• Ridicule or Humiliation<br>• Discussing Sexual Encounters<br>• Cursing<br>• Hazing<br>• Off-color or Sexual Jokes<br>• Shaming<br>• Belittling<br>• Derogatory Remarks<br>• Harsh language that may frighten, threaten, or humiliate other participants<br>• Derogatory remarks about another participant or his/her family<br>• Inappropriate games like *Truth or Dare*, *Never Have I Ever*, and *Kiss, Marry, Kill* |

Youth participants shall not engage in the physical abuse of mistreatment of other youth participants, employees, or volunteers.

| *Appropriate Physical Interactions* | *Inappropriate Physical Interactions* |
|---|---|
| • Side hugs<br>• Shoulder-to-shoulder or "temple" hugs<br>• Pats on the shoulder or back<br>• Handshakes<br>• High-fives and hand slapping<br>• Verbal praise<br>• Pats on the head when culturally appropriate<br>• Touching hands, shoulders, and arms<br>• Arms around shoulders | • Full-frontal hugs<br>• Kisses<br>• Showing affection in isolated areas<br>• Lap sitting<br>• Wrestling<br>• Piggyback rides<br>• Tickling<br>• Exposing oneself<br>• Any type of massage given by or to a youth participant<br>• Any form of affection that is unwanted by the youth participant, staff, or volunteer<br>• Compliments relating to physique or body development<br>• Touching bottom, chest, or genital areas<br>• Hitting<br>• Spanking<br>• Shaking<br>• Slapping<br>• Unnecessary restraints<br>• Viewing or showing others pornographic materials |

**Personal Relationships**

Appropriate personal relationships between youth participants are encouraged. However, our organization strongly discourages romantic relationships between youth participants while in programming. Youth participants are not permitted to hold hands, sit on others' laps, use full-frontal hugs, or kiss other participants while in programming.

There should never be, under any condition, a romantic or otherwise personal relationship between a youth participant and an employee or volunteer.

**One-on-One Interactions**

Most abuse occurs when an adult is alone with a youth participant, or when a youth participant is alone with a youth participant. The YMCA aims to eliminate or reduce these situations and prohibits private one-on-one interactions unless approved in advance by administration. If you observe one-on-one interactions between employees and a youth participant, you should report this to the Youth Development Director.

**Please keep this copy for your records**

**Electronic Communication**

All communication between employees/volunteers and youth participants, via private electronic communication, including but not limited to, phone calls, text messages, email, social media accounts, friend requests, etc. is strictly prohibited. Private electronic communication between a youth participant and an employee/volunteer should be immediately reported to the Youth Development Director.

Youth participants will comply with the organization's policies governing the use of personal mobile devices. Youth participants are not permitted to share cell phones with other youth participants.

**Weapons**

The YMCA of Southern WV is a safe place for all. Weapons and items that may be considered weapons are strictly prohibited. Anyone found to be in possession of such items will be required to leave, and the items will be confiscated. This includes laser pointers. Parents/guardians and/or the authorities will be notified as appropriate.

**Violence**

Our organization seeks to provide a safe environment for individuals in our community. Violence and threats of violence will not be tolerated at the YMCA of Southern West Virgnia, on our grounds, in organization facilities, in other facilities being utilized by our organization, or during YMCA of Southern West Virginia sponsored activities and events. Employees are available to assist in the resolution of differences.

**Disruptive Behavior**

We take pride in the appearance of our organization, and we always want to ensure the feeling of safety. Inappropriate or disruptive behavior is not permitted in our organization. This includes, but is not limited to, graffiti, littering, spitting, or throwing objects that could intentionally or unintentionally harm others or cause disorder.

**Bullying**

The YMCA will not tolerate the abuse or mistreatment of one youth participant by another. Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms including:

1. Physical bullying – when one person engages in physical force against another person, such as hitting, punching, pushing, kicking, pinching, or restraining another.
2. Verbal bullying – when someone uses their words to hurt another, such as belittling or calling another hurtful name.
3. Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
4. Cyberbullying – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:
    - Sending mean, vulgar, or threatening messages or images.
    - Posting sensitive, private information about another person.
    - Pretending to be someone else in order to make that person look bad; and
    - Intentionally excluding someone from an online group.
    - Hazing – an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
    - Sexualized bullying – when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youth participants, employees, and volunteers.

**Reporting**

Because our organization is dedicated to maintaining zero tolerance for abuse, it is imperative that everyone, including youth participants and their parents/guardians, actively participate in the protection of others. In the event that youth participants or parents/guardians observe any suspicious or inappropriate behaviors and/or policy violations on the part of other youth participants, employees, or volunteers, it is their personal responsibility to immediately report their observations. Remember, at our organization, this policy applies to everyone.

| *Examples of Suspicious or Inappropriate Behaviors Between Employees/Volunteers and Youth Participants* |
|---|
| • Violation of any abuse prevention policies outlined by the organization<br>• Violation of the above verbal and physical interactions policy<br>• Seeking private time or one-on-one time with youth participants<br>• Buying gifts for individual youth participants<br>• Showing favoritism |

Youth participants and parents/guardians are encouraged to report concerns or complaints about other youth participants, employees, volunteers, or other adults to the Guardian, Rachel Bishop who can be reached at 304-252-0715.

You may also report suspected inappropriate behavior anonymously by calling the Praesidium Helpline at 800-743-6354 or the Child Abuse Hotline at 800-352-6513.

**Please keep this copy for your records**