



LOCATION:

Geneseo Elementary School

TIME:

12:30pm – 5:30pm

WEEK 1

JULY 3, 5, 6, 7

(PRICE ADJUSTMENT, NO PROGRAM JULY 4)

WEEK 2

JULY 10 - JULY 14

WEEK 3

JULY 17 - JULY 21

WEEK 4

JULY 24 - JULY 28

WEEK 5

JULY 31 - AUGUST 4

WEEK 6

AUGUST 7 – AUGUST 11

Registration is now OPEN!

To Register:

Please fill out this packet and send a completed copy to either the Batavia YMCA: 209 East Main St. Batavia NY 14020 or by email to jcisco@glowymca.org.

GLOW YMCA
**GENESEO SUMMER
WRAPAROUND CARE**
AGES 5-12
2023 PARTICIPANT FORMS

Hello Families,

This year, we are excited to announce that we will be offering a Summer Wrap-around Childcare program. This program is completely optional but can be used to supplement childcare that may be needed after summer rec, summer clubs, or summer school.

If your child attends Geneseo Summer Rec, transportation from Highland Park to Geneseo Elementary School will be provided for any rec kiddos who are signed up for this program. All other students must be dropped off at the Geneseo Elementary School.

If you would like additional information, please feel free to email me at jcisco@glowymca.org or call the Batavia YMCA at 585.344.1664.

All the best,

Jay

WHAT TO BRING

- WATER BOTTLE
- SNACK FOR AFTERNOON
- PACKED LUNCH (OPTIONAL)
- SUNSCREEN (OPTIONAL)
- SWEATSHIRT (OPTIONAL – FOR A/C)

ONCE YOUR PACKET HAS BEEN RECEIVED:

You will be contacted to set up your billing information.

A Non-Refundable deposit of \$15 per week, per child, will be **due at the time of registration**. This deposit will then be applied to your weekly payments.

ONCE REGISTERED:



Please use the QR code below to download the BAND app. Once downloaded please join the group “Geneseo Wraparound Care”. We will use this app to post important updates & to communicate with families.

IMPORTANT INFORMATION

Geneseo Summer Rec Participants: Children who are coming from Rec will be bussed around 12:15 pm from Highland Park to the Elementary School where staff will meet them and walk them down to our “home base” room for lunch.

Summer School/Club Participants: Children who are already at the school will be picked up by a staff member at the end of their program and walked down to the “home base” room.

Families whose children do not attend either program: You can still use WRAP care if you need to! We ask that you meet the staff at the front of the school to drop your kiddo(s) off at 12:15 pm to be walked down to the “home base” room. Any kiddos dropped off after that time will need to be walked down to the room by a parent.

Lunch will be provided by the school for the Summer Wrap Program; however, you are more than welcome to provide a packed lunch for your child if you would like to!

Pick-up: All children must be picked up by 5:30 pm. Children will only be released to people who are listed as authorized to do so in the registration packet unless different arrangements have been communicated in writing to the staff.

Geneseo County YMCA Participant Liability Waiver

Photo Release

I grant my permission to the GLOW YMCA to use without limitation or obligation, photographs, film footage, tape recordings, or other media that may include an image or voice of me or my child at YMCA programs for purposes of promoting YMCA programs.

Acknowledgment of Risk & Assumption of Responsibility

I understand that during my or my child’s participation in activities at or with the GLOW YMCA, I or my child 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 waive any claim that may arise against the GLOW YMCA and/or its employees as a result of my or my child’s participation in the YMCA program or activity, except those which are a direct result of the negligence by the GLOW YMCA or its employees. I have accepted responsibility for verifying my or my child’s personal health and medical history on the top of this sheet. In so doing I state that I or my child have no physical or psychological problems that would prohibit participation in this program. I or my child agrees to comply with all instruction and direction given by YMCA staff members during my or my child’s participation. I understand the YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises or at a YMCA function or activity.

Guardian Signature:	Today's Date: / /
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PROGRAM PARTICIPANT PROFILE - TO BE COMPLETED IN FULL

Child's Name:		Date of Birth / /	Age during camp	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Preferred Pronouns:	Grade in Fall:
Child's Address	(House Number & Road)	(City)	(State)	(Zip Code)	T-Shirt Size: _____	
Child lives with:		Child's Height:	Child's Weight:		<input type="checkbox"/> Youth <input type="checkbox"/> Adult	
Valid Email Address (required):				Name of e-mail owner:		
Guardian's Name (1) required		Primary Phone: ()	Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact	
		Secondary Phone: ()			<input type="checkbox"/> Pick Up Authorization	
Guardian's Name (2)		Primary Phone: ()	Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact	
		Secondary Phone: ()			<input type="checkbox"/> Pick Up Authorization	
Guardian's Street Address (If different than above):						
Alternate Emergency Contact Name required:		Primary Phone: ()	Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact	
		Secondary Phone: ()			<input type="checkbox"/> Pick Up Authorization	
Alternate Emergency Contact Name required:		Primary Phone: ()	Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact	
		Secondary Phone: ()			<input type="checkbox"/> Pick Up Authorization	

PARTICIPANT HEALTH & INFORMATION FORM – TO BE COMPLETED IN FULL BY GUARDIAN

Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, Illness/Disease:	Symptoms:
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:
Card Holder:	Policy/Group #:
Does your child have any special talents, hobbies or special interests?	
How does your child express anger/frustration? What type of discipline is used at home?	
Does your child have any fears?	
Things I would like my child to accomplish at the YMCA program are:	
Special dietary needs or restrictions?	
Any activity restrictions for your child? Please explain in detail.	
My child has an IEP/504 plan. <input type="checkbox"/> YES <input type="checkbox"/> NO *If you've answered "YES" provide a copy prior to the start of camp to help make your child's experience more positive.	
My child is fully toilet trained and can independently use the toilet? <input type="checkbox"/> YES <input type="checkbox"/> NO *If you've answered "NO" contact program director before registration	
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water	
Child is looking forward to YMCA Program with: <input type="checkbox"/> Enthusiasm <input type="checkbox"/> Acceptance <input type="checkbox"/> Caution <input type="checkbox"/> Anxiety	
Is there any other information you think is important for us to know about your child?	
Child is allergic to: Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/> (labeled & kept in backpack or at WRAP)	

Participant Medical Profile

I recognize that YMCA activities can be strenuous endeavors requiring me or my child to be in good physical condition. I hereby certify that my child does not suffer from any physical infirmities or illnesses which would affect my or my child's ability to engage in activities and that if my child is now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA Staff Member.

PLEASE CHECK THE APPROPRIATE HEADING(S):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Related Disease | <input type="checkbox"/> Back Injury |
| <input type="checkbox"/> Cardiac/Pulmonary Condition | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Mental Distress | <input type="checkbox"/> Hearing Loss/Impairment |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Recent Injury |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Other: _____ |

Please use this space to add detail: _____

I FURTHER CERTIFY THAT IF MY CHILD IS ON ANY REGULAR MEDICATION I WILL DISCUSS THIS MEDICATION WITH A YMCA STAFF MEMBER.

CHILD'S NAME: _____

SUMMER WRAP: WEEKLY OPTIONS AND RATES

WEEK/THEME	FULL WEEK/RATES	3 DAY/RATES (CHECK THE DAYS)
<p>WEEK 1</p> <p>JULY 3, 5, 6, 7 (NO PROGRAM ON JULY 4TH)</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$104</p>	<p><input type="checkbox"/> Member \$60</p> <p><input type="checkbox"/> Non-Member \$75</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>WEEK 2</p> <p>JULY 10-JULY 14</p>	<p><input type="checkbox"/> Member \$100</p> <p><input type="checkbox"/> Non-Member \$130</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$100</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>WEEK 3</p> <p>JULY 17-JULY 21</p>	<p><input type="checkbox"/> Member \$100</p> <p><input type="checkbox"/> Non-Member \$130</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$100</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>WEEK 4</p> <p>JULY 24- JULY 28</p>	<p><input type="checkbox"/> Member \$100</p> <p><input type="checkbox"/> Non-Member \$130</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$100</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>WEEK 5</p> <p>JULY 31-AUGUST 4</p>	<p><input type="checkbox"/> Member \$100</p> <p><input type="checkbox"/> Non-Member \$130</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$100</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>WEEK 6</p> <p>AUGUST 7-AUGUST 11</p>	<p><input type="checkbox"/> Member \$100</p> <p><input type="checkbox"/> Non-Member \$130</p>	<p><input type="checkbox"/> Member \$75</p> <p><input type="checkbox"/> Non-Member \$100</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
IMPORTANT PAYMENT INFORMATION		
MUST HAVE A CARD ON FILE FOR AUTOMATIC PAYMENT WITHDRAWAL, PAYMENT WILL BE CHARGED THE FRIDAY BEFORE THE CALENDAR WEEK OF CAMP.		
NO ONE IS TURNED AWAY BASED ON INABILITY TO PAY. THE YMCA OFFERS FINANCIAL AID (AVAILABLE AT THE FRONT DESK AND ONLINE). ADDITIONALLY, WE ACCEPT DSS AS A FORM OF PAYMENT (PLEASE SEE DSS SUBSIDY PLAN FOR ADDITIONAL DETAILS).		

PROGRAM CHILD'S

NAME: _____

Guardian Agreement

- ✓ I must notify the YMCA Youth Development Director immediately of any changes on these forms.
- ✓ 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.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated to report suspected cases of child abuse/neglect to the appropriate agencies for investigation.
- ✓ My child will be expected to follow all program rules and regulations. Failure to abide by the rules and regulations may result in suspension and/or expulsion from the program.
- ✓ My child is expected to be able to toilet independently, no physical assistance will be provided with hygiene. No diapers.
- ✓ My child has my permission to participate in walking field trips with the YMCA and ride on vehicles as arranged by the YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to assist my child in applying parent supplied sunscreen and bug repellent as appropriate.
- ✓ My child has permission and is encouraged to swim at YMCA Summer Programs. 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 Swim Instructor.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ If your child has an IEP/504, we require you to contact us prior to camp to have a discussion in order to help your child transition into the camp environment smoothly and successfully! Additionally, please provide a copy of the IEP/504.
- ✓ I, the undersigned, hereby hold harmless, waive and release GLOW YMCA, their childcare workers, officers, representatives, agents, organizers, and successors from liability as a result of exposure and or contraction of COVID-19 and all other illnesses while the above child/children is/are in their care at camp. I understand that my child is incurring a greater risk by participating in childcare 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 Sign-in staff or Director if I have administered fever-reducing medication to my child within the last four hours.

Guardian Signature: _____	Today's Date: / /
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Payment/Subsidy Agreement

- ✓ I am responsible to make timely payment for my child(ren)'s camp.
- ✓ Camp deposits are non-refundable. Cancellation will result in the loss of deposit. Camp deposits will be used towards the payment of each week of camp.
- ✓ Full payments will be made in advance or drafted the Friday before each week of camp.
- ✓ I understand that by reading this I have been made aware of the YMCA Financial Aide opportunity and will complete the appropriate application prior to submitting my camp packet (must renew annually).
- ✓ Payment is due via automatic draft by the following:

WEEK 1 JULY 3 - JULY 7	DUE BY: JUNE 30	WEEK 4 JULY 24 - JULY 28	DUE BY: JULY 21
WEEK 2 JULY 10 - JULY 14	DUE BY: JULY 7	WEEK 5 JULY 31 - AUGUST 4	DUE BY: JULY 28
WEEK 3 JULY 17 - JULY 21	DUE BY: JULY 14	WEEK 6 AUGUST 7 - AUGUST 11	DUE BY: AUGUST 4

- ✓ I understand that if I receive assistance through a third-party such as the department of social services, it is my responsibility to file the appropriate paperwork to that agency and will inform the YMCA of my subsidy plan. A copy of the approval letter must be submitted as well.
- ✓ I understand that my subsidy plan may be based on the number of hours attended through care. If I do not meet the required number of hours in attendance, I as the legal guardian will be responsible to make the remainder of the payment owed.
- ✓ If my child has attended program and my subsidy care plan expires or is not approved, I will be responsible to pay the amount owed for the time that my child attended care.

Guardian Signature: _____	Today's Date: / /
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PROGRAM CHILD'S

NAME: _____

Electronic Funds Transfer Authorization

I authorize my financial institution to honor the non-refundable \$15 Wraparound care deposit and 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 the dates stated above. Funds will be withdrawn from my bank account or card on a continuing basis until all weeks of care are paid for. If I no longer need the care, I will have one week before the draft to notify the YMCA of changes.
- I understand and agree that if any payment does not clear my bank account or payment method, I will pay a \$35.00 late-service fee.

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
(OR) Banking Routing Number:		Banking Account Number:		
(OR) <input type="checkbox"/> Card already on file		(OR) <input type="checkbox"/> Will call to set up payment method		
(optional): please remove previous payment method(s) on file ending in the last 4 digits _ _ _ _ , _ _ _ _				