

**eliminating racism
empowering women**
ywca

YWCA of Cortland

14 Clayton Avenue
Cortland, NY 13045

- Aid to Victims of Violence
 - | 24 Hour Crisis Hotline
 - | Crime Victims Assistance
 - | Domestic Violence Shelter
 - | Educational Programming
 - | Support and Advocacy Services
- Breast Cancer Support Group
- Bridges for Kids
- Childcare
 - | Drop-In Child Care Center
 - | Here We Grow Child Care Center
 - | Learning Adventure Childcare Center
 - | Nursery and Day School
 - | School Age Care
 - | Summer Care and Recreation
- Health and Fitness
 - | Aerobics
 - | Aquatics
 - | Recreation
 - | Weight Training

Dear Families:

Here is the Smith Elementary YWCA School Age Care and Recreation Program enrollment packet with basic information for your reference.

The Before School Program will be located in the school cafeteria until 8:00am when the school breakfast program begins. In order for the Before and After School Program to open there must be a minimum of five children enrolled and attending.

The children attending the After School Program should report to the cafeteria as soon as they are released from their class. Attendance will be taken and any children not accounted for will be located by calling the school office or by calling the child's parents. **Please call the YWCA at 607-753-9651 or the site at 607-423-2060 and leave a message if your child will be absent from the YWCA School Age Care and Recreation Program. The authorized person that is picking up your child must sign the child out each day on the attendance clipboard. Smith school asks that people who are picking up the children use the Main Entrance to the school to drop off and pick up their children.**

Please send a note to your child's teacher on the first day of the program or when starting the program stating that your child is to attend the YWCA's School Age Program.

The coupons must be included whether you pay at the YWCA or mail your payments. **No payments will be taken at the site!!** Your child's enrollment is guaranteed only when all required forms are completed and registration, membership and first week fees are paid. If you have any questions, please call the YWCA at 607-753-9651.

Sincerely,

Brandon Morey
YWCA School Age Supervisor

Enrollment Paperwork Checklist

1. Enrollment Form: _____
2. Emergency Authorization: _____
3. Pick-up Authorization & Video/Photo Release: _____
4. Signed Parent Handbook Agreement: _____
5. Signed Parent Contract: _____
6. Daycare Subsidy Agreement: _____
7. Transportation Agreement Form (if applicable): _____
8. Medical Report Form: _____
9. Medication Consent Form (if applicable): _____
10. CACFP Form: _____
11. Updated School Physical and Immunization Record: _____

Phone: (607) 753-9651
Fax: (607) 753-8774
E-mail: info@cortlandywca.org
Website: www.cortlandywca.org



2009-2010 YWCA SCHOOL AGE CARE AND RECREATION ENROLLMENT FORM

Please mark School Age enrollment site: **YWCA**

Off-site _____ AM PM HOLIDAY
 Site Name (see schedule below)

Child's Name _____	Age _____	Date of Birth _____	Gender: M or F
Address _____		School _____	Grade _____

MOTHER _____ Phone# Home _____ Work _____
 (Guardian) Last First
 Address _____ Place of Employment _____
 E-Mail Address _____

FATHER _____ Phone# Home _____ Work _____
 (Guardian) Last First
 Address _____ Place of Employment _____
 E-Mail Address: _____

Emergency Contact Person, other than parent (REQUIRED, do not leave blank)

Name _____ Phone# Home _____ Work _____
 Last First

Name of Physician _____ Phone _____

<u>SPECIAL HEALTH NEEDS</u>	
Medications _____	
Allergies _____	
Dietary _____	
Hearing _____	
Sight _____	
Special Needs _____	

PARENTS MUST SUBMIT A COPY OF A SCHOOL PHYSICAL INCLUDING COMPLETE RECORD OF IMMUNIZATION OR A COPY OF NY STATE CERTIFICATE OF IMMUNIZATION AND ATTACHED MEDICAL FORM COMPLETED BY A PHYSICIAN.

CHILD'S SCHEDULE	
<u>AM</u> <u>PM</u>	
_____	Full Time M-F
_____	Part Time M/W/F _____
_____	Part Time T/Th _____
_____	Per Diem (limited slots)
_____	*Holidays Only YWCA ___ RANDALL ___
_____	**Full Week Only
*Holiday Only slots must be reserved one day (or **Full Week) at a time. Slots are 1 st come, 1 st serve for "Early Dismissals", "Superintendent's Days", and "Full Weeks" due to enrollment limitations.	

SIGNATURE _____

DATE _____

Two week written notice is required for changes in schedule.

OFFICE USE ONLY	
START DATE: _____	
Registration Fee Paid _____	
Advance Payment Rec'd _____	
Receipt # _____	
Date _____	
Initials _____	
Membership Expir. Date _____	
Fee Sheet _____	

All forms must be completed and accompanied by \$5.00 per child Registration Fee, Current Membership, and First Weekly Payment.
 Renew this form yearly

Authorization for Emergency Treatment of Minors

Name of minor	Age	Birthdate
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Address

Allergies	Medications	Last Tetanus Shot
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_____	_____	_____
_____	_____	_____

Medical history, if pertinent:

I/We being the parent(s) or legal gaurdian(s) of the above named minor, do herby appoint:

YWCA School Age &/or the Summer Care & Recreation Staff	753-9651
Name	Phone

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the aboved named minor during the period of my/our absence. I understand that my child will be transported by emergency transportation if the situation deems necessary.

September 2009 Effective until Cancelled by parent

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

 Signature of Parent / Gaurdian

 Signature of Parent / Gaurdian

 Address

 Address

 State Zip Phone

 State Zip Phone

Hospitalization Insurance

Identification or Contract Number

Family Physicians or choice of specialists

Phone Number

YWCA SCHOOL
AGE CARE AND RECREATION PARENT HANDBOOK AGREEMENT

NAME OF CHILD(REN)

DATE OF ENROLLMENT

I acknowledge by my signature below that

* I _____,
have read the rules and policies of the Parent Handbook, understand them, and agree to comply with them.

* I understand that failure to comply with these rules and policies may result in the termination of services to my child(ren).

* It is my further understanding that the YWCA reserves the right to change the policies contained in this handbook at anytime, with 30 days notice to parents.

* By signing this agreement for enrollment, I have also completed the enrollment forms and made necessary payments to secure my child's enrollment in the YWCA School Age Program.

Parent's Signature

Date

YWCA SCHOOL AGE CARE & RECREATION

Agreement for families with Payments Covered by an Outside Agency Subsidies and/or Grant Money

I _____ agree to the following:
(Parent/Guardian)

1. I will make certain that all required paperwork is turned in to the agency making School Age payments and receive verbal confirmation that all paperwork has been received by that agency. I will inform the agency that the YWCA School Age Program requires a written confirmation letter.
2. I understand that the YWCA requires a current membership, paid yearly.
(Membership is not covered by most DSS Dept.)
3. I understand that there is a \$5.00 registration fee per child for each YWCA program. (Registration is not covered by most DSS Dept.)
4. I understand that I must give a **two week written notice**, if I decided to discontinue using the School Age program. If notice is not given, payment is expected for that two-week period. Emergency situations such as loss, or a long term illness requires a written request for waiver of the two-week fee.
5. I will give two-week written notice to the school age supervisor in order to change my child's schedule.
6. If using Department of Social Services subsidy money, I understand that my child will only be allowed twelve paid absent days per three month period. **DSS requires the parent to pay the YWCA for absent days over twelve.**
7. I will pay any parent fees assigned to me by DSS on a weekly basis Payments are due Friday a week before care. I understand that there is a \$5.00 per week late payment fee. I will inform the school age supervisor if I will be paying my parent fee to my other day care provider, who has been approved through DSS.
8. If the outside agency discontinues payment, I understand that if I continue sending my child to the program, I am responsible for the weekly payments.
9. I will inform the agency and the YWCA of job or other changes that affect the availability of agency funding.
10. I understand I must also sign and comply with the school age parent agreement and handbook.

Parent Signature: _____

Date: _____

School Age Supervisor: _____

Date: _____

YWCA SCHOOL AGE CARE AND RECREATION FEE POLICY/OFF-SITE PROGRAMS

- * Payments are based on a schedule pre-arranged at enrollment.
- * A two week written notice submitted to the YWCA School Age Supervisor is required for changes in schedule.
- * Payments are due by Friday, one week in advance.
- * Make payments at the YWCA or mail to “YWCA, School Age Payment, 14 Clayton Avenue, Cortland, NY, 13045”. Make checks payable to the “YWCA”. No payments accepted at the off-site programs. Please use the payment booklet issued to you.
- * Current YWCA membership and a \$5.00 per child registration fee is required.

You must also be aware of the following:

1. **FULL TIME** - (4 or 5 days per week) based on the school calendar. Full days on snow days or holidays and early dismissal days are included in a weekly fee with the exception of full weeks. See #3 below.
2. **PART TIME - M/W/F or T/Th or am only** based on the school calendar. Up to 10 full and/or half day are included in this fee. Snow days fees are an additional per diem cost. Extra days beyond these 10 days would be at the “per diem” rate. See #3 below for full weeks.
3. **Christmas and Winter and/or Spring vacation weeks will be separate payments. Parents must sign-up and pay for the vacation weeks on a first come basis. There is no charge for vacation weeks if you do not use the program.**
4. A late fee of \$5 per each 15 minutes will be charged if child is picked up later than 6:00pm, beginning at 6:01pm.
5. An overdue payment fee of \$5.00 per week will be charged if payment is not received or postmarked by Friday of the previous week. Late payments may not exceed two weeks or child’s enrollment can be terminated until fees are up to date. Parents should contact the School Age supervisor if payments become a burden.
6. Program fees are listed below. A “one hour per day” rate is available and requires a separate contract.
7. If the minimum quota of children is not enrolled by August 17, the YWCA may discontinue offering a program at the off-site program for the current school year.
8. The YWCA reserves the right to change fees, with a 30-day notice to parents.
9. If the YWCA After-School Site is open and you would like your child bussed from their school to the YWCA of Cortland then a Transportation Request form can be given to you.

SCHOOL AGE PROGRAM FEES OFF-SITE PROGRAMS (revised 7/2009)

	<u>Before Only</u>		<u>After Only</u>			<u>Before/After School</u>		
	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
M-F	\$27	\$48	\$53	\$95	\$126	\$70	\$129	\$177
M/W/F	\$22	\$40	\$42	\$73	\$93	\$60	\$99	\$132
T/TH	\$17	\$32	\$26	\$47	\$62	\$39	\$72	\$95
Per Diem	\$6	\$9	\$15	\$25	\$35	\$20	\$35	\$45
Full Day				\$30	\$55	\$75		

M-F rates include all single full-days off from school and snow days.

Part time rates include up to 10 single full-days off from school, but snow days are at an additional cost.

“One Hour per day” rate available on request.

YWCA of Cortland School Age Positive Behavior Agreement

The YWCA of Cortland School Age Program makes every effort to develop respectful, self-motivated and caring children who in turn try to role model for their peers these same positive behaviors and values. This behavior agreement is a guideline to help ensure that we are all working towards the same goal.

Please read and discuss this with your child before you both sign it.

1. I agree to use kind touches towards all my peers.
2. I agree to find an adult to help me solve my problems, if I can't do it on my own.
3. I agree to use kind words towards others, even if I don't understand their differences.
4. I agree to help keep my environment clean, neat and safe with the help of the adults in my room.
5. I agree to listen to all adults when asked to correct my behavior and I agree to do it.
6. I agree that if it isn't mine, I will give it to an adult to find the rightful owner.

In keeping with our policy of zero tolerance for physical violence I agree that if I can't follow these goals and values, I may be suspended or dismissed from the program. If I intentionally hurt one of my peers, I understand that I will be suspended from the School Age Program for a day. Additional acts of violence may result in dismissal from the program.

Child Signature: _____ Date: _____

Parent Signature: _____ Date: _____