



## SUMMER SCHOOL AGE CHILD CARE

**July 1 – August 23, 2024**  
**6:45am – 5:00pm**

**5 – 12 years old**

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 childcare professionals.

We strive to ensure children are safe, happy, and involved in amazing learning experiences throughout the summer.

Breakfast, lunch, and snacks will be provided daily.

**Children need to bring water bottles and sneakers each day.**

Week	Dates	Weekly Theme
1	July 1 – 5 ☀️	Spirit Week
2	July 8 -12	Talent
3	July 15 -19	Animals
4	July 22 -26	Cooking
5	July 29 -August 2	Art Show
6	August 5 -9	Safety Week
7	August 12-16	Messy Science Fun
8	August 19 -23	Water Fun



### WEEKLY PROGRAM FEES

**Auburn Y Member: \$225**

**General Public: \$300**

## Summer SACC Weekly Themes

<u>Week</u>	<u>Program Dates</u>	<u>Theme</u>
1	July 1st-July 5th *	Spirit Week
2	July 8th-July 12th	Talent Show
3	July 15th-July 19th	Animals
4	July 22nd-July 26th	Cooking
5	July 29th-Aug 2nd	Art Show
6	Aug 5th-Aug 9th	Safety Week
7	Aug 12th-Aug16th	Messy Science Fun
8	Aug 19th-Aug 23	Water Fun

\* 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 10th	1	July 1st-July 5th
Monday June 17th	2	July 8th-July 12th
Monday June 24th	3	July 15th-July 19th
Monday July 1st	4	July 22nd-July 26th
Monday July 8th	5	July 29th-Aug 2nd
Monday July 15th	6	Aug 5th-Aug 9th
Monday July 22nd	7	Aug 12th-Aug 16th
Monday July 29th	8	Aug 19th-Aug 23



# Auburn YMCA-WEIU 2024 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 24/25 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: \_\_\_\_\_



# 2024 Summer SACC Auburn YMCA-WEIU School Age Child Care Program and Parent Contract Agreement

Child's Name: \_\_\_\_\_

Child'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: July 1-5       Week 2: July 8-12       Week 3: July 15-19
- Week 4: July 22- 26       Week 5: July 29-Aug 2       Week 6: Aug 5-9
- Week 7: Aug 12-16       Week 8: Aug 19-23

# 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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Blank  
For 2 Sided Printing



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.

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children

\_\_\_\_\_

\_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR THE CHILDCARE CENTER TO COMPLETE**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
 (INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free  Reduced  Paid

Date of Determination \_\_\_\_\_

Signature of Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER     Date \_\_\_\_\_

This institution is an equal opportunity provider.



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**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

### **INSTRUCTIONS FOR COMPLETING DOH-3688**

#### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

#### **Definition of Household**

Household means *family* as defined in 7 CRF 22.6.2. *Family* means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

### **INSTRUCTIONS FOR PARENTS OR GUARDIANS**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

### **INSTRUCTIONS FOR SPONSORS AND CENTERS**

**The For The Childcare Center To Complete section is to be completed, signed and dated by sponsor or center staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The CACFP Agreement Number.**

**Total Number of Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Household Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Number of Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2023 is valid until May 31, 2024.

## CAYUGA COUNTY DAY CARE 2023 - 2024

Effective October 1, 2023 - May 31, 2024

The following are the income standards to determine eligibility for services to be used, effective October 1, 2023.

<u>FAMILY SIZE</u>	<u>100%</u>	<u>85% SMI</u>	<u>Monthly</u>
1	\$14,580	\$ 51,610.13	\$ 4,300.84
2	\$19,720	\$ 67,490.17	\$ 5,624.18
3	\$24,860	\$ 83,370.21	\$ 6,947.52
4	\$30,000	\$ 99,250.25	\$ 8,270.85
5	\$35,140	\$115,130.29	\$ 9,594.19
6	\$40,280	\$131,010.33	\$10,917.53
7	\$45,420	\$133,987.84	\$11,165.65
8	\$50,560	\$136,965.35	\$11,413.78
9	\$55,700	\$139,942.85	\$11,661.90
10	\$60,840	\$142,920.36	\$11,910.03