



2024/2025 Auburn YMCA-WEIU School Age Child Care Registration Form

Site: _____ AM Care PM Care AM & PM Care

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

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

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

* Child must be registered in Kindergarten 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 Child Care Director:

Audra Jakaub at 315-253-5304 ext. 1011.

Please list any medical concerns you may have: _____

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.

Parent Signature: _____ Date: _____



2024/2025 Auburn YMCA-WEIU

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:

_____ By enrolling my child, I am acknowledging that I have read and agree to the terms in the Parent Handbook (available @ www.auburnymca.org or Auburn YMCA front desk), 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 from program. Please review carefully.

_____ 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

**INSPIRING
ACHIEVEMENT,
BELONGING AND
CONNECTEDNESS**



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



Auburn YMCA-WEIU
Minor Participant Waiver, Release, Indemnification of
All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING AUBURN YMCA-WEIU FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Auburn YMCA - WEIU facilities, services, equipment and premises ("Facilities") and any participation in Auburn YMCA - WEIU programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Auburn YMCA - WEIU, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

 / /

Date

Signature

 / /

Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

To my Child's Teacher:

My child _____ will be attending
the YMCA School Age Child Care Program.

Before school

After school

at the following location _____
on the following day(s) _____

Parent/ Guardian Signature

Date _____

To the School Office:

My child _____ will be attending the
YMCA School Age Child Care Program.

Before school

After school

at the following location _____
on the following day(s) _____

Parent/ Guardian Signature

Date _____

Do NOT turn this form into the Auburn YMCA, please distribute form
to the appropriate departments at your child's school.

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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
For Program use only...Date of Enrollment		For Program use only...Date of Disenrollment	

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	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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 _____
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Check Boxes below to indicate if your child has any special needs/services: None
 Early Intervention/Special Education Occupational Therapy Speech/Language Physical Therapy
 Allergies (Please List): _____
 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:

- I consent to emergency medical treatment for my child..... Yes 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..... Yes No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips..... Yes No
- I provided information on my child's special needs to the program to assist in caring for my child..... Yes No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... Yes No
- I agree to review and update this information whenever a change occurs and at least once every year..... Yes No

Signature/Parent or Peron(s) Legally Responsible: _____	Date: _____
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Child's Full Name: _____	Date of Birth _____
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Check Boxes below to indicate if your child has any special needs/services: None
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Signature/Parent or Peron(s) Legally Responsible: _____	Date: _____
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