



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

GLOW YMCA

SCHOOL AGE CHILD CARE (SACC)

REGISTRATION PACKET





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 2018

Dear Parents/Guardians:

Welcome to the GLOW YMCA School Age Child Care Program! We are all excited for the opportunity to help your child learn and grow in our program. The School Age Child Care (SACC) Program is based on the mission and the four core values of the YMCA, where we are committed to helping instill these values in your child: Caring, Honesty, Respect, and Responsibility. Our friendly, qualified, and experienced staff provides a safe and caring environment where your child will have opportunities to make new friends, participate in fun activities, learn new things, and build unforgettable memories! Our program offers homework help, arts & crafts, science experiments, enrichment activities, a healthy snack, and much more! We want your child to feel safe and comfortable, and to know that if they are looking to have a good time and relax with some fun friends and activities, SACC is where it's at!

Attached to this letter you will find information that you will need to know in order to prepare your child and yourself for the after school program. We kindly ask for you to take the time to look over the packet and all of its contents carefully. The information you provide is required from the YMCA and Office of Children and Family Services. Remember, the more information you provide for us, the better able we are to care for your child and their specific needs (if any). All information acquired is confidential and used for the purpose of providing your child with a safe environment. Please be aware that the attached forms need to be filled out completely and returned to the YMCA before your child will be able to begin attending program.

If you have any questions, please feel free to contact us. Thank you ahead of time for your cooperation, we truly look forward to working with you and your child!

Sincerely,

Sarah Moore
Associative Executive Director
of Wyoming County YMCA
(585)786-2880
smoore@geneseeymca.org



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School Age Child Care Registration Checklist

Dear Parent/Guardian,

In order to assure your child is fully registered for the SACC program, please be sure to complete the enclosed paperwork. It is extremely important that all forms be fully completed and returned to the YMCA as soon as possible. Please know that until your child's registration packet is turned in, they will not be able to attend the SACC program.

Thank you again for your cooperation. Please do not hesitate to call with any questions or concerns you may have.

Please be sure to review and complete the following before handing in the packet:

- **Review the Parent Handbook**
- **Sign and date the Parent handbook Signature Page**
- **Complete the Program Participant Information Form**
- **Sign and date the Behavior Agreement (Both you and your child)**
- **(Optional) Complete the Electronic Funds Transfer Authorization Form**
- **Review and complete the Participant Liability Waiver**



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GLOW YMCA

Parent Handbook

School Age Child Care

Statement of Purpose

The purpose of the GLOW YMCA School Age Child Care Program is to provide quality care in a safe and supportive environment which encourages the physical, emotional, intellectual, and social growth of children while supporting and strengthening families.

Licensing/Registration Agency

The GLOW YMCA SACC Programs are licensed through the New York State Office of Children and Families Services (OCFS). If you would like to contact OCFS, you may do so at (716)847-3828 or www.ocfs.state.ny.us.

Goals and Objectives

The GLOW YMCA SACC Programs promote the character values of Caring, Honesty, Respect, and Responsibility. The program will meet the needs of children at each stage of development by creating an environment that is structured but encourages independence, self-confidence, cooperation, team work, and self-control among the children who participate. The daily schedule is structured allowing a wide range of developmentally appropriate activities, balanced with active and quiet times, and providing opportunities for children to pursue particular interests and develop individual abilities. Children are encouraged to participate in the daily operation of the program, especially on formulating behavioral expectations.

Program Philosophy

The GLOW YMCA SACC program philosophy is to deliver a program in a positive environment of safety, support and care that will allow children the opportunity to relax and participate in a variety of fun and exciting, health conscience and age appropriate activities!

Staff Philosophy

We believe that the success of our program lies in the quality of our staff. Our staff members are hired based on past experience within child care, education, character, talents and interpersonal skills. All staff, under NYS OCFS standards, has been finger printed completed a background check. Child Abuse Prevention training, among others, is mandated for all employees by the GLOW YMCA.

Enrollment Criteria

The YMCA SACC program is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status, or sexual orientation. Registration is first offered to existing participants, then to the established waiting list, and then to the general public. Enrollment capacities are dictated by local and state regulations. Please note that questions regarding your child's race are used strictly for research purposes through the Child and Adult Care Food Program (CACFP).

Forms

Enclosed is a packet of forms that must be filled out and returned before your child may attend the SACC program. First month fees are due at the time of registration. In addition, the Parent Handbook must be read in its entirety, then signed and dated, this way we know that you are aware of all policies and procedures of the program ahead of time.

Pick-up Authorization

Prior to the child's enrollment in SACC, the parent must complete a pick-up authorization form. Please know that parents are more than welcome to visit the program during operation hours at any time. No child will be released to anyone under the age of sixteen. Parents or designated persons picking up children must provide photo identification. If your child is to be picked-up by someone other than an authorized person, you must notify the SACC Site Director 24 hours in advance in writing by completing a pick-up authorization form. (Forms are available upon request at each site). For your child's safety, children are not allowed to leave without staff authorization. Sign-in and sign-out sheets will be used daily containing the date, child's name, signature of your child's pick-up, sign in and out times, and a health check. Every visitor who enters the SACC program must also sign in and out of the visitor's log.

Registration Changes

Any changes in pick-up authorization, address, work or phone numbers, emergency contacts, etc., need to be given to the SACC Director as soon as possible. If you are changing your child's scheduled days, advanced notice would be appreciated.

Financial Information

No returned fees or credits are issued except for documented medical reasons. Monthly payments are not reduced for any scheduled holidays or closures due to weather.

Payments can be made in person at any of the YMCA branches listed below, or sent via mail.

Genesee County YMCA
209 E.Main Street
Batavia, NY 14020

Orleans County YMCA
306 Pearl Street
Medina, NY 14103

Wyoming County YMCA
115 Linwood Avenue
Warsaw, NY 14569

Payment Policy

All fees must be paid in full by the 1st of each month prior to service. If your payment is not received by the 1st a forty dollar late fee will be charged and the child will not be able to attend program until the payment is received. If you are signing up for an Electronic Funds Transfer, please be sure to set the date to the 1st of each month. The 1st month must be paid. Drafts are October – June. Thank you for your cooperation on this matter ahead of time.

Financial Assistance

The GLOW YMCA Scholarship Assistance policy states that no person will be denied membership or program participation solely because of inability to pay fees. Scholarship Assistance applications are available at all YMCA's. Scholarship assistance is granted based on the available resources of the YMCA.

Confidentiality of Records

All information in your child's record is privileged and confidential and will not be released without your written consent.

Hours and Activities

The SACC program runs from the first day of school to the last day of school, from dismissal from their school until 6:00pm. There will be days when the staff will do walking field trips with the kids.

Wednesday Swimming at the YMCA

Each Wednesday the SACC program goes to the Wyoming YMCA in Warsaw to swim. You are responsible to have your child picked up at the Y each Wednesday by 6:00PM.

Inclement Weather Policy

Weather conditions may alter program delivery schedules. If school is closed or closes early due to weather, there will be no SACC program. If all after school activities are cancelled, it is the parent's responsibility to pick up their child no later than 5:00pm. Please follow your emergency dismissal plan with the school in this situation.

Attendance

We are responsible for all registered children each day. Parents or an emergency contact will be notified if the child does not arrive at the program without previous notice being given.

- **If your child is not going to attend SACC one day, or a few days in a row, please call the SACC Director as soon as possible to report the absence so she can relay the message to the appropriate staff members.**
- **Children must be signed out by a parent/guardian daily, or authorized adult over the age of 16.**
- **If at any time someone other than the person designated on your release form is picking up your child, it is necessary to fill out a "pick-up authorization form" which is located at each site by the sign in & out book, or simply ask the staff for a copy. Please allow 24 hour advance notice.**

Snack

The YMCA will provide a healthy snack to your child each day. On occasions such as holidays or special events, an alternate (not as healthy usually) snack is provided. Please be sure to list any food allergies your child may have.

Personal Belongings

We take pride in our ability to provide your child with a variety of activities which entertain and challenge. Bringing personal belongings to the SACC program is based upon your own judgment. Please be aware if any personal belongings are taken from your child during program, it will not be the YMCA's responsibility to replace it.

Clothing

Children at the YMCA SACC program are active, so be sure they are wearing clothes that are comfortable and appropriate. The YMCA SACC program is not responsible for lost or damaged clothing. Please also keep in mind that children will have the opportunity to go outside, so please prepare them for the appropriate weather conditions.

Socks and sneakers should be worn daily.

Health Policy

Each child must have an up-to-date School Age Child Care Information form on file. Children who become ill or are suspected of having a communicable disease may not remain in the program. They will be isolated from the other children and a parent or emergency contact will be notified and asked to pick-up their child immediately. The attached guidelines with relevance to illness have been arranged and will be followed unless your physician states in writing that your child may attend. (Please see attachment B, page 8).

Medication Policy

We are not licensed to administer medications to your children. If medication is required, you will need to make arrangements with the school to administer before program or you will have to come to program to administer.

Late Pick-up Policy

On certain occasions when a parent must be late, the YMCA has established these firm policies:

- Parents must call the SACC Site Director to let them know what time they can be expected to arrive, or to inform them of alternate transportation arrangements that have been made.
- If a parent is more than 5 minutes late, and no call has been made to inform the staff of why someone is not there to pick-up their child, a fee of \$1 for every minutes (beginning at 6:05pm) will be charged. If this incident occurs, please plan to pay the late fee before your child attends the program the following day.
- In the event that the YMCA does not receive a phone call prior to the parent being late, the following procedures will be immediately implemented:
 - A staff member will attempt to contact the child's parents.
 - If contact cannot be made, a staff member will call the individuals listed on your child's registration packet for emergency contacts until someone is reached.
 - If 2 hours have passed with no contact being made by either the child's parents or emergency contacts, a call will be placed to Child Protective Services to figure out what further arrangements are necessary.

Termination Policy

When the health, welfare, and safety of other children are at stake, the YMCA reserves the right to terminate child care services immediately. Possible reasons for termination of a child from services include, but are not limited to the following:

- Inappropriate behavior considered to be harmful to your child, staff, or other program participants.
- Incident reports resulting from inappropriate behavior.
- Overdue Fees.

If you have any questions or concerns about any of the information provided within this handbook, please contact Sarah Moore, Associative Executive Director at 585-786-2880 or smoore@glowymca.org.

Code of Conduct

Please discuss the following segment with your child

Children's Responsibilities

Children need to be responsible for:

- Being respectful, honest, and caring to other program participants and staff.
- Learning to take consequences for their own actions.
- Respecting the rules that are established for and by them during the program.
- Controlling their anger so that their actions and decisions do not negatively affect others.
- Being respectful to equipment or property which does not belong to them.
- Remaining with staff members at all times and notifying staff if they need to go to another area.

Children's Rights

YMCA Staff are responsible for ensuring that children enrolled in the SACC program:

- Have a safe and reliable environment free of hazards.
- Have their ideas and feelings heard and respected.
- Have discipline that is fair, equal and respectful of them.
- Have activities that allow participants to express their ability as they explore and discover, while developing to their fullest potential.
- Have a right to voice their opinion and have input on activities offered.
- Are treated in a caring, honest, respectful, and responsible manner.
- HAVE A BLAST!

Child Care Policies

While participating in the program, please be certain that both you and your child are completely familiar with these policies. These policies are put into place to assure protection and safety of your child. The Directors of the SACC program, upon notification to the parent, may suspend or terminate a child from all activities and participation in the program for the following types of conduct:

- Leaving the program premises without permission, or going into unauthorized areas.
- Use of foul language or rudeness to staff or other participants.
- Defacing the YMCA facility, school property, or field trip facilities.
- Engaging in fighting as a means of solving a problem.
- Bringing or using illegal substances.
- Stealing or defacing another child's property purposefully.
- Intentionally injuring another child.
- Refusing to remain with the group during outings.
- Refusing to follow check in and out procedures.

Discipline

All participants must follow the "House Rules". If any of these rules are broken while the child is under the YMCA's care, the following procedure will be followed.

- 1. Verbal warning and/or reminder**
- 2. Redirection**
- 3. Talk through the problem**
- 4. Have child suggest alternative solutions to the problem**
- 5. Time Out / Cool Down time**
- 6. If behavior continues to be an issue, establish a behavior contract with parent and child**
- 7. Discuss problematic situations with child's parent and incorporate their suggestions into the child's behavior management plan**
- 8. Write a report and have it signed by the parent, for unsafe behavioral incidents**
- 9. Three incident reports may constitute a suspension from the program**

Attachment B

Level of Illness

Any child who exhibits any of the following symptoms cannot attend program, or will be immediately sent home to protect other children if symptoms appear while the child is at program:

- A suspected or diagnosed communicable disease as defined by the New York State Department of Health until evaluated and approved for inclusion by a health care provider to participate in the program
- A child with a temperature of 101 °F or higher orally or aural (in the ear) which is accompanied by a behavior change, stiff neck, rash, unusual irritability, poor feeding, vomiting or excessive crying
- Looking or acting very ill and quickly deteriorating ★
- Neck pain when the child's head is moved or touched ★
- A stiff neck or severe headache while appearing ill ★
- A first time seizure ★
- Acting unusual or confused ★
- Unequal pupils ★
- A blood-red or purple rash made up of pinheaded-sized spots or bruises that are not associated with an injury ★
- A rash of hives or welts that appears and spreads quickly ★
- Breathing intensely enough to cause the child to cease play, talking, crying, or consuming anything ★
- A sever stomachache that causes the child to double up and scream ★
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall ★
- Stool that is black or blood-mixed ★
- The cease or urination within an 8 hour period, accompanied by dry mouth, no tears or sunken eyes ★
- Continuous clear drainage from the nose after a hard blow to the head ★
- Suspected case of head lice
 - A note from the child's doctor or school nurse must be presented to a staff member prior to the child's return to program

★ Adapted from *Preparing for Illness: A Joint Responsibility for Parents and Caregivers, 4th Edition* from National Association for the Education of Young Children



Parent Handbook Signature Page

I have read the Parent Handbook and understand the GLOW YMCA SACC policies.

My signature below indicates that I have read and understand all of the information in the School Age Child Care Parent Handbook. I also verify that I have reviewed all of the Code of Conduct information with my child, and understand that I may be called to pick-up my child in the event that these policies are not followed.

Parent/Guardian Signature: _____ Date: _____

Confidential Child Information

★ All of the following questions are completely optional ★

Our cooperation with various funding sources requires us to provide research information on the children who participate in our programs. The following information obtained is confidential and strictly used for research purposes only.

Please check all that apply:

- | | | |
|--------------------------------|---|---------------------------------|
| <input type="radio"/> Black | <input type="radio"/> Spanish Surnamed American | <input type="radio"/> Caucasian |
| <input type="radio"/> Oriental | <input type="radio"/> American Indian | <input type="radio"/> Other |

Parent/Guardian Signature: _____ Date: _____

★ Please return this page with your registration information ★



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GLOW YMCA

School Age Child Care

Program Participant Information Form

CHILD AND FAMILY INFORMATION

| | | | | | |
|--|--------------|---|--|-----------------|---|
| Child's Name: | | Date of Birth: | Age: | Grade in Fall: | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address: | | City, State, Zip: | | School: | |
| Child's Nickname: | | Child lives with: | | Teacher's Name: | |
| Mother/Guardian Name: | | Street Address: | | City, State: | Zip: |
| <input type="checkbox"/> Emergency Contact | Home Number: | Email Address: | | Place of Work: | |
| <input type="checkbox"/> Pick-up Authorization | Cell Number: | | | | |
| Father/Guardian Name: | | Street Address: (If different than above) | | City, State: | Zip: |
| <input type="checkbox"/> Emergency Contact | Home Number: | Email Address: | | Place of Work: | |
| <input type="checkbox"/> Pick-up Authorization | Cell Number: | | | | |
| Name of Individual Responsible for payment: | | | DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN? Y OR N | | |
| | | | DOES YOUR CHILD ROUTINELY CARRY AN INHALER? Y OR N | | |

ALTERNATIVE CONTACT INFORMATION (INDIVIDUAL MUST BE 16 YEARS OR OLDER WITH PHOTO I.D.)

| | | | | | |
|-------|-------------|------------------|------------------------|---|---|
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |

SCHOOL AGE CHILD CARE (SACC) PROGRAM OF CHOICE

| NAME & LOCATION OF PROGRAM | FULL TIME (4-5 DAYS) | 3 DAY | PART TIME (1-2 DAYS) | DAYS OF THE WEEK |
|---|-------------------------|-------|-------------------------|---|
| Attica SACC Prospect Elementary | | | | *Please note, it is required to have a set schedule of attendance in order for us to comply with NYS OCFS ratio regulations. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |
| Indian's Pride Letchworth Central | | | | |
| Perry SACC Perry Elementary | | | | |
| Warsaw SACC Warsaw Elementary | | | | |

GETTING TO KNOW YOUR CHILD

| | | |
|--|---|--|
| Special Talents: | | |
| Hobbies/Interests: | | |
| After School Activities/Clubs: | | |
| Fears/Apprehensions: | | |
| Ways to help your child handle transition: | | |
| How does your child express anger/frustration? | | |
| If my child gets upset, try this: | | |
| Other friends in program: | | |
| My child's swimming ability is: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced | My child is authorized to watch movies rated: <input type="checkbox"/> G <input type="checkbox"/> PG | My child is a YMCA Member: <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Planning on joining soon! |

HEALTH INFORMATION ★ PLEASE BE SURE TO INCLUDE ALL OF YOUR CHILD'S VITAL MEDICAL INFORMATION IN THIS SECTION TO INSURE PROPER AND QUALITY CARE OF YOUR CHILD ★

| | | | | |
|--|--------|--|--------|-------------------------|
| <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Diabetes <input type="checkbox"/> Special Diet <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Illness <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Injury <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Surgeries <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Special Diet Requirements: _____ <input type="checkbox"/> Currently taking prescribed medication? If yes, medication name & dosage: _____ <input type="checkbox"/> My child is currently covered by a hospitalization/medical care policy: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Policy Holder's Name: | | Name of Insurance Company: | | Policy Holder's I.D. #: |
| Physician's Name: | Phone: | City, State, Zip of Insurance Company: | | Phone: |
| Specialist's Name: | Phone: | Dentist's Name: | Phone: | Extra Notes: |

PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ The information on this form is complete and accurate. I have provided all necessary information to properly care for my child. I must notify the YMCA staff immediately of any changes on these forms. In addition, I understand that it is my responsibility to contact the YMCA if my child will be absent from program.
- ✓ It is my responsibility to arrange for my child to be picked up from program before closing. I understand the procedure which is set forth, and the consequences which will arise, in the event of my child not being picked up before 6:05PM; as stated in the Parent Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport your child at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ Should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police.
- ✓ My child has permission to participate in walking field trips with the YMCA and to ride on vehicles arranged by the GLOW YMCA for transportation to and from YMCA SACC Program and scheduled field trips. Specifics will be posted prior to special events such as a walking field trip.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child if needed.
- ✓ My child has permission to swim at YMCA SACC Programs. I understand that my child's swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Progressive Swim Instructor.
- ✓ The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed or reimbursed for such photographs.
- ✓ I have read the YMCA SACC Parent Guide and shared the Code of Conduct with my child, and agree to these policies and procedures.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ This agreement shall be governed by the laws of New York State.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF, AND AGREEMENT TO THE ABOVE:

| | |
|--------------------------------------|--------------|
| <i>Parent/Guardian Signature:</i> | <i>Date:</i> |
| <i>Parent/Guardian Name Printed:</i> | <i>Date:</i> |



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OFFICE USE ONLY

| | | | |
|-----------------------|---------------------------|---|-----------------|
| Date of registration: | FA/Scholarship: -----% | Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | Check #: |
| Credit Card #: | 3-Digit/Vin: | Expiration Date: | Staff Initials: |



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GLOW YMCA

SCHOOL AGE CHILD CARE (SACC)

Behavior Agreement

Participant:

1. I will obey the rules of the YMCA School Age Child Care program.
2. I will do my best to be Caring, Honest, Respectful, and Responsible while attending the YMCA Program.
3. I will respect everyone who attends the YMCA School Age Child Care program. This includes the staff and other children attending the program. I will also respect their property and the building which the program is in.
4. I understand that the YMCA program does not allow swearing, talking back, or physical harm/fighting.
5. I understand that if I do not follow these rules, my parents will be called to pick me up.
6. I understand and agree with the rules listed above and will try my very best to follow these rules while at the YMCA program.

Participant Signature

Date

Parent/Guardian:

1. I have discussed the above guidelines with my child. My child and I fully understand that I will be called to pick-up my child if they do not follow the agreement.

Parent/Guardian Signature

Date

Transportation Plan

School Buses from the Perry/Letchworth school districts will transport all children from the Elementary School to the Wyoming County YMCA on Wednesday afternoons. The bus will leave the school at 3:30 and will arrive at the YMCA at approximately 3:55.

The Wyoming County Transit System will transport the Attica and Warsaw programs from the elementary schools to the Wyoming County YMCA. Attica will be picked up at 3:15 and will arrive at the Y at 3:30. Warsaw will be picked up at 3:45 and arrive at the Y at 4:00.

(Parent's signature of acknowledgement)

Important Parent Information

- **Children are/will not be transported by staff members. The only transportation provided during program hours is done by the school system or the Transit bus system.**

- **Our Emergency Plan:**
Each site has an emergency evacuation plan. Please find your plan below so you will know the plan for each situation should it arise. Once evacuated and safe, you will receive a call from School Age staff informing you of the evacuation and location for pick up.

| | Emergency Evacuation Location #1 | Emergency Evacuation Location #2 |
|-------------------|---|---|
| Letchworth | Gainesville Church | Castile Library |
| Warsaw | YMCA | Warsaw Library |
| Attica | Prospect St. Church | Attica Library |
| Perry | Perry High School | Perry Library |

Please sign on the line below as acknowledgement that you have read the location of an emergency evacuation.

Parent/Guardian Signature _____

YMCA Kid's Gym and Inflatable Activity

Participant Waiver

Although we strive to make all activities as safe as possible, activities of this nature do come with some element of risk. This waiver ensures that we have contact information for you and/or your child and you are aware of these risks. Please fill this out completely, if you have any questions, please contact the YMCA.

| | | | |
|--------------------------------------|-----------------------|-------------|-----------|
| Participant Name _____ | DOB _____ | | |
| Parent/Guardian Name (Printed) _____ | | | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Home Phone _____ | Emergency Phone _____ | | |

MEDICAL PROFILE - I recognize that the Kid's Gym climbing elements and Inflatables are physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in climbing activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA/Kid's Gym staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in a Kid's Gym activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the Genesee/Wyoming YMCA and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the Genesee/Wyoming YMCA or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian Signature _____ Date _____

YMCA/Red Pines Participant Liability Waiver

| | | |
|---|-----------------------------|-------------------------|
| <i>Participant Name</i> | <i>Date of Birth</i> | <i>Gender</i> |
| <i>Address</i> | <i>City</i> | <i>State/Zip</i> |
| <i>Email Address</i> | | <i>Phone</i> |
| <i>Parent/Guardian Name; if under 18</i> | | <i>Phone</i> |
| <i>Emergency Contact</i> | | <i>Phone</i> |

PARTICIPANT MEDICAL PROFILE

I recognize that challenge course activities are strenuous endeavors requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in climbing activities and that if I am now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA/Red Pines instructor.

Please check the appropriate heading;

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Nervous disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney related disease | <input type="checkbox"/> Back injury |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Neck injury | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Mental distress | <input type="checkbox"/> Recent injury | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hearing loss or impairment | <input type="checkbox"/> Orthopedic problem |
| <input type="checkbox"/> Insect allergies | <input type="checkbox"/> Drug addiction/dependency | <input type="checkbox"/> Cardiac or Pulmonary condition or disease | |
| <input type="checkbox"/> Any other condition (list) _____ | | | |

I further certify that if I am on any regular medication I will discuss this medication with the Red Pines staff and I have not taken any alcoholic beverages or mind altering drugs in the last 12 hours.

Participant Signature _____ **Date** _____
Parent Signature _____ **Date** _____

ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY

I understand that during my participation in this adventure course activity I may be exposed to psychologically and physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share responsibility for safety and I assume that responsibility.

Further I wave any claim that may arise against the GLOW YMCA and or its employees, its employees, directors, and agents and other participants as a result of my participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees, its employees, directors and agents and other participants. I have accepted responsibility for verifying my personal health and my medical history on the top of this sheet. In so doing I state that I have no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instruction and direction given by YMCA/Red Pines staff during my participation.

Participant/Parent Signature _____ **Date** _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 1, 2018

Our intention as a charitable organization is to be compassionate but we also must be efficient. Managing payables can be costly which can result in increased costs to the families using the service. Please see the specifics of our payment policy below.

Child care payments are due on the 1st of each month. Payments can be made in person or over the phone. We accept cash, check, or credit card. Auto draft is also available for your convenience. If we have your email, we will send you a reminder the week before payment is due. If we do not have your email and you would like a reminder, please call the Y and leave it with the front desk. On the first of the month I will run a receivables list. If you are on the list, I will provide a courtesy call to you to let you know that payment has not been received. If payment is not processed that day, your child(ren) will be unable to attend program effective the 2nd. If I am unable to speak with you or leave a message, you will receive a message when you pick up your child(ren) at the program. The school will be notified that your child(ren) are unable to attend program until further notice and each site director will be provided with any name that is unable to participate in program.

If the child(ren) arrives at the program they will be taken to the school office. If you do not attend every day, please make sure we have accurate contact information as your payment is still due on the 1st and the above policy will still apply. A \$40.00 late fee will be posted to any account that does not make payment by the 1st of the month.

If there is an emergency or unusual hardship which keeps you from making your payment on time, please call me at the Y. We will try to accommodate you if possible.

Please contact me with questions or concerns.

Sarah Moore Associative Executive Director

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

GLOW YMCA

Genesee County

209 East Main Street
Batavia, NY 14020
Phone 585.344.1664
Fax 585.344.1666
www.geneseeymca.org

Livingston County

209 East Main Street
Batavia, NY 14020
Phone 585.344.1664
Fax 585.344.1666
www.livcoymca.org

Orleans County

306 Pearl Street
Medina, NY 14103
Phone 585.798.2040
Fax 585.798.4257
www.orcoymca.org

Wyoming County

115 Linwood Avenue
Warsaw, NY 14569
Phone 585.786.2880
Fax 585.786.2535
www.wycoymca.org

Camp Hough

4163 West Lake Road
Silver Springs, NY 14550
Phone 585.237.5160
Fax 585.237.2754
www.camphough.org

2018-19 SACC Pricing

Attica, Letchworth, Warsaw

| | Member | Non-Member |
|----------------------|--------|------------|
| Full Time (4-5 Days) | \$199 | \$213 |
| 3-Day | \$137 | \$146 |
| Part Time(1-2 Days) | \$105 | \$113 |

Perry

| | Member | Non-Member |
|----------------------|--------|------------|
| Full Time (4-5 Days) | \$218 | \$233 |
| 3-Day | \$151 | \$163 |
| Part Time(1-2 Days) | \$115 | \$125 |



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

April 2018

Dear Parents/Guardians:

For your convenience, we offer two payment options for our SACC programs. You may choose to have your monthly balance automatically withdrawn from a checking or savings account (see the attached Electronic Funds Transfer Authorization Form). Please have your transfer date set for the 1st of each month.

Payment may also be made by cash, check or credit card. You may either send in your check or cash payment to your YMCA, or if paying by credit card, please come in to see us at Wyoming YMCA's front desk. Please note only Visa and MasterCard are accepted. Payment is expected the first of each month. If payment is not received by the 1st of the month, a \$40 late fee will be applied and your child will not be able to return to program until the balance is paid.

Please refer to the Parent Handbook with any other questions regarding financial information or payment policies. For additional questions/concerns feel free to call your local branch. Thank you so much in advance for your cooperation!

Sincerely,

Sarah Moore
Associative Executive Director
of Wyoming County
(585)786-2880
smoore@qlowymca.org



Electronic Funds Transfer Authorization Form

The YMCA is pleased to offer Electronic Funds Transfer for payments of several Youth Programs. To enroll in the YMCA electronic funds transfer program, please complete the following information and return it with your other registration materials.

Participant Name: _____ Telephone: _____

Program: _____ Program Start Date: _____

Program Fee: _____ Initial Payment: September 2018 payment

Total Balance Due: _____ First Draft Date: 10/01/2018

Monthly Draft Amount: _____ Final Draft Date: 06/01/19

Electronic Funds Transfer Authorization

I authorize my financial institution to honor pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fees:

I understand that:

- My account will be debited on or after the **1st** day of each month based on the bank draft schedule above. Funds will be withdrawn from my bank account on a continuing basis and will cease on the date as stated in the bank draft schedule above. I further agree to provide the GLOW YMCA written notice, 14 days prior to the draw date, of any changes or any intent to cancel program participation.
Changes or cancellations can
- I understand and agree that if any payment does not clear my bank account, I will pay a \$30.00 service fee. If I do not reimburse the GLOW YMCA in full by the next pre-authorized withdrawal, I understand that program participation will be denied unless special arrangements are made.

Signature of Account Holder

Date

Attach voided check from the appropriate bank account here

Behavior Modification System

The YMCA School Age Child Care programs use a three level behavior modification system. The purpose of this plan is to be proactive in managing behavior, encourage positive behavior and deescalate inappropriate behavior situations.

The three levels can be earned by a participant based on the degree of the behavior displayed. Below are examples of behaviors that would cause a participant to earn a level. This list is not exhaustive.

Level 1 – disrespect, insubordination, swearing, instigating confrontation (non-physical), damaging school or program equipment (can be fixed or cleaned up)

Level 2 – physical confrontation and/or contact, damaging school or program equipment (cannot be fixed or cleaned up by participants), leaving the group without supervision

Level 3 – bullying, physically fighting, verbal altercation that does not settle down

How the system works:

To earn a level 1 a participant must be engaging repeatedly in a behavior(s) that are not being corrected. This will result in a signed agreement by both the participant and a staff member. The parent will be notified at pick-up. If the parent does not pick-up, they will be notified before program the following day.

To earn a level 2 a participant must be engaging in a behavior that is in some way harmful to themselves, another participant or a staff member. An accumulation of three level 1 behavior modifications in a one week period will also result in a level 2. A level 2 is a "last chance" before being sent home and missing a day of program. The parents will be notified of the behavior and will need to sign a level 2 slip (along with the participant and staff member) before being allowed to return to the program. If the parent does not pick-up that day, a copy of the level 2 slip will be sent home and the parent will be contacted by phone that evening. The slip must be signed and sent back with the participant the next day in order for the participant to return to program.

To earn a level 3 a participant must be involved in bullying, a physical altercation or an elevated situation that does not settle down or resolve itself. We maintain a "no tolerance" stance on both fighting and bullying. A level three results in a call to pick up immediately from program and the participant will not be allowed to return the following day. A level 2 plus an additional level in the same week will also result in a level 3. A level 3 slip will need to be signed and the parents and participant will have to meet with site staff before returning to program.

Participants start fresh at the beginning of each week with the level system. Inappropriate behaviors that last for a substantial period of time and are not corrected by the level system will result in a meeting with parents, staff and other YMCA staff as necessary.

Our goal is to help promote positive behavior. If you have any questions on the system, please speak with your site director or call Sarah Moore at the Y.

For More Information
about healthy eating and exercise, visit:

- CACFP**
www.health.ny.gov/CACFP
- Let's Move! Child Care**
www.healthkidshealthfuture.org
- Eat Well Play Hard in Child Care Settings**
www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm
- QUALITYstarsNY: A winning beginning for all our children**
qualitystarsny.org/index.php
- Choose My Plate**
www.choosemyplate.gov
- Eat Smart New York**
www.eatnyc.gov/programs/nutrition/
- Core Nutrition Messages for Healthier Food Choices**
<http://www.fns.usda.gov/core-nutrition/core-nutrition-messages>
- Physical Activity Guidelines for Children**
nckids.org/default/index.cfm?parentsguardians/
- Child care regulations**
ocfs.ny.gov/main/childcare/ocfsycare_regs.asp



Child and Adult Care Food Program
New York State Department of Health

When a child care provider joins the free **Child and Adult Care Food Program (CACFP)**, they can be reimbursed for serving healthy meals and snacks to children.

CACFP staff can help child care providers learn about CACFP and plan healthy meals. Ask your child care provider to contact CACFP at:

Center-based programs, call
1-800-942-3858

Family and Group Day Care, call the Growing Up Healthy Hotline
1-800-572-5006
family-care@health.state.ny.us

To order more brochures, contact:

NYS DOH Distribution Center
21 Simmons Lane
Menands, NY 12204
Fax: 518-465-0432
hm019w@health.state.ny.us

NYS Department of Health
Division of Nutrition
health.ny.gov

NYS Office of Children & Family Services
Division of Child Care Services
ocfs.ny.gov



**Together
We Can Raise
Healthy Children**

