



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**BEFORE
& AFTER
SCHOOL
PROGRAM**



YMCA OF GREATER ROCHESTER

CARLSON CHILD CARE CENTER
rochesterymca.org/child-care/basp/
Child Care Director:
585-263-4283

September 2022–June 2023

Complete one registration form per child. **Please Note:** Application will not be processed without a completed and signed registration form and a one-time, non-refundable registration fee (\$20 per child).

BILLING PARTY INFORMATION

Billing Name: _____ Child Name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ ZIP: _____

Select Payment Option:

I hereby authorize the YMCA of Greater Rochester to debit the account listed below for weekly billing.

Select Payment Form:

- ☐ **Current Credit/Debit Card** saved on YMCA Account
- ☐ **New Credit/Debit Card Payment.** I will call the Carlson Child Care Center to set up a new secure payment.
- ☐ **Current Checking Account** saved on YMCA Account
- ☐ **New Checking Account.** I will call the Carlson Child Care Center to set up a new secure payment.

You will be billed \$25 for a returned check.

2022–2023 Billed Weeks Per Month*

Month	Number of Billed Weeks
September.....	5
October.....	4
November.....	4
December.....	4
January.....	4
February.....	3
March.....	5
April.....	3
May.....	4
June.....	3

* Does not include vacation Fun Club.

Our billing is based on full-year price and then divided into 39 equal payments. With our weekly billing, you pay the same amount, regardless of the number of school days actually occurring in that week. The YMCA does not give credits for illnesses, holidays, or family vacations taken during school days. Please contact Registration and Billing with any questions.

- ☐ My completed Financial Assistance Application is attached.
- ☐ I plan to receive DSS funding (must provide notice of decision).

Flex receipts available online at rochesterymca.org in your ACTIVE user account.

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the YMCA Before and After School Program as indicated by my enclosed non-refundable registration fee and non-refundable deposit.
- Weekly payments are due to the YMCA by the Friday prior to the week of service.
- Payments not received by the Friday of the prior week of service are subject to a \$25 late fee.
- Payments not received by the last day of the prior month of service may result in my child's suspension from the program until full payment is received.
- All changes in my child's schedule of care must be made 48 hours in advance.
- The YMCA requires 2 weeks written notice for termination of care. I am responsible for full payment of these 2 weeks of care.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B:

A. Racial Status: ☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Native American ☐ Other

B. Annual Household Income: ☐ Less than \$15,000 ☐ \$75,000–\$99,999
☐ \$15,000–\$24,999 ☐ \$100,000–\$149,999
☐ \$25,000–\$44,999 ☐ \$150,000 and over
☐ \$45,000–\$74,999

**SIGN UP & SAVE MORE
THAN \$3000!**

With a YMCA membership you can save more than \$3000 per child on the Before & After School Program
☒ Yes, please contact me so I can learn more about the benefits of membership.

For Official Use Only:

Date Received _____ Time Received _____ Initials _____

CHILD INFORMATION

How did you learn about the program? ☐ In branch ☐ YMCA website ☐ Internet search ☐ Postcard ☐ Event ☐ School ☐ Referred by _____

PARENT/GUARDIAN 2 INFORMATION

Child lives with: ☐ Parent/Guardian 1 and Parent/Guardian 2 ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

Must list emergency contacts in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program. In the case that the YMCA cannot reach a parent/guardian, the emergency contact listed above has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA program in case of emergency or dismissal from the YMCA.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical transportation, care, or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of all medical treatment and care.
- I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for walking from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school my child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
- I understand and agree to the child care conduct, transportation, and participation policies as outlined in the parent handbook. I am aware that a hard copy of the handbook is available upon request.
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs.
- I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvements.

Please list any exceptions to the above: _____

Turn page to complete Registration and Health Information →

Child Name _____

1 Select School District		ROCHESTER CITY SCHOOL DISTRICT Entering Kindergarten–12 years old	
		<input type="checkbox"/> Carlson Child Care Center AM Care 6–9 am	<input type="checkbox"/> Carlson Child Care Center PM Care 2–6 pm

2 Select AM and PM Site		Full Time Care Available (4 or 5 days per week)	
		<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F YMCA Members \$70/week Non-Members \$102/week	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F YMCA Members \$105/week Non-Members \$163/week

TRANSPORTATION: For Before and After School Programs, transportation to your child's school must be arranged with the Rochester City School District. For specific questions about these programs, please call (585) 263-4283.

HEALTH INFORMATION

Medication History (required by New York State Department of Health):

- ☐ Check here if child is taking prescribed or over the counter medication.
Please list all medication(s): _____
- _____
- ☐ I understand that I must complete a child care medication form and it must be signed by child's physician for them to participate and for any medication to be administered during the program.

Health History

- | | |
|-------------------------------|------------------|
| ____ Physician's Restrictions | ____ Injury |
| ____ Asthma | ____ Convulsions |
| ____ Special Diet | ____ Diabetes |
| ____ Behavior Challenges | ____ ADD/ADHD |
| ____ Hearing | ____ Operations |
| ____ Vision | |
| ____ Ear Infections | |

Allergies

- ____ Nuts/Peanuts
- ____ Insect Stings
- ____ Poison Ivy, etc.
- ____ Hay Fever
- ____ Medication
- ____ Foods (supply list)
- ____ Other (please list below) _____

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy Holder Name: _____ Policy No.: _____

Recent surgery (type and date): _____

CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Health Needs/Medical Restrictions as listed above _____

Hobbies and Special Interests _____

Adult Relations _____

Peer Relations _____

Fears/Apprehensions _____

What helps your child handle transitions? _____

Special services received through school _____

External stress factors _____

How is anger or frustration expressed? _____

Previous child care programs and why he/she left _____

Custody orders (attach documentation) _____

Family discipline practices _____

If he/she is upset, try this _____

Things I would like my child to accomplish at the YMCA _____

SIBLING INFORMATION

Name	Age	Date of Birth	Currently Enrolled in YMCA Programs?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No