



2023 SUMMER SCHOOL AGE CHILD CARE


Entering Kindergarten - 10 years old
June 26 - August 25, 2023
7:00am-4:30pm


The Auburn YMCA-WEIU offers a quality summer program at the Y. Operated in accordance with the YMCA's goals of Healthy Living, Youth Development and Social Responsibility. Licensed by New York State and staffed by caring, qualified child care professionals. We strive to ensure that children are safe, happy, and involved in amazing learning experiences throughout the summer. Snack offered morning & afternoon. Children need to bring a lunch, water bottle and sneakers each day.

Week	Program Dates	Weekly Theme
1	June 26th-June 30th	Magic & Mystery
2	July 3rd-July 7th 	Red, White & Blue
3	July 10th- July 14th	Camp
4	July 17th-July 21st	Animals
5	July 24th-July 28th	Cooking
6	July 31st - Aug 4th	Theatre
7	Aug 7th-Aug 12th	Community Service
8	Aug 14th-Aug 18th	Water Fun
9	Aug 21st-Aug 25th	Holidays

WEEKLY PROGRAM FEES

Auburn Y Member: \$215

General Public: \$250

\$10 Discount per week for each additional child!

Field Trip Fees are not included in weekly rate.

Crafts • Swimming • Games • Sports • Snacks & more!



Financial Assistance: Program Scholarship applications are available on our website: www.auburnymca.org or at the YMCA Member Services Desk. Applications must be submitted and approved PRIOR to registration. Please plan accordingly.


Scholarship Application Deadline is Monday June 19TH

Child Care Assistance Programs: The YMCA accepts day care assistance payments from the Department of Social Services. Award letter from caseworker is required at time of registration, unless already on file with program bookkeeper.

Summer SACC Weekly Themes

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1	June 26th-June 30th	Magic & Mystery
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NO PROGRAM
JULY 4TH

Summer SACC Automatic Payment Schedule

Payment for first week of care is due at time of registration. Weekly payments are due **21-Days PRIOR** to the start of the week/s you registered for, and will be deducted Automatically from your account. If registering after the 21-Day "Due Date"; payment is due at registration.

<u>Auto Payment Date</u>	<u>Week</u>	<u>Program Dates</u>
Monday June 5th	1	June 26th-June 30th
Monday June 12th	2	July 3rd-July 7th
Monday June 19th	3	July 10th- July 14th
Monday June 26th	4	July 17th-July 21st
Monday July 3rd	5	July 24th-July 28th
Monday July 10th	6	July 31st - Aug 4th
Monday July 17th	7	Aug 7th-Aug 12th
Monday July 24th	8	Aug 14th-Aug 18th
Monday July 31st	9	Aug 21st-Aug 25th



Auburn YMCA-WEIU 2023 Summer SACC Registration Form

1. Child's Name _____ DOB: ____/____/____ Grade: _____
 2. Child's Name _____ DOB: ____/____/____ Grade: _____
 3. Child's Name _____ DOB: ____/____/____ Grade: _____

* Child must be registered for 23/24 school year to attend. My child/children attend/s _____ school.

Address _____

City/Zip _____

Home Phone _____

Mother's/Guardian's Name _____ E-mail (Required): _____

DOB: ____/____/____ Daytime Phone: _____ Cell: _____

Father's/Guardian's Name _____ E-mail (Required): _____

DOB: ____/____/____ Daytime Phone: _____ Cell: _____

- Does your child have an IEP or 504 in school? _____ If so, a copy of the IEP must be provided to the School Age Child Care Director.
- Does your child have any behavior problems? _____
- If your child will need to take medication during program hours, please call the School Age Child Care Director at 315-253-5304 ext. 1005 (additional forms required).

Persons authorized to pick up your child (other than parents):

1. _____ Phone: _____ Relationship to child: _____

2. _____ Phone: _____ Relationship to child: _____

3. _____ Phone: _____ Relationship to child: _____

Please note that ALL pick up persons (including PARENTS) will be required to show photo ID.

Children will not be released to persons refusing to produce identification. Thank you for your understanding and cooperation.

In the event of an emergency, I understand that the Program Director will make the effort to contact the parent/guardian. I authorize him/her to act for me according to his/her judgment in an emergency requiring medical or surgical treatment and transportation to an emergency care facility. I agree to be responsible for all medical bills resulting from illness or injury during my child's attendance at the School Age Child Care program.

- My Child may leave the YMCA for short walks. Yes No
- My Child may be photographed/recorded (video/audio) for publicity and classroom use. Yes No
- My Child has permission to participate in free swim at the Auburn Y. Yes No
- I give permission for the YMCA Child Care staff to apply sunscreen to my child/children. Yes No

Liability Statement: I the undersigned, as the parent/guardian of the said child/children listed, give permission for my child/children to participate in the Auburn YMCA-WEIU SACC Program and assume full responsibility for all risk of injury which may result from my child/children's participation in activities during the School Age Child Care Program.

➔ Signature: _____ Date: _____



2023 Summer SACC Auburn YMCA-WEIU School Age Child Care Program and Parent Contract Agreement

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

As a parent of one or more children enrolled in the Auburn YMCA SACC program, I acknowledge the parental responsibility to follow the policies set forth by the YMCA to provide the best possible care for my child or children. By initialing the following statements, I agree to/that:

_____ I have read the Parent Handbook which lists policies, times, rates, etc.

_____ My child and I have read, understood, and agree to comply with the Behavior Policy. Behavior policy will be enforced and children may be removed for program. Please review carefully.

_____ I am aware that I must register separately for vacation and early dismissal days in order to use them. I am aware that I am responsible for payment of these days even if my child doesn't attend. *A No Show on School's Out/E-Camp days, will not result in a refund. If this happens 2 times, I will no longer be able to utilize the program.

_____ Respect the obligation of the Auburn YMCA staff to act as mandated reporters and any instances of suspected child abuse, neglect, or endangerment of the welfare of a child to the proper authorities.

_____ Notify the Auburn YMCA in writing of any changes of address, e-mail, phone numbers, medical or otherwise critical information.

_____ Keep my account current. I also acknowledge that my child may be suspended from the program for failure to keep my account current.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Select Each Week Registering For:

- Week 1: June 26-30 Week 2: July 3-7 Week 3: July 10-14
- Week 4: July 17-21 Week 5: July 24-28 Week 6: July 31– Aug 4
- Week 7: Aug 7-11 Week 8: Aug 14-18 Week 9: Aug 21-25

Behavior Policy

Enrollment or participation in youth programs at the YMCA is a privilege. Participants should, at all times, demonstrate the YMCA values of Caring, Honesty, Respect, and Responsibility. The YMCA is committed to providing a safe and welcoming environment. To promote safety and comfort for everyone, all individuals are asked to behave in a courteous and polite manner at all times when participating in our programs. The objectives in all YMCA programs are to promote youth development, healthy lifestyles, and social responsibility through teaching and learning acceptable behaviors and promoting a positive self-image.

We ask children to:

- Use appropriate and suitable language at all times
- Cooperate and follow directions given by staff
- Respect other children and staff, as well as the equipment and facilities
- Maintain a positive attitude
- Stay in the program area

The following behaviors will not be accepted in the YMCA School Aged Child Care program:

- ◆ Leaving the YMCA program premises without permission or going into unauthorized areas.
- ◆ Rudeness, defiance of authority, or failure to follow instructions.
- ◆ Refusing to remain with the assigned group or running away from staff without permission.
- ◆ Inappropriate conversation; profanity; foul, abusive, vulgar, or irreverent language.
- ◆ Defacing or stealing the property of the YMCA, school, other participants, staff, or field trip facilities.
- ◆ Bringing or using illegal substances.
- ◆ Fighting; physical or verbal aggression, including provoking and quarreling.
- ◆ Intentionally injuring another child, including deliberately causing anger or emotional distress.

NO BULLIES!

- ◆ Any repetitive behaviors that require consistent and prolonged one-on-one attention from staff

Should a child refuse to follow these rules, we implement a three (3) strikes system during each program session (Morning session or Afternoon session). During program hours, our behavior policy between staff and your child is as follows:

1. The first time your child needs to be spoken to for not following the above established behavior guidelines, the staff will issue a verbal warning to the child.
2. The second time, your child will be asked to take a few moments of "chill time" where the child relaxes away from the group activity.
3. The third infraction will result in the staff speaking verbally with the parent about the day's behavior. The site director will be documenting all inappropriate behavior.
4. After verbally speaking to the parent about inappropriate behavior on more than 1 occasion, a plan of behavior modification will be established with site staff and the family.
5. If the behavior continues, any of the following may occur: a conference with the site staff, the parent, and the Child Care Director; suspension; a written and final warning indicating dismissal if the misbehavior does not improve.
6. The family may request a conference with staff or Child Care Director at any time.

- ◆ Parents/guardians should note that major offenses, such as physical or emotional endangerment or bullying will result in immediate suspension and possible permanent removal from all child care programs. If such behavior occurs, a phone call will be made and the child must immediately be removed from the program site.

◆

Please read and discuss this policy with your child.

I HAVE READ, UNDERSTOOD, AND AGREE TO COMPLY WITH THESE POLICIES:

Child's Name: _____

Child's Signature

Parent/Guardian Signature

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New York State
Office of Children and Family Services
DAY CARE ENROLLMENT

Photo of Child optional	Program Name: Auburn YMCA-WEIU	Address: 27 William Street, Auburn NY 13021	Phone Number: 315-253-5304
	Child's Full Name: Preferred Name/Nickname:		Date of Birth: / /
	Child's Home Address:		
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
Phone Number (s) Of Person Enrolling Child: <input type="checkbox"/> OK to Text ()		Address of Person Enrolling Child (if different than child).	
Email Address:			
Emergency Contact Names/Addresses		Authorized to Pick up Child	Other Phone Number/Email
Emergency Info.	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text <input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text <input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text <input type="checkbox"/> OK to Text
For Program use only...Date of Enrollment		For Program use only...Date of Disenrollment	

Child's Full Name:	Date of Birth
Check Boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please List): _____ <input type="checkbox"/> Other: _____ Please provide information here AND discuss with your child care provider: _____ Child's Primary Care Physician's Name/Group: _____ Phone: () _____ Preferred Hospital: _____ Phone: () _____ Child's Dental Care: _____ Phone () _____	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS: <ul style="list-style-type: none"> • I consent to emergency medical treatment for my child.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the program under proper supervision.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year.....<input type="checkbox"/> Yes <input type="checkbox"/> No 	
Signature/Parent or Person (s) Legally Responsible:	Date:

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To be filed by:
Program Bookkeeper

Summer SACC Automatic Payment Agreement

Payment is due at time of registration. If signing up for multiple weeks, all future payments will be **automatically deducted** from your Bank Account **Weekly 21-Days Prior to the start of each week.** ****If not using automatic payments entire registration fee is due up front.**

Automatic Payment Agreement

1. I understand that this program charge will remain in effect until the end of the program, or until I take action to stop it.
2. The designated draft amount on my receipt will be deducted from my bank account (savings or checking) 21-Days Prior to the start of each week registered for, thru the duration of the program.
3. I agree to give the YMCA a 15-day advance written notice if I wish to terminate or make any changes to my bank information (i.e. change of banks, accounts, etc.) I understand that I should check my account to verify that the withdrawal has not occurred after date listed on the termination form.
4. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may have.

I have read understand and agree to the terms of this agreement.

Print Name: _____ Child/Children: _____

Signature: _____ Date: _____

Automatic Payment Information

Bank Account Type (circle one): Checking Savings

Bank Name: _____

Account#: _____ Routing #: _____

I authorize the Auburn YMCA-WEIU to charge my Bank Account for my summer child care tuition on the due date/s listed on my receipt.

Signature: _____ Date: _____

Field Trips

There are field trips planned this summer and you must register separately for each one at the Front Desk. Payment is due at time of registration.

*If you receive day care assistance from the Department of Social Services, they **WILL NOT** cover field trip fees. You will have to pay each fee in order for your child to attend the field trip. If you chose not to pay the fee and do not want your child to attend the field trip, that is fine. However, there will be no care available at the YMCA on field trip days—All staff attend field trips. You must find alternate care.*