

BEFORE & AFTER SCHOOL PROGRAM

Southwestern School | Lakwood YMCA

REGISTRATION IS AVAILABLE FOR KIDS GRADES K-5

Children can enroll 3, 4, or 5 days per week (20% discount for additional children)

Applications available in the main office at Southwestern & YMCA

PARENTS TO PICK UP AT THE LAKWOOD YMCA FOR THE AFTER SCHOOL PROGRAM

Before School
@ Southwestern School
7:00am - 8:50am

- Breakfast
- Gym & Group Games
- Table Top Games
- Arts & Crafts

After School
@ the Lakwood YMCA
3:30pm - 6:00pm

- Boy Scouts
- Family Nights
- Arts & Crafts
- Homework Assistance
- Outdoor Play & More!
- Gym Games
- Gymnastics & Tennis

DAILY FEES

Before School

Member rate: \$12 per day
Non-Member rate: \$14 per day

After School

Member rate: \$16 per day
Non-Member rate: \$18 per day

**We do accept DSS
child care subsidies**



Y Care Before/After School

Admission Date _____

(Southwestern Y Care)

Young Men's Christian Association of Lakewood, New York, Inc.

Site Address: (BEFORE) 600 Hunt Road; Jamestown, NY 14701

(AFTER) 183 E. Fairmount Ave. Lakewood NY 14750

(716) 456-1539

ENROLLMENT FORM 2026-2027

Child's Full Name _____ DOB _____ Grade _____ Age _____ Male _____ Female _____

Address _____, Jamestown, NY 14701 Home phone _____ Other _____

Please provide us with a valid email address for confirmation purposes _____

Teacher's Name _____ Rm # _____ With whom does the child live? _____

Primary Language _____ Ethnicity _____ Other siblings in program _____

Mother's Name/Guardian _____ Telephone _____ Work Phone _____

Address _____ Employer _____ Other phone _____

Is this person restricted from contact with the child, or otherwise restricted by court order? ☐ Yes, I will provide court documents ☐ No

If yes, please explain: _____

Father's Name/Guardian _____ Telephone _____ Work Phone _____

Address _____ Employer _____ Other phone _____

Is this person restricted from contact with the child, or otherwise restricted by court order? ☐ Yes, I will provide court documents ☐ No

If yes, please explain: _____

Emergency Contact Person (REQUIRED: In the event a parent/guardian cannot be reached): _____

Relationship _____ Phone Number _____ Other phone _____ Address _____

Information About Your Child:

Does the applicant receive: (check one) ☐ free lunches ☐ reduced lunches ☐ neither

Will you be using the program as childcare while you are working? ☐ Yes ☐ No

Your child's physician is _____ Phone _____

Your child's dentist is _____ Phone _____

Please list any serious operations or serious injuries (& dates) _____

Please list any chronic or reoccurring illnesses or medical conditions and explain: _____

Please list current medications your child is taking and times given _____

Please list family medical/hospital insurance information _____

Carrier _____ Policy or Group # _____

Does your child have any dietary allergies or restrictions? (Please list reactions) _____

Program Hours:

Program operates: Monday-Friday **Before school: 7:00am-8:50am**

After School: 3:15pm-5:30pm (with late pick up at **6:00pm** for working parents) on all regular school days.

Program Fees:

Before School Southwestern: Member rate: \$12 per day

After School @ the Lakewood YMCA: Member rate: \$16 per day

Non Member rate: \$14 per day

Non Member rate: \$18 per day

Children can enroll to attend the program 3, 4, or 5 days per week.

Attendance:

Please indicate which days your child will attend by circling the days below.

Southwestern Before school: M T W TH F Lakewood YMCA After school: M T W TH F

AUTHORIZATION FOR RELEASE

Authorization for Pick up

My child _____ will be picked up each day of the program before 6pm. I hereby authorize the YMCA to release my child from the after school care program to the following individuals over the age of 14. Authorized adults other than parents should be prepared to show picture ID.

Full Name _____	Phone _____	Relationship _____
Full Name _____	Phone _____	Relationship _____
Full Name _____	Phone _____	Relationship _____
Full Name _____	Phone _____	Relationship _____
Full Name _____	Phone _____	Relationship _____
Full Name _____	Phone _____	Relationship _____

Emergency Contact & Release Authorization:

I authorize the individuals listed in this enrollment packet to be contacted at any time concerning the well-being and safety of my child. These individuals are also permitted to pick up my child from the program at any time during program hours, provided they present valid photo identification. I understand that all authorized emergency contacts must be at least 14 years of age. This authorization will remain in effect unless I provide written notice to the program revoking permission. If my child is not picked up by 6:00 PM and I cannot be reached, I authorize the program to contact the emergency contacts listed on this form to arrange for the safe pickup of my child. I understand that if no one is available to pick up my child within 15 minutes after program closes, the program may notify the appropriate authorities at its discretion to ensure my child's safety. In the case of inclement weather or other unforeseen events, I trust program staff to exercise sound judgment in coordinating a safe release for my child. This may include contacting and arranging transportation with any of the authorized individuals listed in this enrollment form. If I do not arrive by 6:00 PM, I give permission to the YMCA to contact any/all parents, guardians, or emergency contacts listed to coordinate safe transportation home for my child. Should no contact be reached or transportation arranged, I understand the program will follow the "Late Policy" as described in the Parent/Student Handbook.

X Signature (Parent or Guardian) _____ Date _____

About Your Child

1. What is your child's favorite subject in school? _____ Does he/she do well in that subject? _____
2. What areas does your child struggle with in school? _____
3. Please check below the statement(s) that best describes your reasons for enrolling your child in the after school program.
 - a. ____ My child will have designated time and help to work on homework assignments during the after school program.
 - b. ____ 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.
 - c. ____ My child will be in a safe, caring environment during the after school hours.
 - d. ____ My child will be in a safe program while I am working.
4. What are your child's favorite hobbies/interests? _____
5. Does your child have a preferred nickname? _____
6. Is there any additional information you would like to share about your child to help them have a successful experience in our program? _____

Payments:

Payments will be collected on the last program day of each week at the YMCA. Payments are standard payments and are not reduced based on the number of days your child(ren) attends the program. You can request a monthly payment statement from your director or simply contact the YMCA for your balance. 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 the program will not be held any longer than 2 weeks. NSF checks will be returned with a \$40 fee.

X Signature of Parent/Guardian _____ Date _____

PROGRAM POLICIES AGREEMENT

Enrollment requirements:

___ Parent's Initial

- Submit completed and signed registration packet.
 - 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 in September.**
 - The program provides child care services throughout the school year. Once you have enrolled your child, 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:

- You communicate to the Site Coordinator (written or verbal) that the services are no longer needed (2 weeks notice required).
- Your child's enrollment has been suspended or terminated for disciplinary reasons or continuous late pick up.
- 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.
- Your child has not met the required attendance policy of at least 3 days or more a week.

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

- ___ 1. I understand that I must notify my child's teacher when I enroll my child in the YMCA program, and which days my child will be attending the program.
- ___ 2. I must notify the Site Coordinator and my child's teacher if my child will not attend the program and that I will be notified if my child fails to arrive at the program when expected.
- ___ 3. I understand that I must attend a Parent Orientation (zoom or phone call) within the first 2 weeks of enrollment to review any/all updates of the YMCA program.
- ___ 4. I understand that the after school program operates on full days of school only and that my child must be picked up by 6:00pm each day. I understand there is a \$10.00 late pick up fee charged for every 5 minutes my child remains in program after 6pm.
- ___ 5. I understand that my child is expected to follow the instructions and rules of the YMCA program 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.
- ___ 6. I hereby give permission for my child's medical and academic records for the September 2026—June 2027 school year to be made available to the YMCA by the parent.
- ___ 7. I understand that repeated violations of any program policies on my part or on the part of my child may result in termination from program.
- ___ 8. I have disclosed all known health problems or conditions of my child.
- ___ 9. I give permission to the YMCA program staff to communicate with Southwestern 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.
- ___ 10. I understand that if our home or child is experiencing symptoms of illness, my child will not be able to attend program until clear of the sickness to better ensure the health of all participants.
- ___ 11. I understand that parents/guardians will not be permitted to enter the building (before school) at drop off and that a program staff will meet you at the program door and sign out your child.
- ___ 13. I understand that parents/guardians must come into the Lakewood Y to sign out their child (after school).
- ___ 12. I understand that my child will be transported by Southwestern Public School by bus to the Lakewood YMCA to participate in the after school.

X Signature of Parent/Guardian _____ Date _____

Parental Consent:

I hereby give my permission for my child to participate in the YMCA Program and, to the best of my knowledge, my child has no physical condition which will make it dangerous for him/her to participate in YMCA sponsored activities. I give permission for the use of his/her photo and or video in program promotions by the YMCA and/or Chautauqua Striders. I grant permission for the YMCA to access my child's medical and school records for the 2026-2027 school year. I also waive any liability against the Jamestown Young Men's Christian Association (YMCA) its officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA. I agree and support that students are expected to follow program rules and regulations for the health, safety, and rights of all participants. I understand that program staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Site Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Field Trips & Walking Trips:

- o I give permission for my child to travel by bus on supervised field trips with a signed permission slip.
- o I also give permission for my child to travel on foot under proper supervision by YMCA program staff to nearby locations within a reasonable distance of the school building, as determined by the Site Coordinator. These "walking field trips" may occur without prior notice.

X _____ X _____
Signature Date

Photo Opt In or Out:

☐ **Yes** I give permission for my child's image, name, voice, and creative work (including photographs, video, audio recordings, artwork, and projects) to be used by YMCA for promotional, informational, and educational purposes. This includes, but is not limited to, use in social media, websites, print publications, press materials, and other media platforms as deemed appropriate by the YMCA. I understand that this authorization will remain in effect indefinitely unless I provide written notice to revoke permission. By signing below, I grant YMCA and its authorized representatives the right to record, use, reproduce, publish, broadcast, display, store, or distribute my child's likeness or work in any format, without limitation.

☐ **No** I do not give permission for YMCA Jamestown to use my child's image, name, voice, or creative work (including photographs, video, audio recordings, artwork, or projects) in any form of media. This includes, but is not limited to, social media, websites, printed materials or promotional content

Unescorted walking permission waiver:

I, the below signed Parent/Guardian give permission for the above named child to walk unsupervised from the activity he/she is participating in to the sign-out door 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.

PLEASE NOTE: This waiver does NOT give your child the authorization to walk home from the After School Program.

X Signature of Parent/Guardian _____ **Date** _____

Consent for Program Evaluation & Data Tracking:

Our after school program collects and reviews student information to:

- Monitor student attendance and participation
- Evaluate program effectiveness and quality
- Support student academic and social-emotional growth
- Improve activities and services
- Meet reporting requirements for funding agencies and program partners

Information that may be reviewed or collected includes:

- Attendance records
- Program participation information
- Academic progress indicators (when permitted by the school/district)
- Student and family surveys
- Emergency and contact information

All information collected will be kept confidential and used only for educational and program improvement purposes in accordance with applicable privacy laws and program policies. Student information will not be shared outside authorized program staff, school personnel, funding agencies, or evaluators unless required by law or authorized by the parent/guardian.

Parent/Guardian Consent

Please check one:

☐ **YES** — I give permission for my child's information to be collected and used for after school program evaluation, reporting, and improvement purposes.

☐ **NO** — I do not give permission for my child's information to be collected and used beyond what is required for enrollment and safety purposes.

X Signature of Parent/Guardian _____ **Date** _____