

Child's Name: \_\_\_\_\_  
FIRST LAST



(Staff Only) Date Received: \_\_\_/\_\_\_/\_\_\_

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Time Received: \_\_\_\_\_ AM / PM



## 2020/2021 Before & After School Program Registration Packet

### For students ages \*5-12 years old

\*4 year old waiver at Alexander, Pembroke, YMCA Site and York

Dear Parent/Guardian,

To assure your child is fully registered for the YMCA Before & After School 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 note that until your child's registration packet is completed and turned in, they will not be able to attend the program.

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

-Charitie Bruning  
Childcare Director

BASP Location(s) Attending (check all that apply):

- |                                    |   |                                    |                                  |                                       |
|------------------------------------|---|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Cal-Mum            | <input type="checkbox"/> Geneseo   | <input type="checkbox"/> Jackson | <input type="checkbox"/> John Kennedy |
| <input type="checkbox"/> LeRoy     | <input type="checkbox"/> Pembroke (Primary) | <input type="checkbox"/> YMCA Site | <input type="checkbox"/> York    |                                       |

## Handbook Signature

My signature below indicates that I have read and understand **all** of the information in the Before & After School Program Handbook (separate document). I also verify that I have reviewed 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: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_  
FIRST LAST

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FOR YOUTH DEVELOPMENT  
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FOR SOCIAL RESPONSIBILITY

## GLOW YMCA Before & After School Program Behavior Agreement

Participant:

1. I will obey the rules of the YMCA Before & After School Program.
2. I will do my best to be Caring, Honest, Respectful, and Responsible while in the YMCA Program.
3. I will respect everyone who attends the YMCA Before & After School 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 does not allow swearing, talking back, or physical harm/fighting.
5. I understand that if I do not follow these rules, my guardians 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:

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:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_  
FIRST LAST



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

**PARENT/GUARDIAN AGREEMENT & PARTICIPANT LIABILITY WAIVER**

- ✓ 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 in the registration packet 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 6:00PM; as stated in the Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport my 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 BASP 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.
- ✓ If applicable, my child has permission to swim at YMCA BASP 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 BASP Handbook 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 because 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.
- ✓ I, the undersigned, hereby hold harmless, waive and release of my child's School District & GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 while the above child/children is/are in their care at the BASP site. I understand that my child is incurring a greater risk by participating in child care with other participants and staff but that all measures will be taken by staff and administration to minimize the risk.
- ✓ I the undersigned, agree that I will inform the BASP Site Supervisor if I have administered fever reducing medication to my child within the last four hours.

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

Parent/Guardian Signature:	Date:
Parent/Guardian Name Printed:	Date:

Child's Name: \_\_\_\_\_  
FIRST LAST



# Before & After School Program

## Program Participant Information Form

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

**CHILD AND FAMILY INFORMATION – Must provide two main contacts and 4 additional alternative contacts**

Child's Name:		Date of Birth:	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Preferred Pronouns:				
Street Address:		City, State, Zip:		School:		
Child's Nickname:		Child lives with:		Teacher's Name:		
Guardian Name / Relationship to Child:		Street Address: (If different than above)		City, State:		Zip:
Primary Number: ( ) _____	Secondary Number (if applicable): ( ) _____	Place of Work: _____ Work Phone: ( ) _____		Birth Date: / /		
Email Address: _____						
Guardian Name / Relationship to Child:		Street Address: (If different than above)		City, State:		Zip:
Primary Number: ( ) _____	Secondary Number (if applicable): ( ) _____	Place of Work: _____ Work Phone: ( ) _____		Birth Date: / /		
Email Address: _____						
Name of Individual(s) Responsible for payment:			My child is a YMCA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planning on joining soon!			

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

Child's Name: \_\_\_\_\_  
FIRST LAST

**BEFORE & AFTER SCHOOL PROGRAM CHOICE**

(Anticipated pickup/drop off times in boxes: earliest 6:30am, latest 6:00pm \*Note LeRoy 7am-5:15pm)

Monday	Tuesday	Wednesday	Thursday	Friday
*Am drop-off time (if applicable)  _____	*Am drop-off time (if applicable)  _____	*Am drop-off time (if applicable)  _____	*Am drop-off time (if applicable)  _____	*Am drop-off time (if applicable)  _____
PM pick-up time (If applicable)  _____	PM pick-up time (If applicable)  _____	PM pick-up time (If applicable)  _____	PM pick-up time (If applicable)  _____	PM pick-up time (If applicable)  _____

\*See Transportation in "Handbook" section  
**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?		
What techniques do you use if your child gets upset?		
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: <input type="checkbox"/> G <input type="checkbox"/> PG	My child receives specialty services through the school: <input type="checkbox"/> NO <input type="checkbox"/> YES (please list here)

**HEALTH INFORMATION**    ★PLEASE BE SURE TO INCLUDE ALL OF YOUR CHILD'S VITAL MEDICAL INFORMATION IN THIS SECTION TO ENSURE 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"/> Epi Pen
<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"/> Inhaler
<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:		

If your child has special health care needs notated above, you **must** complete the Office of Children and Family Services 7006 Form - located on the last page of registration.

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

FIRST

LAST

CARE PLANS	AM ONLY Monthly Pricing Member/Non-Member \$25*/\$33* (*per checked box)	PM ONLY Monthly Pricing Member/Non-Member \$29*/\$36* (*per checked box)	AM & PM Monthly Pricing Member/Non-Member \$36*/\$47* (*per checked box)	FULL DAY (6:30am-6pm) Monthly Pricing Member/Non-Member \$144*/\$180* (*per checked box)
<b>Alexander</b> Ages 4-12	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Full Day options available at YMCA Site (click boxes below)</b>
<b>Cal-Mum</b> Ages 5-12	<b>Not Applicable</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Not Applicable</b>	<b>Not Applicable</b>
<b>Geneseo</b> Ages 5-12	<b>Not Applicable</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Not Applicable</b>	<input checked="" type="checkbox"/> <del>Monday</del> <input checked="" type="checkbox"/> <del>Tuesday</del> <input type="checkbox"/> Wednesday <input checked="" type="checkbox"/> <del>Thursday</del> <input checked="" type="checkbox"/> <del>Friday</del>
<b>Jackson</b> Ages 5-12	<b>AM available at YMCA Site (click boxes below)</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday (AM at Y) <input type="checkbox"/> Tuesday (AM at Y) <input type="checkbox"/> Wednesday(AM at Y) <input type="checkbox"/> Thursday (AM at Y) <input type="checkbox"/> Friday (AM at Y)	<b>Full Day options available at YMCA Site (click boxes below)</b>
<b>John Kennedy</b> Ages 5-12 Middle School no AM, Transportation Form to school	<b>AM available at YMCA Site (click boxes below)</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday (AM at Y) <input type="checkbox"/> Tuesday (AM at Y) <input type="checkbox"/> Wednesday(AM at Y) <input type="checkbox"/> Thursday (AM at Y) <input type="checkbox"/> Friday (AM at Y)	<b>Full Day options available at YMCA Site (click boxes below)</b>
<b>LeRoy</b> Ages 5-12 7am-5:15pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> <del>Wednesday</del> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Full Day options available at YMCA Site (click boxes below)</b>
<b>Pembroke</b> Ages 4-12 Intermediate students Transportation Form to school	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Not Applicable</b>
<b>YMCA Site</b> Ages 4-12 Batavia Students Transportation Form to school	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>York</b> Ages 4-12 Parent Drop Off Only	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>Monthly Member Cost</b>	#checked ___ x\$25 = ___	#checked ___ x\$29 = ___	#checked ___ x\$36 = ___	#checked ___ x\$144= ___
<b>Monthly Non-Member Cost</b>	#checked ___ x\$33 = ___	#checked ___ x\$36 = ___	#checked ___ x\$47 = ___	#checked ___ x\$180= ___

Child's Name: \_\_\_\_\_  
FIRST LAST

**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 that my child is no longer registered for childcare or if my contract with BASP terminates. I further agree to provide the GLOW YMCA written notice, 15 days prior to the draw date, of any changes or any intent to cancel program participation.
- I understand and agree that if any payment does not clear my bank account or payment method, I will pay a \$35.00 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 or credit/debit below or include routing and account number in the spaces below:**

Name(s) on Card/Account:	Address Associated with card/account:		
Credit Card Number:	3-Digit/Vin:	Expiration Date:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Routing Number:	Account Number:		
<input type="checkbox"/> Card Already on File	<input type="checkbox"/> Will call to set up payment method		

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL HEALTH CARE PLAN  
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

*A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.*

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child date of birth:
Name of the child's health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.


**Identify the caregiver(s) who will provide care to this child with special health care needs:**

Caregiver's Name	Credentials or Professional License Information (if applicable)



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL HEALTH CARE PLAN  
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.


This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider's name (please print):		Date:
Child care provider's signature: <b>X</b>		

**Signature of Parent:**

<b>X</b>	Date:
----------	-------