

WHERE FUN & FRIENDS MEET



Clifton Springs Area YMCA

BEFORE & AFTER SCHOOL PROGRAM

September 6, 2016 to June 2017

Morning Session 6:00AM to 8:45AM

Afternoon Session 3:00PM to 6:00PM

This New York State Office of Children and Family Services certified program provides a safe and supervised experience for all children. Our Before & After School (BASP) Program is currently licensed to serve children aged 5 to 12 years and special needs children to age 18. This program provides working parents with affordable, high quality child care that is offered before and after school and during school breaks. Time gaps before and after school will be filled creatively and constructively with gym activities, homework help, and daily specials. Our YMCA's BASP Program promotes the Y core values of caring, honesty, respect, responsibility, and promotes healthy lifestyles.

PROGRAMS AND FEES

Member Rates	<u>PART TIME (AM or PM)</u>	<u>FULL TIME (AM or PM)</u>	<u>COMBINATION FULL TIME (AM & PM)</u>
One Child	\$75 Monthly	\$150 Monthly	\$260 Monthly
Program Member Rates	<u>PART TIME (AM or PM)</u>	<u>FULL TIME (AM or PM)</u>	<u>COMBINATION FULL TIME (AM & PM)</u>
One Child	\$90 Monthly	\$180 Monthly	\$330 Monthly

* 15% discount applied to youngest children when registering more than one child

* Part Time= 1 or 2 days a week, Full Time= 3-5 days a week

* Full Time (PM only) & Combination Full Time programs include Half-Day Program

VACATION FUN CLUB PROGRAM; Full Day 6 AM- 6 PM

Member Rate	<u>PER DAY</u>
One Child	\$25

Program Member Rates	<u>PER DAY</u>
One Child	\$35

HALF-DAY PROGRAM; Half Day 11 AM or 12PM – 3:30PM

Member Rate	<u>PER DAY</u>
One Child	\$14 PER SESSION

Program Member Rate

One Child	\$16 PER SESSION
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For required forms & information please see or contact Andrea Bedette-Child Care Director at 315.462.5437 or download all forms from our website at www.csaymca.org/school-age-child-care---sacc.html.

Before & After School Registration Packet

YMCA BEFORE & AFTER SCHOOL PROGRAM ENROLLMENT

There is a \$20/child, \$25/ family non-refundable non-transferable registration fee due at the time of registration if after August 26, 2016.

Parents understand and agree that children who are ill and do not attend school will not be allowed to attend program. It is further understood that should a child develop an illness while at the Y, the parent will be contacted to pick-up their child.

Please check the desired program and weeks you wish to enroll

BEFORE SCHOOL

PART TIME

FULL TIME

Member (1 Child)	\$75 M
Program Member	\$90 M

Member (1 Child)	\$150 M
Program Member	\$180 M

AFTER SCHOOL

Full Time PM includes Half Day program

COMBINATION

Member (1 Child)	\$260 M
Program Member	\$330 M

Half Day Program included in fee

VACATION FUN CLUB

Member (1 Child)	\$25 D
Program Member	\$35 D

(School Holiday/Recess days)

Separate charge from Before School After School

HALF DAYS

(11AM/12PM to 3:30PM)

Member (1 Child)	\$14
Program Member	\$16

We will be CLOSED on the following days;

Labor Day; Thanksgiving; Friday after Thanksgiving; Christmas Eve; Christmas; New Years Eve; New Years Day; Memorial Day

1st Parent/ Guardian Signature

____/____/____
Date

2nd Parent/ Guardian Signature

____/____/____
Date

YMCA BEFORE & AFTER SCHOOL PROGRAM PAYMENT AGREEMENT

Program Days Monday thru Friday

There will be a \$20/child, \$25/family non-refundable non-transferable registration fee due at the time of registration if after August 26, 2016.

A **one** month deposit will be required. This reserves your child's placement in the program and will be applied to the **last month** of the program.

PAYMENT OPTIONS:

Payments must be made in advance of service in monthly installments.

PART TIME, FULL TIME & COMBINATION FULL TIME

Program Hours 6:00AM to 8:45AM & 3:00PM to 6:00PM

Full Time & Combination Full Time Program; Fee will be charged whether or not the child/children is in attendance

We will prorate weeks that include full days during school weeks and then charge VFC rate for those days

Full Time (PM only) & Combination Full Time include Half Day Program

Snack will be provided at 3:00 PM.

VACATION FUN CLUB

Program Hours 6:00AM to 6:00PM

This program is open during school vacations, holidays, conference days and emergency closings from 6:00 AM to 6:00 PM. Parents are responsible for lunches. Snacks will be provided at 9:00 AM and 3:00 PM.

HALF DAYS

Program Hours 11:00AM/12:00PM to 3:30PM

This program runs from the time the children get dropped off to 3:30 PM. Parents are responsible for lunches and a snack will be provided at 3:00 PM.

AGREEMENT FOR: Before or After School Combination Vacation Fun Club Half Days
Part Time/ Full Time Full Time

I have been provided a copy of the YMCA School-Age Child Care Information and understand the terms and conditions. In addition, I have provided the YMCA with information requested related to the health of my child or children and accept full responsibility for keeping the YMCA informed of any changes in addresses and phone numbers (home & job).

By signing this contract, I understand that if any balance due to the YMCA is outstanding more than thirty (30) days, I will be responsible for a late fee of five percent (5%) of all fees due and outstanding. In addition, any funds outstanding after the thirty (30) day period will also be subject to interest at the annual rate of twenty-four (24%) percent, plus reasonable legal fees to collect outstanding fees, late fees and interest, plus related court fees.

By signing this agreement, you accept the Village of Clifton Springs Court or Canandaigua City Court as the proper venue and having jurisdiction for any collection of outstanding fees, etc. and waive any jurisdictional objections.

Before & After School Registration Packet

In the event the parent defaults in payment the program participant will lose their placement in the program. Any balance due will be collected from the paid deposit or through legal action. Should legal action be necessary, the parent(s) shall be liable for all costs incurred.

1st Parent/ Guardian Signature

____/____/____
Date

2nd Parent/ Guardian Signature

____/____/____
Date

YMCA BEFORE & AFTER SCHOOL PROGRAM EMERGENCY INFORMATION

Participant Information:

Child's Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Grade (Fall 2016): _____ Birthdate: __/__/____

Age: _____ Male Female

1st Parent/Guardian Information:

Name: _____ Cell Phone: (____) ____-____

Place of Work: _____ Work Phone: (____) ____-____

Email: _____ Birthdate: __/__/____

2nd Parent/Guardian Information:

Name: _____ Cell Phone: (____) ____-____

Place of Work: _____ Work Phone: (____) ____-____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: (____) ____-____ Cell Phone: (____) ____-____

Child resides with: 1st Parent: __, 2nd Parent: __, Guardian: __, Both 1st & 2nd Parent: __, Other __

Pick Up Authorization Information:

Name and phone numbers of individuals **other than parents** authorized to pick up your child over the age of 16

1. _____ Phone: (____) ____-____

2. _____ Phone: (____) ____-____

3. _____ Phone: (____) ____-____

Any special instructions, such as custody or restraining orders **must be attached to this form** and discussed with the Child Care Director. All information will be kept confidential.

YMCA PARENT AUTHORIZATIONS

Child's Name: _____

Over-the-Counter Medication:

I authorize the YMCA BASP staff to administer over-the-counter topical ointments such as sunscreen, first aid ointments, itch reliever and topically applied insect repellent to my child when needed.

1st Parent Initial

2nd Parent Initial

Emergency Transportation & Treatment:

I authorize the Clifton Springs YMCA to contact 911 to have my child transported in the unlikely event of an accident or illness. I understand and acknowledge that my child may be injured while participating in the BASP Program. I will not hold the YMCA BASP Program or representatives responsible for any injury my child may sustain while participating in this program. In the event of an injury to my child and in my absence, I authorize the YMCA staff to obtain and provide emergency medical care and treatment as deemed necessary. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

1st Parent Initial

2nd Parent Initial

Family Doctor
Name: _____
Phone: () ____-____
Carrier: _____
Policy/Group #: _____

Family Dentist
Name: _____
Phone: () ____-____
Carrier: _____
Policy/Group #: _____

Promotion Agreement (Photo/Video):

The YMCA staff may take photos and videos during program and post them on the organization's social media sites or use them in brochures or other YMCA material. I authorize the YMCA staff to take and post photos or use videos of my child for the use of this program.

1st Parent Initial

2nd Parent Initial

1st Parent/ Guardian Signature

____/____/____
Date

2nd Parent/ Guardian Signature

____/____/____
Date

AUTHORIZATIONS FOR CHANGE IN PICK-UP DESIGNEE

I/We, _____, the parent(s) of
_____ give permission for my son/daughter to be picked-up by
_____ on ____/____/____.

I have explained to the pick-up designee that a valid driver's license will be required and that he/she will have to sign out my child with a YMCA BASP Staff according to the BASP procedure.

Parent Signature

____/____/____
Date

Date received; ____/____/____