



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Auburn YMCA Summer 2025 Childcare

Auburn YMCA - WEIU 27 William St., Auburn, NY, 13021
315.253.5304 auburnymca.org



YMCA-Summer

SCHOOL AGE CHILD CARE

Week 1: June 30–July 4*

Messy Science Fun

This is a week of fun, experimentation, and plenty of mess at Messy Science Week! We will dive into exciting hands-on science projects that spark curiosity and creativity.

Week 3 : July 14–July 18

Dinosaurs and Prehistoric Palooza

Roar into adventure at Dino Week! Explore the prehistoric past, uncover ancient fossils, and unleash your inner paleontologist.

Week 5: July 28–August 1

Community Heroes

Step into the world of real-life heroes at Community Heroes Week! This week, your child will have the chance to meet and learn from local sheriff's deputies, brave firefighters, and even a doctor! Get inspired by the everyday heroes who keep our community safe and healthy.

Week 7: August 11–August 15

Artistic Adventures

Join us for an exciting week at Artistic Adventures, where young artists will explore a variety of art projects, from painting, to drawing and crafting. Throughout the week, campers will work on their masterpieces, and all their hard work will come together in a spectacular Art Show on Friday!

Week 2: July 7–July 11

Lights! Camera! Action!

This camp is all about discovering your inner star through a variety of creative activities. Campers will have the chance to explore performance arts, from acting and singing to dancing and more, as they prepare for a fabulous Talent Show on Friday!

Week 4: July 21–July 25

Superhero Academy

Join us for an action-packed week at Superhero Academy! Young heroes will dive into creative adventures, from designing their very own superhero cape and face mask to crafting a salt-painted web inspired by Spider-Man.

Week 6: August 4–August 8

Farm Fun

Join us for a week full of farmyard fun at Farm Fun Week! We will explore the wonders of farming, and learn about life on the farm. This week is packed with exciting activities for everyone!

Week 8: August 18–August 22

Around the World

Pack your bags for a global adventure at Around the World Week! We will journey to different countries, discovering unique cultures, traditions, and customs along the way. From creating crafts and learning fun facts, this week is all about exploring the diverse and colorful world we live in

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. Children are provided with breakfast, lunch, and snack. Please send your child with a water bottle and sneakers each day.



YMCA Childcare Program and Pricing List

Age Group	Available Options	Price
Toddlers 18 months-3 years	Monday-Friday 6:45am-5:30pm	YMCA Members-\$274.42/week General Public-\$314.88/week
3-Year-Olds and 4-Year-Olds Full day program	Monday-Friday 6:45-5:30pm	YMCA Member-\$280/week General Public-\$325/week
Before and After Care 3's and 4's ONLY AM Only Option PM Only Option AM and PM Care Option	Monday-Friday AM Care-6:45am-9:00am PM Care-1:45pm-5:30pm	AM Care: YMCA Member- \$71/week General Public-\$109/week PM Care: YMCA Member-\$101/ week General Public-\$136/week AM and PM Care: YMCA Member-\$150/week General Public-\$232/week
School-Age Child Care Ages 5-12 Auburn YMCA AM and PM Care Weedsport AM and PM Care Moravia PM Care Only Port Byron PM Care Only	Monday-Friday AM Care 7am-8:30am-Weedsport AM Care-6:30-8:30-Auburn ONLY PM Care: 3pm-5:30pm-Exception Moravia 3pm-6pm-Moravia ONLY	AM Only: YMCA Members-\$67/week General Public-\$90/week PM Only: YMCA Members-\$85/week General Public-\$133/week AM and PM Care: YMCA Members-\$135/week General Public-\$200/week
Summer School-Age Childcare Ages 6-12	Monday-Friday 6:45am-5:30pm	YMCA Members-\$260/week General Public-\$305/week
KinderCamp Ages-3-5	Monday-Friday 6:45am-5:30pm	YMCA Member-\$280/week General Public-\$325/week
A one-week deposit for the first week is required at time of registration		

*Child Care Assistance (DSS) Programs: The YMCA accepts day care assistance payments from the department of Social Services. Financial Assistance/Program Scholarship applications **will not** be considered until an award or denial-letter from a DSS caseworker is provided at time of Registration.

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

YMCA Daycare Program Registration Form

Child's Full Name: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Birthdate: _____ Age: _____ Male or Female (circle to indicate)

Parent/Guardian #1: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Phone: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Phone: _____

In case of emergency, the following persons (after parents) will be notified:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Has your child taken swimming lessons at the YMCA before? _____

Does your child enjoy the water? _____ Have any fears? _____

When and where will your child be attending Kindergarten? (If your child is attending Kindergarten in Auburn, please indicate which school they plan to attend). _____

Is there anything you feel we should know that would help us to make your child's time at the YMCA more comfortable and valuable? _____

YMCA Childcare Program Registration Form

Child's physician _____ Phone: _____

List all allergies/intolerances	Diagnosed by doctor?	Treatments/Specifics
	Y or N	
	Y or N	
	Y or N	
	Y or N	

Date of most recent physical examination _____

Please list any services your child receives (speech, OT, PT, SEIT, etc.) and who provides the service.

We will need a current vaccination record and physical on file before the start of the program. You may fax your child's shot record to 315-253-6153.

I, _____, authorize the YMCA to obtain emergency treatment for _____ in case of an emergency.

Signature: _____ Date: _____

Both parents are authorized for pickup unless the YMCA has court documents stating otherwise.

Please list below the names of three people to whom we may release your child to at the end of the YMCA program day. If there are any changes, please notify your child's teacher immediately.

Name:

Phone Number:

1. _____
2. _____
3. _____

Signature: _____ Date: _____

Acknowledgement of
Auburn YMCA Child Care Center
Policies

I, _____, received a copy of Child Care Center Policies. I fully understand it is my responsibility to read the information and if I have any questions, to ask the Child Care Center Director or Assistant Director to better understand them. I agree to comply with all policies and procedures outlined in this document.

Parent/Guardian Signature _____

Date _____

Child _____

Authorization for Pick Up

Child:

Parent/Guardian:

The following people, in addition to the parents/guardian, are authorized to pick up the child from the Auburn YMCA Child Care. No one else will be permitted to pick up the child. Any person unfamiliar to Child Care staff will be required to show proof of identification/picture ID. Under no circumstances will the child be released to anyone other than those listed below without written permission from the parent/guardian.

Name _____ Relation to child _____

Contact Number _____ or _____

Name _____ Relation to child _____

Contact Number _____ or _____

Name _____ Relation to child _____

Contact Number _____ or _____

Name _____ Relation to child _____

Contact Number _____ or _____

Parent/Guardian Signature _____

Date _____

Auburn YMCA Child Care Center

PARENT RELEASE FORM

My child may leave the YMCA with Child Care Staff to go on 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 swim lessons during preschool at the YMCA.

_____ **YES** _____ **NO**

I understand that YMCA Child Care Staff is trained on all safety regulations pertaining to the above permissions.

Parent/Guardian Signature _____

Date _____

Child _____

Emergency/Medical/Policy

Authorization Form

Child _____

Parent/Guardian _____

Emergency Medical Treatment

I give permission for my child to be

- transported by ambulance to the nearest emergency care facility should it be necessary during program hours.
- treated by any medical professional in case of emergency.

Parent/Guardian Signature _____ Date _____

Medication Policy

I will inform child care staff

- if my child has received any medication prior to coming to the child care center.
- of the name, dosage, time given and possible side effects of any medication my child may have been given.

Parent/Guardian Signature _____ Date _____

Swim/Gym Participation Policy

If a child is too sick to participate in swim or gym, they are too sick to attend child care. all children in attendance should be well enough to participation in swim or gym. If an injury (one requiring a cast or stitches/glue on a wound) prevents a child from participating in swim or gym, the child will be allowed to sit out of the activity. The child will be provided an alternative appropriate activity to occupy them in the swim or gym area.

In such cases, a doctor's note will be required stating the reason the child is unable to participate in gym or swim and the date they are allowed to resume participation.

I acknowledge and agree with the Swim/Gym Participation Policy.

Parent/Guardian Signature _____ Date _____

Handwashing Policy

Staff teach and model proper handwashing practices in order to lower the risk of spreading communicable diseases.

Staff will ensure all children thoroughly wash their hands with soap and water or assist children when:

- Hands are dirty
- After toileting
- Before and after food handling or eating
- After contact with bodily fluids (runny nose, sneezing, blood, saliva, vomit)
- After coming in from outdoors (playground, walks) or gym
- Arriving to school

Staff will post handwashing procedures (including pictures/print) near the sink in all classrooms and bathrooms for children to use as a guide.

Rest/Quiet Time Policy

Children will be offered a rest/quiet period in the classroom after lunch each day. Rest time is not intended to be a nap time, although some children may fall asleep. Rest/quiet time will last between 15 and 30 minutes. Children choosing not to rest will be offered quiet table activities to do while others are resting.

A soft, washable mat will be available for each child, should they choose to rest. Mats will be disinfected after each use and stored in a specified area of the classroom.

Parents must supply a crib-sized sheet and blanket (labeled with child's initials) to keep in school for resting. The sheet and blanket are

- stored separately in each child's cubby
- sent home each Friday to be washed and returned on Monday
- never shared

Meal Policy

- The Auburn YMCA Child Care Center is a nut-free facility.
- The program serves CACFP (Child and Adult Care Food Program) approved meals at the appropriate times to all enrolled children free of charge.
- There is no need to buy a lunch box or send in lunch items from home.

- If a child requires a special diet, the program must receive a statement from the child's physician describing the type of diet needed. Once the statement is received, the child will bring in all food items from home. This includes the daily snacks. Your child will not have any program provided food items given to them while attending program.
- If a child brings in food items from home and does not have a physician's statement, they will be served the school meal and will not be allowed to eat the food sent from home. The parent will be notified.

Meal Schedule (subject to change)

Breakfast 8:00-8:30 (served to Before Care ONLY)
 Lunch 11:15-11:45 (Full Day programs ONLY)
 Snack see individual classroom schedule

After Care Snack will be served at 2:30 and will be provided by the program.

Snack

Children develop a sense of pride and independence when they are responsible for providing their classroom community with a snack to share. Teachers will provide monthly "Snack Calendars" assigning children to their snack day.

On snack day, please send in snacks that are

- Healthy (cheese/crackers; pretzels; veggie sticks; apple slices; fruit cups)
- Individually wrapped/packaged (nothing homemade)
- Nut-free (we are a nut-free facility)
- Enough for the entire class

If you are not sure what to send in, please ask your child's teacher for ideas.

Birthdays

Children love celebrating birthdays! A special birthday treat may be sent in for snack, as long as it is store-bought, nut-free and easy to serve.

I have read and acknowledge the above policies.

Parent/Guardian Signature _____

Date _____

Child _____

AUBURN YMCA CHILDCARE INFORMATION RECORD

Name _____ Date of Birth _____

Address _____ Phone _____

Who are the members of your present household? (Include names of parents, children, relatives, roommates, etc.)?

Does your child enjoy outdoor play? _____

Any restrictions? _____

Does your child usually play alone or with others? _____

What age group? _____

How does your child get along with other children? _____

Persons to be called in case of emergency:

Name	Address	Phone
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Health

Doctor _____ Telephone _____

Conditions of general health as far as you know _____

What serious illness, if any, has your child had? _____

Toilet habits

Regular?	Yes or No	Independent?	Yes or No
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Word used for urinating? _____ For BM? _____

Sleep and nap habits/# of hours _____

Eating habits and difficulties (food preferences/dislikes, allergies, etc.) _____

Fears (general)

Has your child taken swimming lessons at the YMCA before? Yes or No

Does your child enjoy the water? Yes or No

Does your child have any fears around water? Yes or No

Behavior issues (tantrums, hitting, biting, running away/escaping, etc.)

Methods of home discipline:

What experience has child had away from parents?

How does child act when left by parents?

What types of play material does child have at home?

Any other concerns or information which should be known?

Comments

1

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category. If any brand is acceptable, just check yes or no beside the product.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sunscreen
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hand Sanitizer
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Antibacterial Hand Wipes
<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Cream
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Triple Antibiotic Ointment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Antiseptic Cream
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diaper Cream

I, _____ give permission to the
Auburn YMCA Child Care Center staff to apply topical over-the-counter
medications to my child, _____. I understand that
the stocked brand may be used unless I have indicated a specific brand above.

Date _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -
	CHILD'S FULL NAME:			DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:			GENDER:	
	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: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			<input type="checkbox"/> ok to text		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	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			FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /			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 NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
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.....			<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: / /



Preschool Automatic Payment Agreement

Payment for first month's tuition is due at time of registration. All future tuition payments will be **automatically deducted** from your Bank Account or Credit Card on the first of each month for that month's care.

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 or charged to my credit card 3 weeks prior to the week due, 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, or change in membership category). 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/credit card for any reason, I realize 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.

Parent Signature: _____ Date: _____

Child/Children names: _____

Automatic Payment Information

Bank Account Type: Checking Savings **Credit Card:** Visa MasterCard Discover American Express

Bank Name: _____ Name on Card: _____

Account #: _____ Credit Card #: _____

Routing #: _____ Expiration Date: ____/____ Security Code: _____

I authorize the Auburn YMCA-WEIU to charge the above Account or Credit Card for my childcare tuition on the **first of each month.**

Income Eligibility Form for Child Care Centers

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

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Date _____

This institution is an equal opportunity provider.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

Is there anything we should know about your child that would help us meet your child's needs? (ie. Asthma, special needs, chronic illness, dietary restrictions)

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No

If Yes, what is your child allergic to? _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:

Telephone Number:

Child's Source of Dental Care/Dentist's Name:

Telephone Number:

Name Of Medical Care Facility/Hospital:

Telephone Number:

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

Is there anything we should know about your child that would help us meet your child's needs? (ie. Asthma, special needs, chronic illness, dietary restrictions)

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No

If Yes, what is your child allergic to? _____

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Child's Source of Medical Care/Primary Care Physician's Name:

Telephone Number:

Child's Source of Dental Care/Dentist's Name:

Telephone Number:

Name Of Medical Care Facility/Hospital:

Telephone Number:

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
	_____	_____	_____	<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other



Auburn YMCA-WEIU
27 William Street
Auburn NY 13021
315-253-5304

Provider/Day Care Facility Name and Address:

CHILD'S FULL NAME: [REDACTED]		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
CHILD'S HOME ADDRESS: [REDACTED]		DATE OF BIRTH: [REDACTED]
		HOME TELEPHONE NUMBER: [REDACTED]
DATE OF ACCEPTANCE: [REDACTED]	DATE OF DISCHARGE: [REDACTED]	
NAME OF PERSON APPLYING FOR CHILD: [REDACTED]	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER: [REDACTED]
	<input type="checkbox"/> Caretaker <input type="checkbox"/> Relative	DAYTIME TELEPHONE NUMBER: [REDACTED]
	<input type="checkbox"/> Other [REDACTED]	
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S): [REDACTED]		
AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised 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. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No 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. <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 six months. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE [REDACTED]		DATE: [REDACTED]

OCF S-LD SS-0792 (1/2005) REVERSE



Auburn YMCA-WEIU
27 William Street
Auburn NY 13021
315-253-5304

Provider/Day Care Facility Name and Address:

CHILD'S FULL NAME: [REDACTED]		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
CHILD'S HOME ADDRESS: [REDACTED]		DATE OF BIRTH: [REDACTED]
		HOME TELEPHONE NUMBER: [REDACTED]
DATE OF ACCEPTANCE: [REDACTED]	DATE OF DISCHARGE: [REDACTED]	
NAME OF PERSON APPLYING FOR CHILD: [REDACTED]	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER: [REDACTED]
	<input type="checkbox"/> Caretaker <input type="checkbox"/> Relative	DAYTIME TELEPHONE NUMBER: [REDACTED]
	<input type="checkbox"/> Other [REDACTED]	
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S): [REDACTED]		
AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised 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. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No 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. <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 six months. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE [REDACTED]		DATE: [REDACTED]

OCF S-LD SS-0792 (1/2005) REVERSE