



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER ROCHESTER

# BEFORE AND AFTER SCHOOL PROGRAM

Serving Eastside, Westside,  
and Urban Locations

TIME TO   
EXPLORE

EASTSIDE FAMILY YMCA  
[rochesterymca.org/afterschool](http://rochesterymca.org/afterschool)

Child Care Director:  
**585-341-4011**

September 2018–June 2019

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:**

Easy Payment Option (EFT)

I hereby authorize the YMCA of Greater Rochester to debit the account listed below for weekly billing. The Easy Payment Option (EFT) is the preferred billing method. Simply provide a credit, debit card, or checking account and tuition will be automatically paid on the Friday prior to the week of service.

**Select Payment Form:**

Mastercard  Visa  Discover

Account Holder's Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

Checking Account (attach voided check)

Account Holder's Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Routing No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

I need a Flex Receipt for child care reimbursement.

I plan to apply for financial assistance.

- 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](http://rochesterymca.org) in your ACTIVE user account.**

**2018–2019 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

**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.**

**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 AND SAVE \$1200!**

**With a YMCA membership you can save up to \$1200 per child on the Before and 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 \_\_\_\_\_

# Program Information

## CHILD INFORMATION

Child Name: \_\_\_\_\_ Gender:  M  F  Other YMCA Member:  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
School Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (entering 9/18): \_\_\_\_\_  
This will be my first time attending the Before and After School Program:  Yes  No Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ or  First day of school  
How did you learn about the program?  In branch  YMCA website  Internet search  Postcard  Event  School  Referred by \_\_\_\_\_

## PARENT/GUARDIAN 1 INFORMATION

Relation to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

## PARENT/GUARDIAN 2 INFORMATION

Relation to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

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

## EMERGENCY CONTACTS/AUTHORIZED PICKUP

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.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  H  W  C Phone: \_\_\_\_\_  H  W  C

### AUTHORIZED PICKUPS

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

## PARENT/GUARDIAN AGREEMENT AND PERMISSIONS

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.

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

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Please list any exceptions to the above: \_\_\_\_\_

Turn page to complete Registration and Health Information →

Child Name \_\_\_\_\_

**REGISTRATION IS AS EASY AS...**

- 1** Select School District
- 2** Select AM and PM Site
- 3** Select AM Program
- 4** Select PM Program

<b>1</b> Select School District	<input type="checkbox"/> <b>WAYNE CENTRAL SCHOOL DISTRICT</b> Entering Kindergarten–12 years old	<input type="checkbox"/> <b>GANANDA CENTRAL SCHOOL DISTRICT</b> Entering Kindergarten–12 years old		
	<input type="checkbox"/> AM CARE 7:00–9:00am <input type="checkbox"/> PM CARE 3:00–6:00pm	<input type="checkbox"/> AM CARE 7:00–9:00am <input type="checkbox"/> PM CARE 3:00–6:00pm		
<b>2</b> Select AM and PM Site	AM LOCATION	PM LOCATION	AM LOCATION	PM LOCATION
	<input type="checkbox"/> Ontario Elementary School	<input type="checkbox"/> Ontario Elementary School	<input type="checkbox"/> Richard Mann Elementary School	<input type="checkbox"/> Richard Mann Elementary School
<b>3</b> Select AM Program	<input type="checkbox"/> <b>Full Time</b> (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 \$41/week Prog. Members \$63/week	<input type="checkbox"/> <b>Part Time A</b> (3 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 \$31/week Prog. Members \$47/week	<input type="checkbox"/> <b>Part Time B</b> (1–2 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 \$25/week Prog. Members \$38/week	
	<input type="checkbox"/> <b>Full Time</b> (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 \$79/week Prog. Members \$112/week	<input type="checkbox"/> <b>Part Time A</b> (3 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 \$60/week Prog. Members \$84/week	<input type="checkbox"/> <b>Part Time B</b> (1–2 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 \$48/week Prog. Members \$67/week	

For specific questions about these programs, please call (585) 341-4011.

**HEALTH INFORMATION**

<p><b>Medication History</b> (required by New York State Department of Health):</p> <input type="checkbox"/> Check here if child is taking prescribed or over the counter medication. Please list all medication(s): _____	<p><b>Health History</b></p> <table style="width: 100%; border: none;"> <tr> <td>____ Physician’s Restrictions</td> <td>____ Injury</td> </tr> <tr> <td>____ Asthma</td> <td>____ Convulsions</td> </tr> <tr> <td>____ Special Diet</td> <td>____ Diabetes</td> </tr> <tr> <td>____ Behavior Challenges</td> <td>____ ADD/ADHD</td> </tr> <tr> <td>____ Hearing</td> <td>____ Operations</td> </tr> <tr> <td>____ Vision</td> <td></td> </tr> <tr> <td>____ Ear Infections</td> <td></td> </tr> </table>	____ Physician’s Restrictions	____ Injury	____ Asthma	____ Convulsions	____ Special Diet	____ Diabetes	____ Behavior Challenges	____ ADD/ADHD	____ Hearing	____ Operations	____ Vision		____ Ear Infections		<p><b>Allergies</b></p> <p>____ Nuts/Peanuts</p> <p>____ Insect Stings</p> <p>____ Poison Ivy, etc.</p> <p>____ Hay Fever</p> <p>____ Medication</p> <p>____ Foods (supply list)</p> <p>____ Other (please list below)</p> <p>_____</p>
____ Physician’s Restrictions	____ Injury															
____ Asthma	____ Convulsions															
____ Special Diet	____ Diabetes															
____ Behavior Challenges	____ ADD/ADHD															
____ Hearing	____ Operations															
____ Vision																
____ Ear Infections																

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