



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

## **2011-2012 Child Care Registration Packet**

# **CREATING POTENTIAL BUILDING CHARACTER**

**Before and After School  
Child Care  
(School Age Child Care) K-5th grade  
2011 - 2012**

Canandaigua Family YMCA  
32 North Main Street  
Canandaigua, NY 14424  
Phone (585)394-6866  
Child Care Line (585)394-1440  
Todd@Canandaigua-ymca.org  
Fax (585)394-7781  
Www.Canandaigua-ymca.org



# Canandaigua Family YMCA School-Age Child Care



## SCHOOL-AGE CHILD CARE

School Year School Age Child Care is a registered child care program through the New York State Office of Children and Family Services. Registration required 48hrs. In advance.

## BEFORE SCHOOL CARE

**Morning Care - RIGHT** in your child's school.

Canandaigua Elementary - 7:00 AM

Livonia Primary - 7:00 AM

Bloomfield Elementary- 7:00 AM

Honeoye Elementary - 7:00 AM

**Monthly Installments: (\*\*EFT)**

**Part Time: \$65**

**Full Time: \$105**

**Yearly Rates:** Part Time: \$650 & Full Time: \$1005

## AFTER SCHOOL CARE (\*\*includes 1/2DAYS)

YMCA Kids Connection (Members Only) 3:00 PM - 6:00 PM

Canandaigua Primary 3:00 PM - 6:00 PM

Livonia Primary 3:15 PM - 6:00 PM

Livonia Intermediate 2:15 PM - 6:00 PM

Naples Central 2:05 PM - 6:00 PM

Bloomfield Elementary 3:20 PM - 6:00PM

Honeoye Elementary 3:00 PM - 6:00 PM

**Monthly Installments (\*\*EFT)**

**Part Time: \$112**

**Full Time: \$205**

**Yearly Rates:** Part Time: \$1120 & Full Time: \$2050

**\$25 Registration Fee\*** due at time of registration.

**\$35 Registration Fee\*** for 2 or more children.

\*Required for either AM, PM or Both

Financial Assistance is available. Fees are based on 184 days of school - divided into 10 equal monthly payments.



## Vacation Fun Club

During school breaks

\*\*\*Always available @ Canandaigua YMCA

Register 48hrs. In advance to ensure spot

Hours: 7:00 AM - 6:00 PM

Breakfast & snack are provided

\$35 members

\$42 non-members

Payment is due prior to registering

\*\*EFT- Electronic payment available  
Ask for an (\*\*EFT Form)

## Summer Camp

June 27 - September 2

Location: Canandaigua YMCA & Livonia Camp

Weekly fieldtrips

Registration begins April 1st

Hours: 7:00 AM - 6:00 PM

Breakfast & snack are provided

Fulltime: \$157members, \$200 non-members

Part time: \$87members \$100 non-members

Registration fee required \$25/child \$35/family

## **CHARACTER DEVELOPMENT**

**Honesty**  
**Caring**  
**Respect**  
**Responsibility**

**School Age Child Care is  
licensed through NYSOCFS**

**School Age Child Care 2011-2012 School Year Registration Begins:  
April 1, 2011 (register before 5/1 - waive registration fee)**

*~ Canandaigua Family YMCA ~SACC Program ~  
32 N. Main St. ~ (585) 394-1440*

**CHILD INFORMATION 2011-2012**

Please complete and return with registration fee:  
\$25/1child or \$35/family

Office Use:	
<input type="checkbox"/> Entered	<input type="checkbox"/> Registration Fee
<input type="checkbox"/> Copied for Site	<input type="checkbox"/> DSS or YMCA FA

**CHILD/FAMILY INFORMATION**  
**PLEASE PRINT CLEARLY**

YMCA Member  Yes  No  
 Are you applying for Financial Assistance  Yes  No

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_ 2011-2012 Grade \_\_\_\_ School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Home Phone: \_\_\_\_\_  
*In case of emergency, which of the parent/guardians listed should we contact first?*  Mother  Father  
 Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_ Teacher Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_ Room #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
 Other phone ( ) \_\_\_\_\_ Other phone ( ) \_\_\_\_\_

**REGISTRATION INFORMATION** (Please check all that apply)

FIRST DAY: \_\_\_\_\_

**BEFORE SCHOOL (Program Location)**

**AFTER SCHOOL (Program Location)**

- Bloomfield Elem
- Canandaigua Elem
- Fulltime: 5, 4, or 3 Days (\$105/month)
- Part-time: 2, or 1 Days (\$65/month)

- Bloomfield Elem
- Canandaigua Primary
- Kids Connection (Members Only)
- Honeoye Elem
- Fulltime: 5, 4, or 3 Days (\$205/month)
- Part-time: 2 or 1 Days (\$112/month)

Days of Attendance

- Mon  Tue  Wed  Thur  Fri

Days of Attendance

- Mon  Tue  Wed  Thur  Fri

**EMERGENCY PLAN** (If Needed) *In case of an Emergency, School Closing, Etc. The YMCA & school will use this information in the event of an emergency/closing to ensure your child's safety.*

When school is closed for an emergency my child will go to (location) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**CHILD PICK-UP AUTHORIZATION** (Use an additional Child Pick-Up Authorization form if needed)

*I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand YMCA staff require these people to furnish Photo Identification before releasing my child.*

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____

**HEALTH INFORMATION** – Indicate "yes" where it applies and explain as necessary.

**HEALTH**

Emotional/Psychological \_\_\_\_\_ ADHD/ADD \_\_\_\_\_  
 Learning Disabilities \_\_\_\_\_ ASTHMA \_\_\_\_\_  
 Physical Restraints \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Special Diet/Restrictions \_\_\_\_\_ Hearing \_\_\_\_\_  
 Convulsions/Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

**ALLERGIES**

Hay Fever \_\_\_\_\_  
 Poison Ivy \_\_\_\_\_  
 Insect \_\_\_\_\_  
 Medication \_\_\_\_\_  
 Food: \_\_\_\_\_

Please explain details of above "Yes" answers \_\_\_\_\_

Is this child currently taking prescribed or over-the-counter medication? Yes  No

Child is required to take medication during program hours Yes  No

*If yes, complete a Written Medication Consent Form and attach. For children with asthma a Special Health Care Plan must be completed in addition to the Written Medication Consent Form (must be updated every 6 months)*

**Please Continue on Back**

**HEALTH INFORMATION CONTINUED**

Are you covered by any hospitalization/medical care policy?  Yes  No

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's Social Security # \_\_\_\_\_

Policy Holder's Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Policy # (include 3-letters) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Hobbies: \_\_\_\_\_

Special Interests/Talents: \_\_\_\_\_

Adult Relations: \_\_\_\_\_

Peer Relations: \_\_\_\_\_

Fears/Apprehensions: \_\_\_\_\_

What helps your child handle transitions: \_\_\_\_\_

Special Services received through school: \_\_\_\_\_

External stress factors: \_\_\_\_\_

How anger or frustration is expressed: \_\_\_\_\_

Family discipline practices: \_\_\_\_\_

If he / she is upset, try this: \_\_\_\_\_

Things I would like my child to accomplish at the YMCA: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT: I understand:**

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- 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 transportation, medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.
- Use of the YMCA's equipment and facilities, and participants in activities at the YMCA, on field trips and outdoors whether on its premises or at another location, and for myself and my heirs and assigns, hereby waive, release and agree to hold free from all its claims for damage, the YMCA and its officers, directors, members, employees or agents.
- I am responsible for the cost of all medical treatment and care.
- 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 a 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 two hours have passed from the program closing time and 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, neglect or injury to the appropriate authorities for investigation.
- I have read the YMCA Child Care Parent Handbook and agree to these policies and procedures.
- I have read and understand the inclement weather policy.

**Please check a box for each statement below:**

- My child may participate in water activities as scheduled and under the direct supervision of YMCA staff.  Agree  Disagree
- My child's swimming ability is:  Afraid of Water  Some Lessons  Confident in deep water
- The YMCA has permission to use photographs of my child in promotional materials such as brochures, Facebook, ads, or newspaper releases. I will not be informed or reimbursed for such photographs.  Agree  Disagree

<b>MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE</b>	
Parent/Guardian Signature _____	Date _____