



the Y Care

FOR KIDS FOR PARENTS FOR TEACHERS FOR WELL-BEING FOR SAFETY
FOR ABUSE PREVENTION FOR HELP WITH LEARNING FOR YOUR FAMILY FOR FUN
Y CARE... BECAUSE WE DO.

THREE CONVENIENT LOCATIONS

ROME FAMILY YMCA
301 W. Bloomfield Street
Rome, NY 13440
(315) 336-3500

ONEIDA FAMILY YMCA
701 Seneca Street
Oneida, NY 13421
(315) 363-7788

**NEW HARTFORD YMCA
YCARE SITE**
630 French Road
New Hartford, NY 13413
(315) 797-4787



www.ymcatrivalley.org



YMCA MOBILE APP



To comply with state licensing laws, all sections of this form must be completed before we can accept any child for care.
***** PLEASE PRINT *** PLEASE PRINT *** PLEASE PRINT *****

REGISTRATION DETAILS

Home Branch: Oneida Rome New Hartford

PARTICIPANT INFORMATION:

Child's Name: _____ Sex: [M] [F] [Preferred Pronoun: _____]
 Age: _____ Date of Birth: ____/____/____ Child's School: _____
 Grade Attending: _____

****ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN TO BE ELIGIBLE TO ATTEND****

PARENT/GUARDIAN INFORMATION:

(Person listed as **Primary Guardian** will be the sole person authorized to request changes to information and/or cancel care.)
 E-MAIL IS THE PRIMARY METHOD OF COMMUNICATION -PLEASE PROVIDE YOUR UP TO DATE E-MAIL

Primary Guardian [Mother] [Father] [Other: _____] **Parent DOB:** ____/____/____
 Name: _____ **Email:** _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ (ext) _____ Cell Phone: _____

Secondary Guardian [Mother] [Father] [Other: _____] **Parent DOB:** ____/____/____
 Name: _____ **Email:** _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ (ext) _____ Cell Phone: _____

When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration.

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included.
 Photo ID will be required for pick-up.

1.) Name: _____ Work/Cell Phone: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 2.) Name: _____ Work/Cell Phone: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 3.) Name: _____ Work/Cell Phone: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____

Please note- we are not operating on the following dates:

November 24th—26th

December 24th and December 31st

Parents will need to find alternative child care for the listed dates.

FOR OFFICE USE ONLY:

Date Received: _____ Entered By: _____ Red Flag Y N DSS FEE
 F/A Award Amount _____ Billing Arrangements: _____ Weekly EFT _____ DSS Fee _____



SCHEDULE OF CARE

Child's Name: _____

Child's School: _____

Grade: _____

	BEFORE SCHOOL PROGRAM 7-9	AFTER SCHOOL PROGRAM 3-6	BEFORE & AFTER SCHOOL PROGRAM ONLY
PER WEEK	\$64	\$90	\$138
ADDITIONAL CHILD RATE	\$53	\$68	\$96

YMCA membership is required for participation with the exception of participant fees that are paid through county and grant subsidies.

Please place a checkmark in the boxes below for the type of care you need. All care options are Monday-Friday only, regardless of attendance.

	BEFORE SCHOOL ONLY	AFTER SCHOOL ONLY	BEFORE & AFTER SCHOOL ONLY
Please check your child's schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Once payment is made for the week of care, you will not be able to make changes throughout the week, we will be staffing based on the selections parents have made. Changes can only take place with written notice, one week prior to care being provided.

*The YMCA will accept Department of Social Services Funding for participants who are enrolled in the Before & After School Program.

*Before & After School Programs are Licensed by NYS Office of Children and Family Services.

*Minimum of 4 children enrolled in each program to operate.



In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Greater Tri-Valley Program staff to administer and authorize emergency medical treatment:

Insurance Carrier: _____ Policy Holder's Name: _____ Policy #: _____

Physician: _____ Phone Number: _____ Address: _____

Hospital: _____ Phone Number: _____ Address: _____

(To comply with state licensing laws, a preferred physician and hospital must be listed)

Parental Consent –Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”)

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child is in the care of this physician or hospital.
Yes	No	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA of the Greater Tri-Valley to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor it's workers can be held responsible in the event of accident or accidental death.
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed: Please Check: ___ Sunscreen ___ Bug Spray I further understand that it is my responsibility to provide these items daily.
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activities.

HEALTH HISTORY – PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING: YES/NO/DESCRIPTION

Hay Fever _____	Poison Ivy _____	Bleeding / Clotting _____
Asthma _____	Food Sensitivity _____	Hypertension _____
Insect Bite Reactions _____	Heart Disease / Defect _____	Mononucleosis _____
Physician-Diagnosed Allergies: _____	Convulsions _____	Fainting _____
_____	Diabetes _____	Menstruation (female) _____
_____	Epilepsy _____	Other _____

Current Medications: _____

Will your child need to take medications during program? ___ Y ___ N

___ Yes, I understand that if my child needs medication during the School Age Child Care program, I will be required to provide additional medication consent forms completed by both myself and my child's physician.

****Participants with a history of medical conditions may be required to have additional medical action plans completed by their physician before attending to ensure proper medical care during YCare Before & After School Programs****

**All medications (including over-the-counter medications, epi-pens and inhalers) administered during program must be authorized by the child's physician prior to being administered. If you have indicated your child requires medication during the School Age Child Care program, the Program Director will provide you with the required forms and a copy of the YMCA's Medication Administration Policy.

*****ALL MEDICATIONS ARE TO BE STORED BY MEDICAL STAFF (INCLUDING EMERGENCY INHALERS AND EPI-PENS). PARTICIPANTS ARE NOT ABLE TO CARRY OR ADMINSTER THEIR OWN MEDICATIONS FOR ANY REASON*****

Waiver, release, Indemnification and Hold Harmless Agreement: I acknowledge and understand that participating in the YMCA of the Greater Tri-Valley activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damage, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in YMCA of the Greater Tri-Valley activities, other use or occupancy of the YMCA of the Greater Tri-Valley facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of the Greater Tri-Valley's own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND PARTICIPATION AGREEMENT.

LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

___ YES, I UNDERSTAND HOW TO OBTAIN A WRITTEN COPY OF THE YMCA PARENT HANDBOOK BY EMAIL, IN PERSON, OR BY VISITING THE YMCA WEBSITE (www.ymcatrivalley.org). NOTE: Failure to sign this parent agreement does not nullify this agreement.

Parent/Guardian Signature

Date



Self help skills: () Dresses independently () Needs partial assistance () Needs total assistance
Toileting: () Uses toilet independently () Needs toileting assistance () Wears diapers/ pull- ups

**** Please note under NYS OCFS regulations staff is prohibited from diapering children****

Can the child be included in 1:10 ratio?	YES	SOMETIMES	NO
Does the child require 1:1 care?	YES	SOMETIMES	NO
Has the child ever required physical restraints?	YES	SOMETIMES	NO
Has the child become aggressive towards others?	YES	SOMETIMES	NO
Does the child run away from groups?	YES	SOMETIMES	NO
Does the child play with toys appropriately?	YES	SOMETIMES	NO
Does the child attempt to hide?	YES	SOMETIMES	NO
Does the child need assistance participating in activities?	YES	SOMETIMES	NO

**THE MORE INFORMATION YOU SHARE, THE MORE WE CAN HELP PROVIDE
 APPROPRIATE ACCOMMODATIONS FOR YOUR CHILD!!**

Is your child excited / cautious about attending the program? _____

What is your child's personality? _____

Does your child have any fears/phobias? _____

What is one goal you have for your child ? _____

What can we do to ensure your child has a fun experience? _____

Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming, etc.) _____

Are there situations in which the child is more likely to engage in the above behavior? _____

What is the response to these behaviors at school or home? _____

Child's motivating rewards or rein-forcers : _____

Additional information you feel may be helpful to YMCA staff: _____

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA locations unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID and who are over the age of 18 can be authorized to pick up my child.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that the YMCA staff are not responsible for any issues that occur on the bus prior to the release of the children to the YMCA staff or after the YMCA staff has released care to the transportation company. The issues must be brought to the transportation company's attention.
- I understand that my child may be removed from the YMCA program for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that compromises the YMCA's core values or endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the Parent Handbook.
- I authorize for my child to participate in the following activities while enrolled in YMCA Programs:
 - Swimming / Water Activities - Travel on YMCA arranged transportation - Participate in photos or videos for the YMCA publications
 - View a G or PG rated film - Participate in activities (including field trips and outdoor hiking excursions)

YMCA CHILD BEHAVIOR CONTRACT: Good behavior is important to everyone in daily life. Certain behaviors are expected from children involved in the YMCA Programs, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then the Behavior Contract will be issued. A sample contract is available in the program office. Failure to correct behavior may result in suspension or dismissal. *Not all of these steps of the Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program."

X _____
 Signature of Parent/Guardian

 Date



Child's Name: _____

Sponsor's Name: _____

REGISTRATION AND PAYMENT INFORMATION

Your YCare fee is payable by Electronic Funds Transfer (EFT) weekly. Payments are drafted the Monday prior to care being provided, payments are always one week ahead of care. This is an automatic draft through checking/ savings account or credit/debit card account. (The YMCA does not accept American Express.)

- Returned EFT payments or non-sufficient funds returns will be imposed a \$35.00 fee.
- Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
- Children will not be allowed to attend child care unless payment for the week has been received in full.
- **Cancellation of weekly EFT requires a minimum of a 30 day notice in advance from your payment due date by the Primary Guardian by written notice to the Regional Child Care Director.**

FOR COUNTY DSS PARTICIPANTS

- 1) If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.
- 2) If the YMCA *is* your current approved child care center, you may move on to registering your child for the program.
- 3) Once the YMCA receives a written approval letter for the County, you are able to submit your child's registration form to the YMCA of the Greater Tri-Valley either online or through email to our Regional Child Care Director.
- 4) All Parent Fees are due by EFT Draft and are subject to late fees if not paid by designated deadlines.

YMCA CREDIT/REFUND/CANCELLATION POLICY

The YMCA of the Greater Tri-Valley does not issue credits or refunds except under the following conditions:

1. A program is cancelled by the YMCA.
 2. A payment error is made by the YMCA.
- The YMCA does not give credits for illnesses, holidays, or family vacations taken during school days.
The YMCA does not transfer payments from one week or day to a different day.

Cancellations

Once payment is made for the week of care, you will not be able to make changes throughout the week, we will be staffing based on the selections parents have made. Changes can only take place with written notice, one week prior to care being provided. Written notice must be sent to the Regional Child Care Director.

CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the YCare Program, please fill out the bottom section. We accept Visa, Discover, and Mastercard. (Please note that the YMCA no longer accepts American Express)

Debit/Credit Card Number or Checking/Savings Account Number _____ Checking/Savings Routing Number _____ Expiration Date _____
 Name Printed _____ Type of Card _____

I authorize the YMCA of the Greater Tri-Valley to charge my account above on each Monday prior to my child's attendance at YCare in the amount of \$ _____ each week.

I understand that any returned payments or insufficient funds drafts will result in a \$35 fee.

Signature of Account Holder _____ Date _____

***ANY CHANGES TO YOUR DRAFT ACCOUNT MUST BE MADE AT LEAST ONE WEEK PRIOR TO YOUR DRAFT BY COMPLETING A NEW CHARGE PERMISSION FORM. THESE FORMS ARE OBTAINABLE FROM YOUR CHILD'S REGIONAL CHILD CARE DIRECTOR.**

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.		
X _____ Signature of Sponsor	_____ Date	_____ % Responsible For
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X _____ Signature of Sponsor	_____ Date	_____ % Responsible For



THE YMCA OF THE GREATER TRI-VALLEY PHOTO RELEASE FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the YMCA OF THE GREATER TRI-VALLEY and will not be returned.

I hereby irrevocably authorize the YMCA OF THE GREATER TRI-VALLEY to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the YMCA OF THE GREATER TRI-VALLEY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:

Print Child's Name: _____

Parent's Signature: _____ Date: ___ / ___ / ___