

**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

Phone: (607) 753-9651  
Fax: (607) 753-8774  
E-mail: [info@cortlandywca.org](mailto:info@cortlandywca.org)  
Website: [www.cortlandywca.org](http://www.cortlandywca.org)



Dear Families:

Here is the YWCA School Age Care and Recreation program enrollment packet. The children will be offered a variety of activities suited to their different ages and interests. In order for the YWCA site to be open then we must receive a minimum of 5 children enrolled in the program.

Gym time will be offered every week and free swim will be every Friday, 4:30pm to 5:30 pm. Children can take advantage of swim, dance, gymnastics and other classes. If the class takes place between 4:00pm and 6:00pm, School Age Staff will escort them to and from the lesson. Reagen Troutman will be offering art classes at a special rate for children enrolled in the School Age program. Please watch for information concerning upcoming clubs and classes.

Payment coupons are required whether you pay in person or your payment is mailed.

Please remember to send a note to your child's teacher on the first day of school or when starting the YWCA program regarding their busing arrangement. **The Cortland City School Application for Transportation must be filled out and sent directly to the Cortland City School District office if transported to the YWCA on Clayton Ave. from the child's school.**

YWCA Staff will meet the children at the Barry School transfer point and take attendance. Please leave a message with the front desk if your child is not attending the program.

Your child's enrollment is guaranteed only when all required forms are completed and registration, membership and first week fees have been paid. If you have any questions you may contact 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: \_\_\_\_\_

**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: \_\_\_\_\_  
 (Father)

**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.**

<b>CHILD'S SCHEDULE</b>	
<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 <sup>st</sup> come, 1 <sup>st</sup> 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.

<b>OFFICE USE ONLY</b>	
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
---------------	-----	-----------

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 transport 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

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL AGE CARE AND RECREATION  
AUTHORIZATION TO PICK-UP CHILDREN**

It is the policy of the YWCA School Age Care and Recreation Program to only release children to people listed on this form.

Please notify School Age staff when someone other than the parent or guardian will be picking up your child. Identification is required before a child can be released.

No child will be allowed to leave the program unattended.

The following people are authorized to pick up my child:

**INCLUDE FULL NAME OF EACH PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD**

Copies of legal custody agreements or orders of protection must be On file at the YWCA, in order for the YWCA to deny access to a child by either of her/his parents.

<u>Name</u>	<u>Address/Phone</u>	<u>Relationship to Child</u>
_____	_____	<u>Parent/guardian</u>
_____	_____	<u>Parent/guardian</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of person authorizing pick-up

\_\_\_\_\_  
Date

\*\*\*\*\*

**CONSENT FOR PHOTOGRAPHY/INTERVIEW/VIDEOGRAPHY**

I HEREBY GIVE CONSENT FOR MY CHILD/(REN)\_\_\_\_\_

**TO BE PHOTOGRAPHED, VIDEOTAPED/INTERVIEWED BY YWCA STAFF, PHOTOGRAPHERS, REPORTERS AND TECHNICIANS FOR SPECIAL EVENTS. PHOTOS OR VIDEOS MAY BE USED FOR BULLETIN BOARDS, NEWSPAPER OR BROCHURE PUBLICATION OR BROADCASTING. I RELIEVE AND HEREBY AGREE TO HOLD THE YWCA FREE AND HARMLESS FROM ANY AND ALL LIABILITY ARISING OUT OF THE INTERVIEWING OR PHOTOGRAPHING AND SUBSEQUENT PUBLICATION OR BROADCASTING.**

PARENT (or guardian) \_\_\_\_\_  
Name Date

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_  
Effective until cancelled by parent. Unless changes are needed for accuracy.

YWCA SCHOOL  
AGE CARE AND RECREATION PARENT HANDBOOK AGREEMENT

NAME OF CHILD(REN)

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DATE OF ENROLLMENT

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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 PARENT CONTRACT**

I/We, \_\_\_\_\_, the parent(s) of \_\_\_\_\_,  
**Parent's name** **Child's name**

have read and agree to the following policies set forth by the YWCA's School Age Program:

- (1) My/Our child will be signed-in and/or out each day. (See site hours.) My/Our child must be picked up by 6:00pm. A \$5.00 fee will be charged for each 15 minutes late pick-up, beginning at 6:01pm. Child protective and local police will be called after one hour unless parent contacts the YWCA. **Children may not leave the program unattended; see authorization to pick-up children included in this packet.**
- (2) Copies of legal custody agreements or orders of protection must be on file at the YWCA, in order for the YWCA to deny access to a child by either of her/his parents.
- (3) My/Our child will have a physical examination within 90 days prior to her/his admission (first time admittance) or a copy of school physical will be provided showing medical exam and immunizations.
- (4) **YWCA Membership is required** and must be kept up-to-date. A \$5.00 registration fee and first weekly payment is due at enrollment.
- (5) Fees are determined according to schedule set at enrollment. A **two week written notice** given to the School Age Supervisor is required for a permanent change in schedule. (See enclosed fee policy.)
- (6) All fees must be paid to the YWCA by Friday **one week in advance**. Off-site payments may be mailed to the YWCA and must be postmarked no later than Friday. **All payments must include the weekly payment coupon. A \$5.00 overdue payment fee will be charged for each week that payment is not received or postmarked by Friday of the previous week.**
- (7) **No payments will be accepted at the YWCA OFF-SITE programs.**
- (8) **A two week written notice prior to terminating enrollment shall be given or mailed to the YWCA's School Age Supervisor. If a two week written notice is not given, payment will be required for that two week period.**
- (9) The YWCA's School Age staff reserves the right to terminate the enrollment of any child based on the **best interest of the child and/or the YWCA's School Age Care and Recreation Program.**
- (10) The YWCA's School Age staff reserves the right to terminate the enrollment of any child **if the payment schedule has not been met.** The YWCA reserves the right to change fees with a 30 day notice to parents.
- (11) The YWCA's School Age Program staff reserves the right to terminate the enrollment of any child if any information has been withheld or falsified.
- (12) If enrollment for a program site does not meet necessary quotas by August 17, the program may be discontinued for this school year.
- (13) An additional agreement is required for parents using "one hour per day" rates.

\_\_\_\_\_  
**School Age Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**PARENT COPY**

Effective unless cancelled by parent or changes are required for accuracy.



# 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: \_\_\_\_\_