

# Clifton Springs YMCA

## Before & After School

### 2025-2026



For more information  
please contact:

**Senior Childcare Director**

Bob Sollenne

**Bob@csaymca.org**

**315-462-5437**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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

The United Way recently decided to not support the YMCAs Before and After School Programs in future years. We are now sharing our more realistic program costs in the “non member” price category. To ensure we don’t raise prices this year we are using donations and grants to give financial assistance so even our non members can enjoy prices similar to the member cost. Please be sure to apply for financial assistance using the



## PARENT HANDBOOK

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

Scan the QR code to review our parent handbook.



## TYPICAL DAILY SCHEDULE

**Arrival:** Participants are welcome to arrive any-time 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. A late fee could be added to pay for staff staying 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 Solenne to discuss your particular needs. [Bob@csaymca.org](mailto:Bob@csaymca.org)

315-462-5437

# 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	(   )   -	(   )   -

<b>Check boxes below to indicate if your child has any special needs/services:</b> <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: (   )   -
<b>Child health insurance information is available by calling toll-free 1-800-698-4543 or          The NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>	
<b>AGREEMENTS</b>	
I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
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 5<sup>th</sup> of each month. If paying bi-weekly, payments will be due by the 1<sup>st</sup> & 15<sup>th</sup> 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 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> 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: <input type="checkbox"/> Positive <input type="checkbox"/> 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			
<b>Lead Screening (Include All Dates and Results)</b>			
1 year / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Most recent date of lead screening (if different from above):</b>			
/ /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>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.</b>			

*(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**

**MULTIPLSIBINGS- YOUNGEST SIBLING(S) WILL RECEIVE 10% MONTHLY DIS-COUNT.**

**Combination Before and Afterschool**

**Before School**  
 Part Time \$150/mo.  
 Full Time \$270/mo.

**After School**  
 Part Time \$160/mo.  
 Full Time \$295 /mo.

Part Time \$260/mo.  
 \*Full Time \$420/mo.

\*Half days are included with Combination Full Time.

**Days off from school are separate.**

**Half days**

\$20 /day/child

**Fun Club Days**

\$45 /day /child (*Scheduled School Closure Dates*)

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 10

Monday, October 13

Tuesday, November 11

Wednesday , November 26

Monday, December 22

Tuesday, December 23

Monday, December 29

Tuesday, December 30

Friday, January 2

Monday, January 19

Monday, February 16

Tuesday, February 17

Wednesday, February 18

Thursday, February 19

Friday, February 20

Friday, March 13

Monday, March 30

Tuesday, March 31

Wednesday, April 1

Thursday, April 2

Friday, April 3

Friday, June 19

 **Fun Club Days + School Half Days are separate sign-up from the before and after school program.**

# SACC BILLING FORM



**2025-2026**

**BILLING PARTY INFORMATION** (PLEASE PRINT CLEARLY) YMCA Member: Yes  No

Financial Support Needed? (Circle one): Yes No

Child's Name \_\_\_\_\_

Primary Sponsor Name \_\_\_\_\_

Secondary Sponsor Name \_\_\_\_\_

Sponsor share \_\_\_\_\_%

Sponsor share \_\_\_\_\_%

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LOCATION INFORMATION** (PLEASE CHECK ALL THAT APPLY)

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Before School**

**Afterschool program**

**Before and Afterschool program (combo)**

Part Time- \$150/month

Part Time- \$160/month

Part Time- \$260/ month

Full Time- \$270/month

Full Time- \$295/ month

Full Time- \$420/ month

Monday Tuesday Wednesday Thursday Friday

**Total \$**

**BILLING METHOD** Draft date:  1st of the month  15th of the month

Cash

Check

Master Card

Visa Card

**Please draft the account # below**

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CID: \_\_\_\_\_ (3 digit code)

Account Holder's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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 1st or 15th of each month attending.
- 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