



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BUILDING BRIGHTER FUTURES

Southwestern School Age Child Care @ the Lakewood Y

Before School	After School	Full Day
6:30am-8:30am	3:05pm-6:00pm	6:30am-6:00pm
\$100 Monthly	\$120 Monthly	\$420 Monthly

*We do offer a 2nd child discount

*We do accept DSS child care subsidies.

Please contact your case worker prior to registration.

****All payments are due on the first of each month, or the first day of your child's initial start date.***

- Safe & clean environment adhering to all CDC and state recommendations for the operation of child care & youth programs.
- Full or part day child care provided for families.
- Transportation provided from the district for before & after school only. (contact the school for additional instructions)
- A healthy breakfast & snack will be provided by the Y. Lunch will be provided by the district.
- Small group homework support & tutoring.
- Age appropriate enrichment programs such as, STEM, arts, physical fitness, social & emotional support & much more!
- Tennis & gymnastic instruction available for an additional discounted fee. (information is available at the Welcome Center)



For more information contact
Denise Hearn, Lakewood Youth & Family Director
(716)664-2802 ext. 255
or dhearn@jamestownymca.org
Please return all registrations to the Lakewood Y:
183 E. Fairmount Ave. Lakewood, NY 14750



Child Care Enrollment Form 2020/2021

Child's Name _____ M ___ F ___ Age _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Other phone _____ Email Address* _____
 Mother _____ Day Time Phone _____ Other Phone _____
 Father _____ Day Time Phone _____ Other Phone _____
 With whom does the child live with? _____
 Please list any other siblings that will be attending this program _____

In the event we cannot reach a parent/guardian:

Emergency Contact: _____ Relationship _____
 Address _____ Phone _____ Other _____

Authorization For Release:

I hereby authorize the YMCA to release my child, _____, to the following individuals over the age of 14 years of age. I understand that picture ID is required by any individual other than myself upon arrival to pick up my child from program.

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone
4.	_____	_____	_____
		Address	Phone Name

Are there any legal agreements regarding the custody of this child? **YES NO**
 If you answered yes, please provide documentation.

Conditions of Acceptance of Registration & parental consent:

I understand that the child care fee must be paid in full by the first Monday of each month or the first official day of your child's start date, or the space will be cancelled. All child care fees paid are non-refundable, non-transferable regardless of child's attendance. Please make checks payable to the YMCA. A \$15.00 bank fee will be charged for NSF checks and must be paid within 3 days of notification. Children are expected to follow program rules and regulations for the health, safety, and rights of all participants. Program staff will exercise a reasonable amount of discipline to enforce these rules. Parents will be notified to take home any child who infringes on the rights of others, without refund. Each program day is subject to a minimum and maximum enrollment. The YMCA reserves the right to alter or cancel programs based on enrollment if necessary. In the event that a program day is altered or cancelled, parents will be notified prior to the event. I understand my child must have a complete, updated health form on file prior to his/her attendance in any YMCA program.

___ YES (please check) I understand that if our home or child is experiencing symptoms related to the coronavirus that my child will not be able to attend program until clear of the sickness in order to better ensure the health of all participants.

X _____ Date _____
 Parent / Guardian Signature

Due to COVID-19 & the CDC guidelines ALL parents, staff, and children will be required to follow all safety protocols that will be implemented and reviewed with all parents prior to their children attending. Parents will not be permitted to enter the building for pick up or drop off until further guidelines are released. Children will be screened each day upon arrival ie; temperature check & screening questions. Masks are required to be worn at all times by the staff but they are not required to be worn by the children while at the YMCA. Please notify the program director if you would like your child to wear a mask while at the YMCA.

***This form must be completely filled out and signed before child can attend program.**
 Please provide us with any additional information regarding your child that may be helpful to the YMCA staff as we strive to provide your child with the best possible child care experience this school year:

Child Care Youth Health History Form 2020/2021

Information on this form is not part of the acceptance process, but is gathered to assist us in identifying appropriate care.

Name _____ Birth date ____/____/____ Sex _____ Age _____
 Home Address _____ City _____ State _____ Zip _____ Home Number _____
 1st Parent or Guardian _____ Relationship _____ Daytime Phone Number _____
 2nd Parent or Guardian _____ Relationship _____ Daytime Phone Number _____
 If those listed above cannot be reached in case of an emergency, notify:
 Name _____ Relationship _____ Phone _____ Other _____
 Address _____ City _____ State _____ Zip _____

Health History:

(Check, give approximate dates)
 Frequent ear infections _____
 Heart defect/disease _____
 Convulsions _____
 Diabetes _____
 Bleeding/clotting disorders _____
 Hypertension _____
 Mononucleosis _____

Diseases

Chicken pox _____
 Measles _____
 German Measles _____
 Mumps _____

Allergies

Hay Fever _____
 Ivy Poisoning _____
 Insect Stings _____
 Bee Stings _____
 Penicillin _____
 Other Drugs _____
 Asthma _____
 Other (Please List) _____

Medical Information

Operations or serious injuries & date: _____
 Chronic or recurring illness or medical condition _____
 Activities encouraged or limited by physician _____
 Dietary restrictions _____
 Allergies _____
 Current medications (must be sent with instructions) _____
 Other diseases _____
 Name of dentist/orthodontist _____ phone _____
 Name of family physician _____ phone _____
 Do you carry family medical/hospital insurance? Yes No
 If so, Carrier _____ Policy or Group # _____
 Suggestions on health related information for program personnel: _____

Please note: The section below MUST be filled out completely OR we must have an attached photocopy of immunization records from ALL PARTICIPANTS to complete the registration process.

Vaccines	Year of basic immunization	Year of last booster	Vaccines	Year of basic immunization	Year of last booster
DPT			Tuberculin test given		
Oral Polio			(HIB)		
Injectable Polio			Hepatitis B		
Measles			Tetanus		
Mumps			Other		
Rubella					

FOR FEMALE:

Has this person menstruated? _____
 If not, has she been told about it? _____
 If so, is her menstrual history normal? _____
 Special Considerations _____

IMPORTANT – THIS BOX MUST BE COMPLETED FOR PROGRAM ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed school age child care activities except as noted.

Authorization for Treatment:

I hereby give permission to Y staff to assist in the application of sunscreen/bug spray to my child and understand that all kids are required to wear sunscreen/bug spray during outdoor activities. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission for the use of his/her photo and or video in program promotions. The completed forms may be photocopied for walking field trips.

Signature of parent or guardian _____ **Date** _____

*If for religious reasons, you cannot sign this, then the program director must be contacted and a written and signed statement must be on maintained file with this registration form stating the circumstances.

About Your Child

What is your child's favorite subject in school? _____ Does he/she do well in that subject? _____

What areas does your child struggle with in school? _____

Please check below the statement(s) that best describes your reasons for enrolling your child in the after school program.

- My child will have designated time and help to work on homework assignments during the after school program.
- My child will participate in a variety of activities with their peers that will provide him/her with opportunities to be creative, to learn, discover and grow as an individual.
- My child will be in a safe, caring environment during the school hours.
- My child will be in a safe program while I am working.

What are your child's favorite hobbies/interests? _____

PROGRAM POLICIES AGREEMENT

Enrollment requirements:

Parent's Initial

- a. Submit completed and signed registration packet.
- b. Once the registration packet is received, you will be notified by the Site Coordinator to verify your child's enrollment and start date. Program is scheduled to begin Tuesday, September 8, 2020.
- c. The program provides child care services throughout the school year. Once you have enrolled your child, as long as weekly program payments are kept current, your child maintains his/her enrollment slot for the entire school year. Your child's enrollment may be suspended or terminated and the enrollment slot made available to another child who is on waiting list for the enrollment slot when one or more of the following occurs:
 1. You communicate to the program director (written or verbal) that the services are no longer needed (2 weeks notice required).
 2. Your child's enrollment has been suspended or terminated for disciplinary reasons or continuous late pick up.
 3. Your child's account is more than two weeks past due.
 4. You have not provided or updated our records with a valid phone number or emergency contact phone number in the event the program staff needs to reach you.

Parental Requirements: (Please initial beside each number in the space provided)

1. I understand that I must notify the program director when I enroll my child in the Y child care program, and which days my child will be attending the program.
2. I must notify the program director and the school if my child will not attend the child care program and that I will be notified if my child fails to arrive at the program when expected.
3. I understand that my monthly payment is a set rate and not reduced based on my child's attendance in program and that payments are due each 1st Monday of the month or their first initial day of their start date. I understand that services will be suspended for accounts that are more than two weeks past due and a \$5 late fee will be applied. NSF Checks will be returned with an additional \$15.00 fee.
4. I understand that I must attend a virtual Parent Orientation and my child's participation is contingent on the completion of the orientation. If my child's start date is after the parent orientation has been held, I understand that I am required to complete a parent conference virtually or by phone with the program director within the first week of my child's start date in order for my child to remain in program.
5. I understand that the child care program operates according to the school schedule only and that my child must be picked up by 5:30pm each day (6pm for working parents). I understand there is a \$5.00 late pick up fee charged for every 10 minutes my child remains in program after 6pm.
6. I understand that my child is expected to follow the instructions and rules of the YMCA that are set forth in the parent handbook. Breaking of the rules may result in the suspension and/or possible termination of after school care service for my child.

- 7. I hereby give permission for my child's medical records for the September 2020—June 2021 school year to be made available to the YMCA & Southwestern Public Schools.
- 8. I understand that repeated violations of any Y program policies on my part or on the part of my child may result in termination from program.
- 9. I have disclosed all known health problems or conditions of my child.
- 10. I give permission to the YMCA child care program staff to communicate with Southwestern public schools personnel (teachers, principals, guidance officers, nurse, administration, etc.) on behalf of my child, and for said communications to be permissible in any format (phone, email, in-person, etc...) as deemed necessary.
- 11. I understand that the child care program DOES NOT guarantee that all homework will be completed while in program. Any remaining homework will need to be worked on AT HOME.
- 12. I understand that it is the responsibility of the parent to make transportation arrangements with Southwestern school for before or after school care. I understand that NO Y staff will be riding the bus before or after school for supervision.

Payments:

Payments will be collected on the first Monday of the month or their first initial day of their start date. Payments are standard payments and are not reduced based on the number of days your child(ren) attends program. Payment schedules are available for your convenience. Please be aware that services will be suspended for any accounts more than 2 weeks past due until the account is brought up to date or the spot has been given to another child. A child's spot in program will not be held any longer than 2 weeks. NSF checks will be returned with a \$15 fee.

Unescorted walking permission waiver:

I, the below signed Parent/Guardian give permission for the above named child to walk unsupervised within the facility from the activity he/she is participating in to their designated pick up when I arrive to pick him/her up as per the supervision waiver on file with the New York State Office of Children and Family Services.

X Signature of Parent/Guardian _____ Date _____