



**FIND YOUR AFTER  
SCHOOL SPOT.  
FIND YOUR Y.  
BEFORE & AFTER  
SCHOOL CARE 2024-25**

For a better us.®

**FIND YOUR Y AT**  
**» Orleans County  
YMCA**

**ENROLL TODAY**

Elizabeth Delfox  
(716) 318-5020  
[ldelfox@glowymca.org](mailto:ldelfox@glowymca.org)



Dear Parents/Guardians:

Welcome to the Orleans County YMCA before and After School Enrichment (BASE) Program! We are all excited for the opportunity to help your child learn and grow in our program. The Before and After School Enrichment (BASE) 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 provide 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 know that if they are looking to have a good time and relax with some fun friends and activities, BASE 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 BASE 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, the Office of Children and Family Services and the Child and Adult Care Food Program. 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,

Liz Delfox  
Child Care Coordinator  
(w) 585-798-2040  
ldelfox@glowymca.org

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



## Before and After School Enrichment Registration Checklist

Dear Parent/Guardian,

In order to assure your child is fully registered for the BASE 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 BASE 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)
- ☐ (Required) Complete the Electronic Funds Transfer Authorization Form
- ☐ Review and Complete the Participant Liability Waiver



# Parent Handbook

## BASE Program

### Statement of Purpose

The purpose of the GLOW YMCA Before and After School Enrichment (BASE) 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 BASE 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](http://www.ocfs.state.ny.us).

### Goals and Objectives

The GLOW YMCA BASE 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, teamwork 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 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 BASE 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 conscious 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 childcare experience, education, character, talents and interpersonal skills. All staff, under NYS OCFS standards, have been fingerprinted, completed a background check and are CPR & first aid certified. Child Abuse Prevention training, along with additional training, is mandated for all employees by the GLOW YMCA.

### Enrollment Criteria

The YMCA BASE 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 BASE 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 BASE, the primary 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 BASE 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 along with a health check. Every visitor who enters the BASE 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 Site Supervisor 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 due to weather closure.

We require payments to be set up through a checking account or credit card/bank card. Payments will be drafted on the 1<sup>st</sup> of the month. Auto-draft will need to be set up prior to child attending program. Any return payments that occur will be assessed an additional \$20 fee that will be parent's responsibility to pay.

***We also require a 30 day written notice if your child is not going to be attending the program for a long period of time or if you wish to make changes to the type of enrollment (e.g. full time to part time). You will be charged for the original arrangement if 30 days are not given.***

## 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 or on the website <https://glowymca.org/join/scholarship-assistance/>. 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 BASE programs for Lyndonville and Medina run 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 would like to do walking field trips with the kids. A permission slip will be handed out at least 1 week prior to the field trip.

### Inclement Weather Policy

Weather conditions may alter program delivery schedules. If school is closed or closes early due to weather, there will be no BASE program.

If schools cancel after-school activities, we WILL still run the program as long as it is safe to do so. In this event we appreciate early pick up.

### Attendance

We are responsible for all registered children each day once checked into our care. 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 BASE for a day, or a few days in a row, please inform the BASE Site Director as soon as possible to report the absence so that message can be relayed 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.**
- On days when school districts have early release days the YMCA program will still run from when kids are dismissed. On early release days please send lunch with your child as we are not able to provide one.

### Snack

The YMCA asks that you provide your child with their own snack. However, the YMCA will have a small selection of healthy snacks for any child that needs one each day. On occasions such as holidays or special events, an alternate (not as healthy) snack is provided. **OUR YMCA PROGRAMS ARE PEANUT/ TREE NUT FREE**, any snack that contains this will be sent home and your child will be offered one of our snacks. 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 BASE program is based upon your own judgment and at your own risk. Please be aware if any personal belongings are damaged or taken by other participants from your child during the program, it will not be the YMCA's responsibility to replace it. If the personal item causes any problems, arguments, safety issues or hinders the ability to follow the safety rules and procedures they will be asked to put it away. If the problem continues the item will be taken until pickup in which the parent will be given the personal item.



## Electronics

1. Electronics are to be placed on silent.
2. Students are not allowed to text, call, or play on electronics without staff permission.

## Clothing

Children at the YMCA BASE program are active, so be sure they are wearing clothes that are comfortable and appropriate. The YMCA BASE program is not responsible for lost or damaged clothing. 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 Before and After School Enrichment 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).

## Termination Policy

When the health, welfare, and safety of other children is at stake, the YMCA reserves the right to terminate childcare 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

## Late Pick-up Policy

On certain occasions when a parent must be late, the YMCA has established these firm policies: (the school needs to lock up and the YMCA BASE program needs to vacate the school property by 6:00pm):

- Parents must call the BASE 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 late (4:01 or 6:01pm is considered late depending on time slot you have signed up for), a fee of \$1 every minute (beginning at 4:01 or 6:01pm) will be charged. If this incident occurs, the staff on site will make sure the Site Director is aware. Please make the payment in the same manner as paying a bill.
- 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.



## Code of Conduct

Please discuss the following segment with your child

### Children's Responsibilities

Children are responsible for:

- ★ Being respectful, honest, and caring to others such as but not limited to program participants and staff.
- ★ Take responsibility and 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 BASE 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 Director of the BASE 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.
- Threatening staff or other participants in any way.
- Use of foul language or rudeness to staff, other participants, or others in building.
- Defacing the YMCA property, school facility, 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 person.
- 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. Time Out / Cool Down time
4. Talk through the problem
5. Discuss problematic situations with child’s parent and incorporate their suggestions into the child’s behavior management plan
6. Write a report and have it signed by the parent, for unsafe behavioral incidents
7. If behavior continues to be an issue, establish a behavior contract with parent and child
8. Three incident reports may constitute a suspension or expulsion from the program without refund.

If you have any questions or concerns about any of the information provided within this handbook, please contact the Director listed below.

I have listed our licensor at the Office of child and family services, Tanya Miles, Information for access if there is an issue you would like addressed regarding concerns on how the program functions.

	<b>Liz Delfox</b>	<b>Jesse Cudzilo</b>
<b>Title</b>	<b>Lyndonville &amp; Medina BASE Director</b>	<b>Orleans County YMCA Executive Director</b>
<b>Office Address</b>	<b>306 Pearl St Medina, NY 14103 Or Oak Orchard Elementary School &amp; Lyndonville Elementary School</b>	<b>306 Pearl St Medina, NY 14103</b>
<b>Phone Number</b>	<b>(585) 798-2040</b>	<b>(585) 798-2040</b>
<b>Email Address</b>	<b>ldelfox@glowymca.org</b>	<b>jcudzilo@glowymca.org</b>
<b><u>Tanya Miles</u></b> <b>Children &amp; Family Services specialist – Licensor</b> <b>Office: 716-847-3817</b> <b>Fax: 716-847-3688</b> <a href="mailto:Tanya.Miles@ocfs.ny.gov">Tanya.Miles@ocfs.ny.gov</a>		



## **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 fever which reaches 103 °F or higher orally, Forehead or aural (in the ear)**
- **A child with a temperature of 99.5 °F or higher orally, Forehead or aural (in the ear) which is accompanied by a behavior change, stiff neck, rash, unusual irritability, lethargic, 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 which 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 severe 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*, 4<sup>th</sup> 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 BASE policies.

My signature below indicates that I have read and understand all of the information in the Before and After School Enrichment 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"/> Hispanic/Latino | <input type="radio"/> Caucasian |
| <input type="radio"/> Asian | <input type="radio"/> American Indian | <input type="radio"/> Other     |

Parent/Guardian Signature: \_\_\_\_\_

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

★ Please return this page with your registration information ★

Lyndonville BASE: LA Webber JR/High school	<u>3 DAY Till</u> <u>6PM</u>	<u>5 DAY</u> <u>Till</u> <u>4PM</u>	<u>5 DAY</u> <u>Till</u> <u>6PM</u>
Lyndonville Base: PM Only	M T W T H F		
Medina BASE: Oak Orchard Elementary	<u>3 DAY Till</u> <u>6PM</u>	<u>5 DAY</u> <u>Till</u> <u>4PM</u>	<u>5 DAY</u> <u>Till</u> <u>6PM</u>
Medina BASE: PM Only	M T W T H F		



**Child Must be 5 years old before they can start the program.**

**GLOW YMCA**  
**Before and After School Enrichment (BASE)**  
**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:	
Primary Parent/Guardian Name:		Street Address:		City, State:	Zip:
<input type="checkbox"/> Emergency Contact	Home Number:	Birth Date:		Place of Work:	
<input type="checkbox"/> Pick-up Authorization	Cell Number:	Email Address:		Work Phone:	
Secondary Parent/Guardian Name:		Street Address: (If different than above)		City, State:	Zip:
Do you authorize this person to make changes or add authorized pick up people? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Emergency Contact	Home Number:	Email Address:		Place of Work:	
<input type="checkbox"/> Pick-up Authorization	Cell Number:			Work Phone:	
Name of Individual Responsible for payment:					

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



**GETTING TO KNOW YOUR CHILD** \*Important to fill out, so we can give your child the best care possible. – Any other information to help your child transition, and enjoy the program is helpful!\*

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 <input type="checkbox"/> PG-13	My child is a YMCA Member:  <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> Diabetes <input type="checkbox"/> Special Diet <input type="checkbox"/> Hearing <input type="checkbox"/> Autism <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"/> Emotional/Psychological (Please Explain): <hr/> <hr/>				
<input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Special Diet Requirements: _____ <input type="checkbox"/> Other: _____				
DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN? Y OR N  DOES YOUR CHILD ROUTINELY CARRY AN INHALER? Y OR N  <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 6:15PM; as stated in the Parent Handbook.
- ✓ YMCA staff and volunteers are not allowed to baby-sit, work for, or transport you or 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.
- ✓ The YMCA reserves the right to delay and/or cancel a program based upon enrollment/ staffing.
- ✓ 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 BASE 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 repellant to my child if needed.
- ✓ The YMCA has permission to take and use photographs and videos of my child. These photos and videos may be used 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 BASE 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>



# GLOW YMCA

## BEFORE AND AFTER SCHOOL ENRICHMENT (BASE)

### Behavior Agreement

#### Participant:

1. I will obey the rules of the YMCA Before and After School Enrichment (BASE) 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 Before and After School Enrichment (BASE) 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 early, with the possibility of suspension or expulsion from the YMCA Before and After School Enrichment (BASE) program.
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.

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**Participant Signature**

---

**Date**

#### Parent/Guardian:

1. I have discussed the above guidelines with my child. My child and I fully understand and agree to the listed above guidelines. I understand that I will be called to pick-up my child, without reimbursement, if they do not follow the agreement.

---

**Parent/Guardian Signature**

---

**Date**



## Orleans County YMCA

### Before and After School Enrichment (BASE) Program

#### 2024 – 2025 PRICING GUIDE

These prices are based upon a MONTHLY rate



**\*ALL PROGRAMS REQUIRE 6 STUDENTS MINIMUM TO RUN\***

Medina Primary/Intermediate Schools & Lyndonville Primary/Intermediate Schools

#### **After-School Enrichment Prices (School Dismissal – 6)**

PM Only available	Member Rate	Non Member Rate
Full Time (5 Days until 6pm)	\$295 /month	\$355 /month
Full Time (5 Days until 4pm)	\$235 /month	\$280 /month
3 days (until 6pm)	\$200 /month	\$250 /month

#### NOTES:

- Prices are based on total number days of school, divided into 10 monthly payments to make it simple and consistent;
- The YMCA **does not pro-rate** or discount for holidays, snow days or vacation days, as they are already pre-calculated into the fee schedule;
- The YMCA also provides a 10% additional child(ren) discount for families with multiple children;
- The YMCA reserves the right to delay and/or cancel a program based upon enrollment/ staffing reasoning.
- Child Care Assistance Program: <https://ocfs.ny.gov/programs/childcare/assets/docs/ccap/CCAP-Apply.pdf>
- YMCA Scholarships (up to 50% off) are also available for qualifying families;**
- Scholarship Assistance applications are available at all YMCA's or on the website <https://qlowymca.org/join/scholarship-assistance/>

**\*Scholarships and Discounts cannot be combined, we will apply the better of the two\***

- The following chart lists gross income according to household size. If you're total household income is the same or less than the amounts on the Income Chart below, you may be eligible for financial assistance.

# of People in Household	Gross Annual Income
1	\$21,000
2	\$28,000
3	\$36,000
4	\$43,000
5	\$50,000
6	\$58,000



### ***BASE Electronic Funds Transfer Authorization Form***

The YMCA is pleased to offer Electronic Funds Transfer for Before and After School Enrichment. To enroll in the YMCA electronic funds transfer program, please complete the following information and return it with your registration materials (pricing guide on next page).

Participant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

BASE School: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Monthly Draft Payment: \_\_\_\_\_

First Draft Date: \_\_\_\_\_

Base Schedule: \_\_\_\_\_

Final Draft Date: \_\_\_\_\_

#### **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 1<sup>st</sup> day of each month based on the bank draft schedule above. Funds will be withdrawn from my bank account or credit card 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, **15 days prior** to the draw date, of any changes or any intent to cancel program participation.

**Changes or cancellations cannot be made by telephone.**

I understand and agree that if any payment does not clear my account, I will pay a \$30.00 service fee. If I do not reimburse the GLOW YMCA in full within 8 days, 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.**

Credit Card Holder \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_



Orleans County YMCA  
Before and After School Enrichment (BASE) Program



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RECIPROCAL RELEASE OF INFORMATION

I \_\_\_\_\_ residing at \_\_\_\_\_,  
(Parent/Guardian Name) (Address)

Authorize Medina Central School District to disclose information to the Orleans County YMCA executive director

And / or the Before and After school program Director regarding \_\_\_\_\_  
(Name of student)

Nature of information: (Please check each box acknowledging its permission to be shared with the stated above)

- ☐ Educational Information
- ☐ Psychological Information
- ☐ All Pertinent Information
- ☐ Behavioral Information and Plans in place

I understand that my records are protected under federal and specific state Confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. the provision of the treatment upon consent to disclosure to third party payers) and that in any even this consent expires automatically as described below.

Date and/or specific event to which this consent expires: Until further notice

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/ Guardian Signature: \_\_\_\_\_