Clifton Springs YMCA

Before & After School

2026-2027

For more information please contact:

Senior Childcare Director

Bob Sollenne

Bob@csaymca.org

315-462-5437

the YMCA

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

SCAN ME

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 Sollenne to discuss your particular needs. 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: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ 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	☐ Yes ☐ No	( ) -	( ) -
	☐ Yes ☐ No	( ) -	( ) -
	☐ Yes ☐ No	( ) -	( ) -

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/ Language ☐ Physical Therapy

☐ Allergies (list) _____

☐ 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	☐ Yes	☐ No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision	☐ Yes	☐ No
• I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips	☐ Yes	☐ No
• I've provided information on my child's special needs to the program to assist in caring for my child	☐ Yes	☐ No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation	☐ Yes	☐ No
• I agree to review and update this information whenever a change occurs or at least once a year	☐ Yes	☐ 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 : _____

OCFS-LDSS-4433 (Rev. 06/2019)

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: / /

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

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( ) - Phone

/ / Date

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:: 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 DISCOUNT.

Before School		**After School**		**Combination Before and Afterschool**	
☐ Part Time	$158/mo.	☐ Part Time	$168/mo.	☐ Part Time	$273/mo.
☐ Full Time	$284/mo.	☐ Full Time	$310 /mo.	☐ Full Time	$441/mo.

Half days

$22 /day/child

Fun Club Days

$50 /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.

Registration Fee waived for YMCA Members

Half Day and Fun Club Days 50% off for YMCA Members.

★ FUN CLUB Dates

Friday, October 9

Monday, October 12

Wednesday, November 11

Wednesday , November 25

Monday, December 28

Tuesday, December 29

Wednesday, December 30

Monday, January 18

Monday, February 15

Tuesday, February 16

Wednesday, February 17

Thursday, February 18

Friday, February 19

Friday, March 12

Monday, March 22

Tuesday, March 23

Wednesday, March 24

Thursday, March 25

Friday, March 26

Friday, June 18

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

SACC BILLING FORM

the YMCA
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026-2027

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
☐ **Part Time- $158/month**
☐ **Full Time- $284/month**

Afterschool program
☐ **Part Time- $168/month**
☐ **Full Time- $310/ month**

Before and Afterschool program (combo)
☐ **Part Time- $273/ month**
☐ **Full Time- $441/ month**

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Total $

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

Expiration Date: _____ /_____

☐ Check
☐ Master Card
☐ Visa Card
☐ **Please draft the account # below**

Account #: _____ - _____ - _____ - _____

CID: _____ (3 digit code)

Account Holder's Name: _____ Date: _____

PARENT/GUARDIAN AGREEMENT (I understand:)

- Only YMCA Members have registration fee waived and half day and fun club days 50% off.
- Vacation Fun Club and Half 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