



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CARE IN YOUR COMMUNITY

YMCA CHILD CARE & LEARNING 2019-2020 SCHOOL YEAR DEWITT COMMUNITY CHURCH EAST AREA FAMILY YMCA

The YMCA Child Care & Learning 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, Common Core Curriculum and Handwriting without Tears. 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:

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

EAST Y: MWF (4s) or TH (3s)
Full Day Preschool: 9:00am–3:00pm
Half Day Preschool: 9:00am–11:30am

Contact:

Visit our website at www.YCNY.org or
Call 637-2025 x231 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 24th** to begin the first day of school. All registrations received after this are subject to a 3-5 business day processing period.
- **All registrations received prior to August 1st will have the \$20 registration fee waived for the 2019-2020 school year *NEW***
- 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 & requires proof of financial need & DSS Denial. Application deadline is August 15th



REGISTRATION IS ONGOING UNTIL PROGRAMS ARE FULL

DEWITT COMMUNITY CHURCH ♦ 3600 Erie Blvd E. Syracuse NY 13214
HAL WELSH EAST AREA FAMILY YMCA ♦ 200 Towne Dr Fayetteville NY



YMCA CHILD CARE & LEARNING CENTER 2019-2020

Dewitt Community Church ♦ 3600 Erie Blvd E. ♦ Syracuse, NY ♦ 13214
East Area Family YMCA ♦ 200 Towne Center ♦ Fayetteville, NY ♦ 13066

Staff _____ Date _____ Time _____
\$50 Deposit Paid _____
Received on _____ \$20 Reg Fee
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 23rd to begin program on the first day of school with completed medical statement. 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.

2019-2020 ENROLLMENT INFORMATION:

School My Child Attends: East YMCA Dewitt (YMCA Learning Center)
Start Date: First Day of School OR _____ / _____ / _____
Planned Weekly Attendance: **Before/ After Care (Dewitt Only)** AM Only PM Only AM & PM
3's Preschool M-F (Dewitt) MWF (Dewitt) TTH (Dewitt or East)
4's Preschool M-F (Dewitt) MWF (Dewitt or East) TTH (Dewitt)
Full Day or Half Day Dewitt Full Day Only East Half Day Only

PARTICIPANT PROFILE:

Child's Full Name _____ Male Female D.O.B. _____ Age _____
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 Senior Program Director at (315) 637-2025 ext 231 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 Associate Executive 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: 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 Preschool 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.

____ I understand a 30 day written notice shall be provided to the program bookkeeper or program director in order for my child to be withdrawn from program and payments.

____ 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 provided by parents.

____ I give permission for my child to rest/sleep on a cot during resting periods during program.

____ 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 social media, brochures, posters, flyers, showing a video tape including the promotion of the YMCA Child Care programs on the _____ (Optional)

Parent/Guardian Name _____ Signature _____ Date _____



YMCA School Age Child Care

2019-2019 Payment Agreement

East Area Family YMCA * Dewitt Community Church

Payments are only accepted at the East Area Family YMCA, 200 Towne Dr. Fayetteville, NY 13066 OR YMCA Drop box at Dewitt Community Church

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

- Registrations must be received by August 23rd to begin program on the first day of school.
- Monthly payments must be received by the 20th 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

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 20th 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 East Area Family YMCA: MWF 4s T TH 3s
 Dewitt CC: M-F MWF TTH AM Care PM Care AM & PM Care

Amount to be charged \$ _____ Deposit

Type of Card MasterCard Visa Discover American Express Expiration Date ____/____

Account Number: _____

Name (as it appears on card): _____ Billing Zip Code: _____ CVV#: _____

Signature of Authorized Person _____ Date _____

Email my receipt to _____ @ _____

**** NOTE:** Please email Briody at BScheid@syracuseymca.org before you activate a new credit card **