



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CARE IN YOUR COMMUNITY

## YMCA CHILD CARE & LEARNING CENTER 2017-2018 SCHOOL YEAR DEWITT COMMUNITY CHURCH

The YMCA Child Care & Learning Center is a comprehensive academic and social based child care program for your children. During the preschool day we offer academic enrichment through our unique blend of Highscope and Common Core Curriculum. Our Preschool standards promote Kindergarten readiness. Our before and after school programs provide daily activities including homework time, crafts, gym games, group activities, outdoor play, community service projects & nutritious snacks. In addition we provide fun programs on Half Days, scheduled days off, & Snow Days allowing you to work year round without worrying about care for your children.

**Program Hours  
& Location:**

Monday– Friday  
Preschool: 9:00am–3:00pm  
Before & After Care/ SACC  
7:00–9:00am/ 3:00–6:00pm

**Contact:**

Visit our website at [www.YCNY.org](http://www.YCNY.org) or  
Call 637-2025 x238 for more information

**Registration:**

- Return completed registrations to the East Area Family YMCA
- \$50 deposit due at registration per child (non refundable/non transferable)
- 2nd Child Discounts available
- Registrations must be received by **August 25th** to begin the first day of school. All registrations received after this are subject to a 3-5 business day processing period.
- We suggest all **transportation forms** are submitted as soon as possible to ensure transportations to and from JD Schools.
- We accept Department of Social Services (DSS) assistance.
- No one shall be denied access to YMCA programs or services due to the inability to pay our stated fees. If you are denied financial assistance by DSS, YMCA Scholarship applications are available at our office. The application process is confidential &



**REGISTRATION IS ONGOING UNTIL PROGRAMS ARE FULL**

**DEWITT COMMUNITY CHURCH ♦ 3600 Erie Blvd E. Syracuse NY 13214**



# YMCA CHILD CARE & LEARNING CENTER 2017-2018

Dewitt Community Church • 3600 Erie Blvd E. • Syracuse, NY • 13214

Staff \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
\$50 Deposit Paid \_\_\_\_\_  
Received on \_\_\_\_\_  
Payment Type:  Cash  Check  
 Credit Card

**Return all forms to: East Area Family YMCA, 200 Towne Dr., Fayetteville, NY 13066.** A \$50 non-refundable, non-transferable deposit is due at the time of registration. First month's fees are due August 20th. Registrations must be received by August 25th to begin program on the first day of school. Our goal is to meet the needs of our YMCA program participants to the best of our ability. Enrollment is not guaranteed until all paperwork is complete & returned to the School Age Office. There is a minimum 3-5 business day processing period before your child may begin.

### 2017-2018 ENROLLMENT INFORMATION:

School My Child Attends:  Jamesville Elem  Tecumseh Elem  Moses-Dewitt Elem  JD MS

Start Date:  First Day of School OR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Planned Weekly Attendance: **Before/ After Care**  AM Only  PM Only  AM & PM

**3's Preschool**  M-F  MWF  TTH

**4's Preschool**  M-F  MWF  TTH

### PARTICIPANT PROFILE:

Child's Full Name \_\_\_\_\_  Male  Female D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Ph. \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Email Contact \_\_\_\_\_ @ \_\_\_\_\_ Is this a preferred form of communication?  Yes  No

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Email Contact \_\_\_\_\_ @ \_\_\_\_\_ Is this a preferred form of communication?  Yes  No

Employer \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell \_\_\_\_\_

### The following people are Emergency Contact/authorized to pick up my child (other than parents)

In an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following to be contacted and act on my behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

\*Any **addition** of authorized pick up personnel must be in writing on the authorization form to the Lead Teacher. One time pick ups may be authorized over the phone.

\*Any **removal** of authorized pick up personnel must be submitted to the Program Director

**The following are not authorized to pick up my child?**  N/A Name: \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Court Orders must be provided to the Child Care Office to legally prevent a parent from having access to and/or picking up a child\**

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

**MEDICAL INFORMATION: NYS Licensing regulations require the full name, address, & ph # for the doctor.**  
The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Program Director at (315) 637-2025 ext 238 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the Senior Program Director at (315) 637-2025 ext 207 to further discuss the matter.

Physician Name \_\_\_\_\_ Association \_\_\_\_\_ Ph \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital (We will request the EMTs take your child here whenever possible.) \_\_\_\_\_

Medication child is presently taking \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_ am/pm

**Medication required at Program \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_ am/pm**

**\* If medication is required during program hours, you must complete a NYS mandated Written Medication Consent form \***

Please list any allergies **(Medication must be provided for all life threatening allergies.)**  N/A \_\_\_\_\_

\_\_\_\_\_

If exposed to this known allergen, what action should be taken? \_\_\_\_\_

Does your child have any special academic, emotional, or behavioral needs? Please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical limitations? Please explain \_\_\_\_\_

\_\_\_\_\_

Is your child capable of independent toileting?  Yes  No

Is your child able to successfully participate in a program with the following ratios:

Grades K-6: 1:10; Preschool 3-yr olds: 1:7; Preschool 4-yr olds: 1:8  Yes  No

Does your child require access to any special equipment?  Yes  No Equipment \_\_\_\_\_

Does your child receive Special Education or Health Care Services at school? \_\_\_\_\_

**\* Please attach a copy of your child's IEP at the time of registration. Failure to include may delay enrollment \***

**AGREEMENTS please initial next to each:**

\_\_\_\_ I consent to the enrollment of the child listed above and give permission for my child to participate in all activities planned & conducted by the YMCA. I have received a copy of the YMCA Dewitt Child Care & Learning Center Parent Handbook containing the policies regarding the administration of medication, fees, and the services provided by the facility and the Office of Children & Family Services regulations under which it operates. I understand and accept all of the program terms of enrollment/payment as stated in the handbook. I will also discuss these policies with my child.

\_\_\_\_ The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health & well-being of my child.

\_\_\_\_ I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as may be necessary to assist the facility in properly caring for my child. All information received by the YMCA will be treated as confidential.

\_\_\_\_ I give consent for the YMCA Administration Team to release personal healthcare information to YMCA Child Care staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child. Including over the counter creams, sunscreen & bug spray.

\_\_\_\_ I give consent for photographs and video footage of the above named child to be used to promote the YMCA School Age Child Care programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape including the promotion of the YMCA Child Care programs on the

YMCA Lobby PowerPoint  YMCA Website  YMCA Facebook Page  YMCA Instagram (Optional)

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**YMCA School Age Child Care**  
**2017-2018 Payment Agreement**  
 Jamesville-Dewitt CSD

**Payments are only accepted at the East Area Family YMCA, 200 Towne Dr. Fayetteville, NY 13066**

The \$50 deposit fees must be enclosed with the registration, monthly payment due on August 20th.

- Registrations must be received by August 25th to begin program on the first day of school.
- Monthly payments must be received by the 20<sup>th</sup> of the prior month. All late payments will incur a \$20 late fee.
- We must receive your written withdrawal from the program by the 1st of the month to withdraw from the program for the upcoming month of child care. Should you fail to send written notification of withdrawal, you will be held responsible for payment even if your child has not been attending.

Please make checks payable to: YMCA

**BILLING INFORMATION:**  PM Only

As a licensed child care provider, the YMCA of Greater Syracuse accepts financial assistance provided by the Department of Social Services. If you do not qualify for financial support through DSS, you may apply for a YMCA Scholarship (A DSS Letter of Denial must be provided). Application deadline is August 1st for all participants beginning program in September. All others allow 2 weeks for processing.

*\* These two forms of assistance may not be used in conjunction with one another. \**

Are you applying for financial support in the form of DSS? (Include a \$50 deposit per family)  Yes  No

Are you applying for financial support in the form of a YMCA Scholarship because DSS declined?  Yes  No  
 (Please attach the completed Scholarship application & requested documents. Include a \$50 deposit per child.)

**PAYMENT OPTIONS (Choose one):**

- Please send a monthly bill.
- Please charge the card listed for a one time credit card deposit.

OR

GO GREEN! Paperless Payment Plan:

I hereby authorize the YMCA of Greater Syracuse, Inc. to charge the account listed below for my monthly SACC payments. It is my understanding that my monthly debits will be deducted on or around the 20<sup>th</sup> of each month and will continue until I withdraw from the program. If my credit card company declines payment, I understand that I must make payment to the YMCA of the monthly fee plus an additional \$20.00 administration fee.

In addition, I hereby authorize the YMCA of Greater Syracuse, Inc. to charge the account listed below for all Single Days Off, Vacation Camp Days, Late Pick-up & Late Registration Fees. If I do not want this account used, I will include a separate payment with the registration.

**Children's Names** \_\_\_\_\_

**Program**  AM/PM  AM Only  PM Only  
 3's Preschool:  M-F  MWF  TTH  
 4's Preschool:  M-F  MWF  TTH  Deposit

**Amount to be charged** \$ \_\_\_\_\_

**Type of Card**  MasterCard  Visa  Discover  American Express **Expiration Date** \_\_\_\_/\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name (as it appears on card):** \_\_\_\_\_

**Signature of Authorized Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email my receipt to** \_\_\_\_\_ @ \_\_\_\_\_