

# CHILDCARE PROGRAM

Ages 18 months-5 years

2024-2025



**Auburn YMCA-WEIU**  
**27 William Street**  
**Auburn, NY 13021**

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



The YMCA Childcare Program for ages 18 months-5 years integrates Y facilities and programs, blending education with recreation for a stimulating preschool experience.

Experienced teachers provide traditional preschool instruction focusing on school readiness concepts such as colors, number/letter recognition, language concepts, and social skills.

Learning is done through a variety of fun activities such as arts and crafts, science activities and music class.

Additionally, children participate in weekly planned swim lessons and gym time, with a focus on large motor development.

Our program is well rounded and enjoyable, with a focus on socialization, physical activity, emotional growth, and most of all,

**FUN!**

# Programs & Pricing

Age Group	Available Options	Price
Toddlers** 18 months-3 years Full Day Childcare Option <i>** Anticipated opening late Summer 2024. Wait list is now open!</i>	Monday - Friday 6:45 a.m.-5:30 p.m.	YMCA Member: \$274.42/week General Public: \$314.88/week
Terrific 2's Half Day Program (child turns 2 by 12/1/2024)	Monday - Friday 9:15-11:45 a.m.	YMCA Member: \$122.09/week General Public: \$145.35/week
3-year-olds Half Day Program (child turns 3 by 12/1/2024)	Monday - Friday 8:45-11:15 a.m.	YMCA Member: \$139.53/week General Public: \$162.79/week
3's or 4's Full Day Programs (3's—>child turns 3 by 12/1/2024) or (4's—>child turns 4 by 12/1/2024)	Monday - Friday 3's—>8:45 a.m.-1:45 p.m. 4's—>9:00 a.m.-2:00 p.m.	YMCA Member: \$153.49/week General Public: \$197.67/week
Before & After Care 3's & 4's ONLY A.M. only option P.M. only option A.M. & P.M. "wrap care"	Monday - Friday A.M. Care—>6:45-9:00 a.m. P.M. Care—>1:45-5:30 p.m.	A.M. Care YMCA Member: \$60.47 General Public: \$93.02  P.M. Care YMCA Member: \$87.21 General Public: \$116.28  A.M. & P.M. Care YMCA Member: \$127.91 General Public: \$197.67
<b><i>A one-week deposit for September is required at time of registration.</i></b>		

**\*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](http://www.auburnymca.org) or at the YMCA Member Services Desk. Applications must be approved PRIOR to registration. Please plan accordingly.

# YMCA Childcare Program 2024-2025 Registration Form

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

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Parent/Guardian #1 \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Has your child taken swimming lessons at the YMCA before? \_\_\_\_\_

Does your child enjoy the water? \_\_\_\_\_ Have any fears? \_\_\_\_\_

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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 our YMCA  
Preschool a more comfortable and valuable experience? \_\_\_\_\_  
\_\_\_\_\_

YMCA Childcare Program 2024-2025 Registration Form

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

List all allergies/intolerances	Diagnosed by doctor?	Treatments/Specifics
	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 preschool. You may fax your child's shot record to 315-253-6153 or bring a copy with you to Open House.***

I, \_\_\_\_\_, authorize the YMCA to obtain emergency  
Parent/Guardian  
 treatment for \_\_\_\_\_ in case of an emergency.  
Child

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Both parents are authorized for pick up 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.

- | <u>Name</u> | <u>Phone Number</u> |
|-------------|---------------------|
| 1. _____    | _____               |
| 2. _____    | _____               |
| 3. _____    | _____               |

Signature \_\_\_\_\_  
Parent/Guardian

# General Permissions

## 2024-2025

Classrooms go outside daily. Walks are an important part of the YMCA Preschool daily routine. Walks in the neighborhood are occasionally taken without previous planning and notification to parents.

**My child may leave the YMCA for neighborhood walks with their classroom and staff.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

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**My child may be photographed for publicity and classroom use.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

.....



**BRIGHT BEGINNINGS START HERE!**  
**LEARN GROW THRIVE**



## 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.**

## 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

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.

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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.