

Participant(s) Name: \_\_\_\_\_  
FIRST LAST



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

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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

Staff Initials: \_\_\_\_\_



## 2026/2027 Before & After School Enrichment registration packet For students ages \*5-12 years old

\*4-year-old waiver at YMCA, LeRoy & Pembroke Sites

Dear Families,

Thank you for choosing the YMCA as your trusted childcare provider! To assure your child is fully registered for YMCA Before & After School Enrichment (BASE), please be sure to complete the enclosed paperwork. **Once completed in full, please return your packet to the YMCA (211 E. Main St. Batavia, NY 14020) or email it to [jcisco@glowymca.org](mailto:jcisco@glowymca.org).** Packets should NOT be returned to the school, doing so could delay your child's registration. Please do not hesitate to call with any questions or concerns you may have.

- Jay Cisco  
Executive Director of Child Care

### Home BASE Location Attending:

- YMCA Site     John Kennedy     Elba     Pembroke     LeRoy



Link to handbook, important information and updates can be found by downloading the QR code or visiting: <https://glowymca.org/programs/base/>

### Handbook Signature

My signature below indicates that I have read and understand **all** of the information in Before & After School Enrichment 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.

Guardian Signature: \_\_\_\_\_

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

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## GLOW YMCA Before & After School Enrichment Behavior Agreement

**Participant:**

1. I will obey the rules of YMCA Before & After School Enrichment.
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 YMCA Before & After School Enrichment. This includes the staff and other children attending the program. I will also respect their property and the building in which the program is.
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

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Participant Signature

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

**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.

\_\_\_\_\_  
Guardian Signature

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

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**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 the 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 6:00 PM; as stated in the Handbook.
- ✓ YMCA staff and volunteers are not allowed to babysit 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 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 repellent to my child if needed.
- ✓ If applicable, my child has permission to swim at YMCA BASE 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 BASE 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 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 communicable infection/illness while the above child(ren) is/are in their care at the BASE site. 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 BASE 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:**

Guardian Signature:	Date:
Guardian Name Printed:	Date:

Participant(s) Name: \_\_\_\_\_  
FIRST LAST

**Pricing is based on the 180-Day school district calendar and then divided equally among 10 payments September through June. School holidays and vacations are already factored out of the price model.**

<b>*FINANCIAL AID IS AVAILABLE, SCAN HERE!*</b> 		<b>Monthly Rate Plans</b> Select the rate plan for your site below *Price is per child, multi-child discount offered											
		Part-Time AM (1-3 Days)		Full-Time AM (4-5 Days)		Part-Time PM (1-3 Days)		Full-Time PM (4-5 Days)		Part-Time AM & PM (1-3 Days)		Full-Time AM & PM (4-5 Days)	
Site	Price	YMCA Member	Non-Member	YMCA Member	Non-Member	YMCA Member	Non-Member	YMCA Member	Non-Member	YMCA Member	Non-Member	YMCA Member	Non-Member
		\$138	\$166	\$236	\$269	\$184	\$209	\$305	\$348	\$276	\$322	\$537	\$615
	YMCA												
	John Kennedy												
	Elba												
	Pembroke												
	LeRoy												

\*Half-Day registration will be done on-site, with your Site Coordinator, one month in advance.

Site Coordinators will let you know when registration is open for your site. Please note: Space/Availability may be limited.

**Electronic Funds Transfer Authorization**

I authorize my financial institution to honor the non-refundable \$50 BASE deposit and pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fees above:

I understand that:

- My account will be debited on the 1st day of each month. Funds will be withdrawn from my bank account or card on a continuing basis and will cease on the date that my child is no longer registered for childcare or if my contract with BASE terminates. I further agree to complete the digital BASE Change Request Form, 15 days prior to the change 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 late-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	
(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 ____ _ , ____ _					

Participant(s) Name: \_\_\_\_\_  
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## Before & After School Enrichment Program Participant Information Form

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**CHILD AND FAMILY INFORMATION – Must provide at least 1 main contact and 2 additional alternative contacts**

Child's Name:	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Additional Child's Name:	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Additional Child's Name:	Date of Birth: / /	Age:	Grade in Fall:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
				Teacher's Name:
Street Address:	City, State, Zip:		School:	
Guardian 1 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 2 Name / Relationship to Child:	Street Address: (if different than above)		City, State:	Zip:
Primary Number: ( )	Secondary Number (if applicable): ( )	Place of Work: _____ ( )		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:	Primary Phone: ( )	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Primary Phone: ( )	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Primary Phone: ( )	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?

Participant(s) Name: \_\_\_\_\_  
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**BEFORE & AFTER SCHOOL ENRICHMENT CHOICE**  
 (Anticipated pickup/drop off times in boxes)  
 Earliest 6:30AM, Latest 6:00PM

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**PLEASE SELECT YOUR CHILD'S SITE BELOW**

- YMCA Site     John Kennedy     Elba     Pembroke     LeRoy

Monday	Tuesday	Wednesday	Thursday	Friday
*Anticipated AM drop-off (if applicable)	*Anticipated AM drop-off (if applicable)	*Anticipated AM drop-off (if applicable)	*Anticipated AM drop-off (if applicable)	*Anticipated AM drop-off (if applicable)
Anticipated PM pick-up (If applicable)	Anticipated PM pick-up (If applicable)	Anticipated PM pick-up (If applicable)	Anticipated PM pick-up (If applicable)	Anticipated PM pick-up (If applicable)

GETTING TO KNOW YOUR CHILD(REN) – **Please complete in full for each child**

<b>Child(ren)'s Name:</b>			
<b>Special Talents:</b>			
<b>Hobbies/Interest</b>			
<b>Clubs/Activities</b>			
<b>Ways to help your child handle transitions:</b>			
<b>How does your child express anger/frustration:</b>			
<b>What Techniques do you use in your child gets upset:</b>			
<b>My child is authorized to watch:</b>	<input type="checkbox"/> G <input type="checkbox"/> PG	<input type="checkbox"/> G <input type="checkbox"/> PG	<input type="checkbox"/> G <input type="checkbox"/> PG
<b>My child receives specialty services through the school such as an IEP:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, please include information attached)	<input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, please include information attached)	<input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, please include information attached)

Participant(s) Name: \_\_\_\_\_  
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### 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 ★

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

Asthma    Convulsions    Emotional/Psychological    Diabetes    Special Diet    Hearing    Epi Pen  
 Vision    Illness    Learning Disabilities    Injury    ADD/ADHD    Surgeries    Inhaler  
 Allergies: \_\_\_\_\_    Special Diet Requirements: \_\_\_\_\_  
 Prescribed medication? If yes, medication name & dosage: \_\_\_\_\_

**\*\*If your child has special health care needs notated above, you must complete the OCFS 7006 & 6029 Form - located on our website: <https://glowymca.org/programs/base/>\*\***

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

Asthma    Convulsions    Emotional/Psychological    Diabetes    Special Diet    Hearing    Epi Pen  
 Vision    Illness    Learning Disabilities    Injury    ADD/ADHD    Surgeries    Inhaler  
 Allergies: \_\_\_\_\_    Special Diet Requirements: \_\_\_\_\_  
 Prescribed medication? If yes, medication name & dosage: \_\_\_\_\_

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

Asthma    Convulsions    Emotional/Psychological    Diabetes    Special Diet    Hearing    Epi Pen  
 Vision    Illness    Learning Disabilities    Injury    ADD/ADHD    Surgeries    Inhaler  
 Allergies: \_\_\_\_\_    Special Diet Requirements: \_\_\_\_\_  
 Prescribed medication? If yes, medication name & dosage: \_\_\_\_\_

**\*\*If your child has special health care needs notated above, you must complete the OCFS 7006 & 6029 Form - located on our website: <https://glowymca.org/programs/base/>\*\***

<input type="checkbox"/> My child(ren) 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: (   )	Address, City, State, Zip of Insurance Company:		Phone: (   )
Specialist's Name:	Phone: (   )	Dentist's Name:	Phone: (   )	Extra Notes: