



**FIND YOUR
BEFORE & AFTER
SCHOOL SPOT.
FIND YOUR Y.**

YMCA OF THE GREATER TRI-VALLEY

**» SERVING THE ROME,
ONEIDA, VVS,
WATERVILLE,
STOCKBRIDGE &
WHITESBORO
REGIONS**

WWW.YMCATRIVALLEY.ORG



Select Your Child's Schedule

We offer flexible scheduling options to meet your unique family needs and budget!

WE OFFER FINANCIAL ASSISTANCE TO QUALIFYING FAMILIES!

The YMCA also accepts child care subsidies from Oneida & Madison Counties!



NEW ENROLLMENT: _____

SCHEDULE CHANGE: _____

Rates:

Before School

1st Child: \$88/week
2nd Child: \$76/week

After School

1st Child: \$113/week
2nd Child: \$90/week

Before & After School

1st Child: \$159/week
2nd Child: \$117/week
Single Day: \$35/day *up to two days per week

Drop-In No-School Days (Vacation Days, Snow Days and Single Holidays)

Full-Time Attendees: FREE- INCLUDED IN WEEKLY RATES
Part-Time & Non-Participants: \$60/day

**Vacation Days Now Included!
No Pre-Registration Required!**

- All full-time enrollment now includes Vacation Fun Club enrollment at no additional cost or registration requirements.
- Part-time spots (1 or 2 days/week) are limited and are on a first-come, first-serve basis. Part-time enrollment does not include Vacation Fun Club.
- 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 writing notice, two weeks prior to care being provided.
- The YMCA will accept Department of Social Services Funding for participants who are enrolled in the YCare program.
- Minimum of 5 children enrolled in each program to operate.

Please place a check to select your child's schedule:

	FULL TIME	1 DAY PER WEEK	2 DAYS PER WEEK
BEFORE SCHOOL			
AFTER SCHOOL			
BEFORE & AFTER			
DROP-IN ONLY		N/A	N/A

CHILD'S NAME: _____

SCHOOL SITE: _____

DAY(S) ATTENDING (PART-TIME):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE

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 ___ Whitesboro/NYMills
Schedule: ___ AM Only ___ PM Only ___ AM and PM ___ Drop In Days Only
 PreK only at Willard Prior Elementary

PARTICIPANT INFORMATION:

Child's Name: _____ Sex: [M] [F] [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 _____

Secondary Guardian [Mother] [Father] [Other: _____] Parent DOB: ____/____/____

Name: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ (ext) _____ Cell _____

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: _____ Phone: _____ Relationship _____
 Address: _____ City _____ Zip: _____
 2.) Name: _____ Phone: _____ Relationship _____
 Address: _____ City: _____ Zip: _____
 3.) Name: _____ Phone: _____ Relationship _____
 Address: _____ City: _____ Zip: _____

Please note: We are not holding child care on the following days: Labor Day, Thanksgiving, Black Friday, Christmas Eve, Christmas Day, New Years Eve, New Years Day, Martin Luther King Jr. Day, July 4th, or Memorial Day. Program fees are not adjusted for these days.

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

FOR OFFICE USE ONLY:

Date Received: _____ Entered By: _____ Red Flag ___ Y ___ N ___ F/A ___ DSS ___ FEE
 6029 ___ IHP ___ PE ___ Immunizations ___ Scanned ___



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE AUTHORIZATION FOR EMERGENCY MEDICAL CARE/ HEALTH CARE RECORD

Child Name: _____

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: _____ Policy# _____
 Physician: _____ Phone: _____ Address: _____
 Hospital: _____ Phone: _____ Address _____

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 hospi-
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 its workers can be held responsible in the
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed:
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activi- ties.

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

Asthma _____ Mononucleosis _____ Physician Diagnosed Allergies: _____
 Food Sensitivity _____ Hypertension _____
 Diabetes _____ Fainting _____ (will need a OCFS 6029 filled out by health care provider)
 Epilepsy _____ Menstruation (female) _____
 Convulsions _____ Hay Fever _____ Other: _____
 Heart Disease/Defect _____ Insect bite reactions _____
 Bleeding/clotting _____

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 School Age Child Care.****

**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 Participants medications must be stored by the YCare staff (including emergency medications). Participants are not allowed to carry 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.

X _____
Signature of Parent/Guardian

Date



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE

GETTING TO KNOW YOUR CHILD

Self help skills: () Dresses independently () Needs partial assistance () Needs total assistance

Toileting: () Uses toilet independently () Needs toileting assistance () Wears diapers/ pull- ups

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
Does your child have an education modification	Yes		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 : _____

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.

Parent/Guardian Signature

Date



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

Child's Name: _____

REGISTRATION AND PAYMENT INFORMATION

1. Your School Age Child Care fee is payable in two options (Payments are no longer accepted weekly at the Front Desk):
 1. In full at the time of registration.
 2. By Electronic Funds Transfer (EFT) weekly beginning with the initial draft on August 26th. This is an automatic draft through checking/ savings account or credit/debit card account.
2. For families applying for Financial Assistance towards their costs, all applications are due by the 15th of the prior month to qualify.
 - \$10 processing fee is require for all Financial Assistance application.
 - Returned EFT payments or non-sufficient funds returns will be imposed a \$25.00 fee.
 - Any payments not received in full by the YMCA are subject to being submitted to collections.
 - Children will not be allowed to attend child care unless payment for the week has been received in full.

FOR COUNTY Child Care Subsidy Program PARTICIPANTS

- 1) Complete a registration form for each child you are registering.
- 2) If the YMCA *is* your current approved child care center, submit your registration form to the YMCA Front Desk.
- 3) If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved. & submit your child's registration to the YMCA. (note on the form you are applying for the CCAP program)
- 4) Once the YMCA receives a written authorization letter from the County your tuition will be changed so you are only charged the assigned family share. Until this time you are responsible for all tuition charges. Reimbursement of over payments will consist of first paying any family share for the enrollment period.
- 5) All Parent Fees are due by the payment and registration deadlines and are subject to late fees if not paid by designated deadlines. Late fees may be paid at the member service desk at the Rome or Oneida YMCA branches.

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.

Cancellations

After your initial enrollment, NO REFUNDS will be given. All cancellations to your child's enrollment MUST be received from the Primary Guardian, to the Program Director in writing a minimum of 30 days in advance from your payment due date, no exceptions will be given to the cancellation guidelines. NO CHANGES can be made once the payment due date and registration date have passed. You will be responsible for the full amount of SACC fees regardless of whether or not your child attends program.

CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the Before and/or After School 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

Name Printed

Expiration Date

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 the before and after school program in the amount of \$ _____ each week.

I understand that any returned payments or insufficient funds drafts or late payments will result in a \$25 fee.

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

Date



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE PHOTO RELEASE AUTHORIZATION FOR CHILDREN

Child's Name: _____

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:

Parent/Guardian Signature _____ Date _____

If you do **not** approve the above release please check here _____ initial & date _____

THE YMCA OF THE GREATER TRI-VALLEY Additional Permissions FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to:

_____ Speak with my child's teacher or school officials to assist with homework assistance

_____ Speak with my child's teacher or school officials about health concerns

_____ Speak with my child's teacher or school officials about behavior concerns or to ensure continuation of education modifications plans

_____ Speak with my child's health care provider in regards to written medication forms or allergy and anaphylaxis forms

_____ Go on walking field trips around the YMCA program area (I.e: walk around the block). Any off grounds trips to specific destinations will require additional permission slip to be signed.

I understand and agree with the above statements and have indicated my agreement to those statements I feel are necessary to assist my child. I understand that I can revoke permissions with a written statement at any time.

I also understand that the YMCA of the Greater Tri-Valley staff will hold all information obtained confidential and only those persons in the need to know will be notified of any relevant information.

I also understand that if I leave a line blank that I am agreeing with the above statement.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD

_____.

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

I agree to supply the YMCA of the Greater Tri-Valley with an up to date copy of any behavior or education modification plans (ie: 504 plan, IEP, etc) if my child has one.

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



**YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE
Additional PreK Information**

Child's Name: _____

YMCA of the Greater Tri-Valley PreK Information

Our PreK program is run in conjunction with our school age child care program at multiple sites. With the addition of PreK children additional notifications and questions are necessary to ensure the safety of the children and program.

1. All PreK children are required to have on file a copy of their most recent physical and immunizations. _____
2. Children's immunizations must be up to date and if not then a note from their health care provider must be provided that outlines their catch up schedule. If children are unable to be immunized due to an allergy to the vaccine a 6029 Individual Allergy and Anaphylaxis plan must be provided. _____
3. The YMCA School Age Staff will not change your child if they are soiled but will guide them in changing themselves with verbal directions, untangling clothing, guiding the removal and dressing of children physically by holding clothing by the sides only. Your child is required to do any wiping themselves. _____
4. During program times that the PreK child will be present the YCare staff shall make available to the children a rest period of at least 20 minutes in our program area. We will play soft music, read books and do other quiet activities during this time. Children are able to bring a blanket or mat to use as needed/desired. If children during regular before and after school hours express the need to rest a rest area will be set up in a protected area in full view of the staff. _____

I have read and understand the above statements. I understand if I have any questions I may contact the YMCA Coordinator or Regional YCare Director for additional information.

Signature

date



YMCA OF THE GREATER TRI-VALLEY - Stocking Opioid Antagonists Parent Information

Child's Name: _____

YMCA of the Greater Tri-Valley

New York State and the nation are currently experiencing a high number of fatal overdoses due to fentanyl and other opioids. You can help prevent overdose deaths and save lives in our community, the YMCA has committed to learning how to use medication designed to reverse overdoses, per the recommendations of the NYS Office of Children and Family Services.

These medications are known as opioid antagonists. Naloxone nasal spray (also known by the brand name Narcan) can reverse an overdose from a drug such as heroin, fentanyl, and other opioids. Naloxone nasal spray is easy to administer and safe to use on any person .

Our program does stock this medication in the event of an emergency. In addition, our staff have received comprehensive training to recognize the symptoms of an overdose and how to respond accordingly. We also follow NYS OCFS regulations as follows:

- ensure at least one designated staff has successfully completed virtual or in-person training that covers steps for responding to an opioid overdose and other crucial information.
- maintain onsite verification that designated employees have completed the training and make verification available to OCFS or its representatives.
- maintain onsite an approved Appendix K waiver (OCFS Required Documentation Form).
- maintain policies and procedures that follow the child care regulations regarding stocking, storage, maintenance, labeling, and disposal of medication; and
- immediately notify parents (if applicable) and OCFS upon administering medication.

I have been provided with the YMCA of the Greater Tri-Valley's Opioid Antagonist Policy:

Signature

date



YMCA OF THE GREATER TRI-VALLEY - YCare SCHOOL AGE CHILD CARE ACKNOWLEDGEMENT NON-PATIENT SPECIFIC EPINEPHRINE POLICY

Child's Name: _____

THE YMCA OF THE GREATER TRI-VALLEY ACKNOWLEDGEMENT

The YMCA of the Greater Tri-Valley is participating in the non-patient specific emergency epinephrine program for children without a documented allergy. See parent handbook for details.

If in the event your child develops signs and symptoms of anaphylaxis (sever allergic reaction-difficulty breathing, not breathing, swelling of face, lips, throat, hives)

We will administer non-patient specific epinephrine to your child, have them rest comfortably as we call 911 and care for them until EMS arrives, you will be notified and if not available we will use your child's emergency contacts, in extreme cases if your child stops breathing CPR will be performed

***I have read, or been read, and understand the above statement. I know where to find or how to obtain a printed copy of the YMCA of the Greater Tri-Valley Parent Handbook for further details. I will also provide my child's weight to the YMCA to ensure the correct epinephrine dosage is administered. If I am unable to provide my child's weight I agree to allow my child to be weighed by the YMCA staff.**

Parent Signature: _____ Date: _____

Child's weight in pounds: _____

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 Signature: _____ Date: _____

The YMCA of the Greater Tri-Valley uses ClassDoJo (downloadable mobile app) and email as the primary forms of communication for scheduling changes, announcements and other need to know information. If you are not already on the YMCA ClassDoJo you will be emailed an invitation to join our classroom. This is a free service and is for communication purposes only. Families are able to connect via ClassDoJO with each other and YCare Camp staff. As with all electronic messaging proper etiquette is necessary. All communications should be polite, use appropriate language, be bully free and age appropriate. See ClassDoJo app for use specifics. The app also has activities/games that children are able to use. If you have concerns please contact staff directly via phone or email.

I understand and acknowledge the use of ClassDoJo for communication with camp staff. I further acknowledge that I will use it for its intended purpose only. I also acknowledge that my access to the classroom/camp can be removed if I do not follow the ClassDoJo guidelines set forth by ClassDoJo or the YMCA,

Parent signature _____ Date _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of
Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

