



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHERE FUN AND LEARNING TAKE FLIGHT

**Before & After
School Program**

YMCA of Clifton Springs

2023-2024 School Age Childcare

For more information please
contact:

Childcare Director
Bob Solenne

Bob@csaymca.org
315-462-5437



**United
Way**



REGISTRATION SCHEDULE

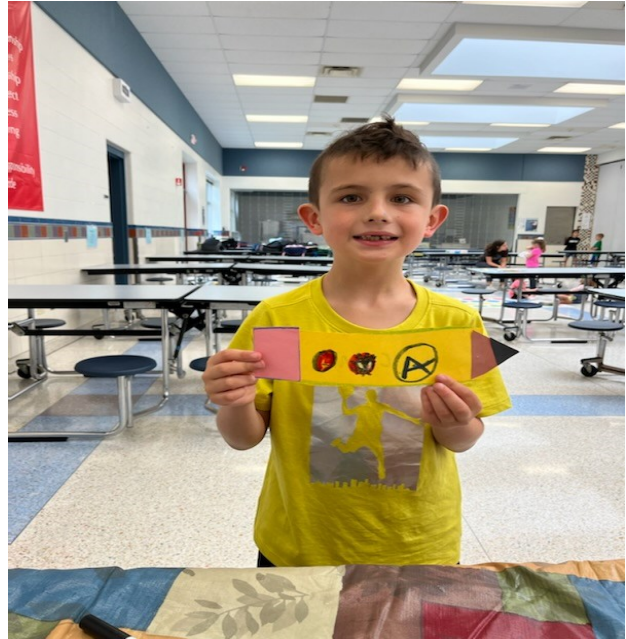
Payments must be made in advance of services. You may pay monthly or bi-weekly installments. A non refundable registration fee of \$20/child, \$30/family will be due at the time of registration. If paying monthly, payments will be due by the 5th of each month. If paying bi-weekly, payments will be due by the 1st & 15th of each month.

FINANCIAL SUPPORT

Our financial assistance program provides individuals and families in need with financial support to enable their participation in the Clifton Springs YMCA membership and program activities. Financial assistance is granted on the basis of need and available resources. Ask for our financial assistance application if interested. Our relationship with the United way makes this possible.

PARENT HANDBOOK

Parents will receive an email with our Child Care Handbook to our programs policies and procedures.



TYPICAL DAILY SCHEDULE

Arrival: Participants are welcome to arrive anytime between 6:45AM and 8:45AM

Pickup: The program ends at 6:00PM each day. Parents are asked to contact the YMCA if running late.

School Age Child Care is available for AM Care (6:45AM—start of normal school day) and PM Care (end of school – 6:00PM).

Before School: Table games, arts and crafts, gym time and more.

Afterschool: Assistance with Homework, healthy snacks, table & gym games plus seasonal crafts.

Care is also available on school holidays and scheduled closure days.

Please contact Bob Sollenne to discuss your particular needs.

Bob@csaymca.org

315-462-5437

Csaymca.org



YMCA Emergency Information Sheet

Child's Full Name: Nickname:		Date of Birth: / /	Gender:
Child's Home Address:			
Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () -		Address of Person Enrolling Child:	
Email Address:			
EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -

Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/ Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____	
Child's Primary Care Physician's Name/ Group:	Phone Number: () -
Preferred Hospital:	Phone Number: () -
Child's Dentist:	Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or The NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I've provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs or at least once a year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

YMCA Parent Authorizations

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.

Parent Initial

Emergency Transportation

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 YMCA BASP. I will not hold the YMCA BASP or representatives responsible for any injury my child may sustain while participating in this program. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

Parent Initial

Financial Agreement

If paying monthly, payments will be due by the 5th of each month. If paying bi-weekly, payments will be due by the 1st & 15th each month. Parents whose payments are two weeks late will be asked to withdraw their child from the program, unless other arrangements have been made with the Child Care Director.

Parent Initial

Promotion Agreement

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.

Parent Initial

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /

For Program Use Only

Date of Enrollment: / /

Date of Disenrollment: / /

Program Enrolled in : _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

FEE SCHEDULE

Payments will be due by the 5th of each month. If paying bi-weekly, payments will be due by the 1st & 15th of each month. Attached to the back of this packet is the billing form. Everyone needs to fill the form out and sign at the bottom. Forms of payment: Cash, Check, Debit/Credit cards are welcome. If you have any questions let us know.

COST (PER MONTH) PART-TIME: 1-2 DAYS PER WEEK & FULL TIME: 3-5 DAYS PER WEEK

10% DISCOUNT FOR MULTIPLSIBINGS. EACH SIBLING WILL REVCIEVE 10% OFF RATES

Please check each box that applies to you.

Combination

Before and Afterschool

Before School

- Part Time \$140 /mo.
- Full Time \$260/mo.

After School

- Part Time \$150 /mo.
- Full Time \$285 /mo.

- Part Time \$250/mo.
- *Full Time \$410/mo.

*Only Half days are included with Combination Full Time.

Days off from school are separate.

Half days

- \$20 /day

Fun Club Days

- \$45 /day (When school is closed)

Program is year long broken out into 10 months. Some months have more days, some have less days, however the rate is the same.

★ FUN CLUB Dates

- Friday, October 6
- Monday, October 9
- Friday, November 10
- Wednesday , November 22
- Friday, November 24
- Friday, December 22
- Wednesday, December 27
- Thursday, December 28
- Friday, December 29

- Monday, January 15
- Monday, February 19
- Tuesday, February 20
- Wednesday, February 21
- Thursday, February 22
- Friday, February 23
- Friday, March 15
- Friday, March 29
- Monday, April 1
- Tuesday, April 2

- Wednesday, April 3
- Thursday, April 4
- Friday, April 5
- Monday, April 8
- Monday, June 19
- Thursday, June 27
- Friday, June 28

★ **Fun Club Days are separate from the before and after school program.**

SACC BILLING FORM



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2023-2024

BILLING PARTY INFORMATION

(PLEASE PRINT CLEARLY)

YMCA Member: Yes No

Child's Name _____

Primary Sponsor Name _____

Secondary Sponsor Name _____

Sponsor share _____%

Sponsor share _____%

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home/cell (_____) _____

Home/cell (_____) _____

LOCATION INFORMATION

(PLEASE CHECK ALL THAT APPLY)

START DATE: ____/____/____

Before School

Afterschool program

Before and Afterschool program (combination)

Part-time \$140/mo.

Part-time \$150 /mo.

Part-time \$250 /mo.

Full-time \$260/mo.

Full-time \$285/mo.

Full-time \$410/mo.

Half day

FUN CLUB (Schools Out day)

\$20 /day

\$45 /day

Monday Tuesday Wednesday Thursday Friday

Total \$

BILLING METHOD

Draft date:

1st of the month

15th of the month

Cash

Expiration Date: _____/_____/_____

Check

Master Card

Visa Card

Please draft the account # below

Account #: _____ - _____ - _____

CID: _____ (3 digit code)

Account Holder's Name: _____

Date: _____

Signature: _____

PARENT/GUARDIAN AGREEMENT

(I understand:)

- Only combination before & after school full-time participants will have fee waived for half days of school.
- Vacation Fun Club days are a separate fee.
- Payments are due by the 5th of each month attending. You may choose to have your account drafted on the 1st or 15th.
- Should a non business day or holiday fall on the 1st or 15th, the account will be drafted on the next full business day.
- Payments not received on due date are subject to a \$25 late fee.
- The YMCA requires 2 weeks notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- If payment is not received the YMCA will send me to a collection agency for further action.
- All changes to my child's schedule of care must be made in writing (**ASK ABOUT OUR BLUE CHANGE FORM**) 48 hours in advance.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature _____

Date _____