

CAMP KAI!

Summer Day Camp

Auburn YMCA

Early Learning Center



YMCA Early Learning Center Program Registration Packet

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: _____

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?

Date of most recent physical examination: _____

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

Auburn YMCA Early Learning Center Information Record

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Who are the members of your present household? (Include name 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health

Doctor: _____ Phone: _____

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

Word for urinating? _____ For BM? _____

Sleep and nap habits/ # of hours: _____

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

Fears (general) _____

YMCA Early Learning Center Program Registration Packet

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 the water: Yes or No

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

Methods or home discipline: _____

What experience has your child had away from parents? _____

How does your 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:

Acknowledgement of Auburn YMCA Early Learning
Center Policies:

I, _____,
received a copy of The Auburn YMCA Early Learning Center's
Policies. I fully understand it is my responsibility to read the
information and if they have questions, to ask the Early
Learning Center Director to better understand them. I agree to
comply with all policies and procedures outlined in this
document.

Parent/Guardian

Signature _____

Date: _____

Child's Name: _____

Authorization for Pick-Up

Child:

Parent/Guardian:

The following people, in addition to the parents/guardians, are authorized to pick up the child from the Auburn YMCA Early Learning Center. No one else will be permitted to pick up the child/ Any person unfamiliar to the Early Learning Center 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 Early Learning Center

PARENT RELEASE FORM

My child may leave the YMCA with Early Learning Center 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 Early Learning Center Staff is trained on all safety regulations pertaining to the above permissions.

Parent/Guardian Signature _____

Date _____

Child _____

Permission to Administer Over-The-Counter Medications

If your child must use a specific brand of any products listed, please indicate the brand name of the product 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 Early Learning 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: _____

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 Early Learning Center staff

- If my child has received any medications prior to coming to the Early Learning Center.
- The name, dosage, time given and possible side effects of any medications my child may have been given.

Parent/Guardian Signature _____ Date _____

Participation Policy

If a child is too sick to participate in swim, gym or outside time they are too sick to attend child care. All children in attendance should be well enough to participate in daily activities. 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. 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. The child will be provided an alternative appropriate activity to occupy them in the swim or gym area.

All children are required to go outside daily except during inclement weather.

I acknowledge and agree with the Participation Policy.

Parent/Guardian Signature _____ Date _____

Rest/Quiet Time Policy

Children will be offered a rest/quiet in pre-school classrooms after lunch each day. Rest time is not intended to be a nap time, although some children may fall asleep. Toddlers will take a nap daily. 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 to 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
- They are NEVER SHARED

Meal Policy

- The Auburn YMCA Early Learning 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 or charge
- There is no need to buy a lunch box or send in a 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 including daily snacks. Your child will not be allowed to eat any school foods.

Meal Schedule (Subject to change)

Breakfast	8:45-9:15am
Lunch	11:30-12:00pm
Snack	2:30-3pm

Birthdays

Children love celebrating birthdays! A special birthday treat may be sent in to be sent home with classmates. Anything sent home must be store bought and nut free.

I have read and acknowledge the above policies:

Parent/Guardian Signature _____

Date _____

Child _____

YMCA Early Learning Center Program Registration Packet

Before registration can be completed we need also need the following forms on file:

- Registration Form
- Automatic Payment Agreement
- Current Physical and Immunizations
- CACFP Income Eligibility Form
- Acknowledgement of Policies
- Authorization for pick-up
- Parent-Release Form
- Policies Sign-Off
- Childcare Information Record
- Emergency Medical Policy Authorization Form
- Over the Counter Medication Form
- Parent Agreement Form
- Naptime Agreement
- Swim Plan
- Transportation Form-School Age Only

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: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):				
EMAIL ADDRESS:							
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: / /

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.

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.

**Auburn Enlarged City School District
2026-2027 Daycare Transportation Request Form**

Please fill out the information below. **Signed/completed forms must be returned by August 15, 2026 for transportation to be received.** A new form must be filled out by the parent or guardian every school year.

To be eligible for childcare transportation:

- **Your provider must be licensed with the NYS Office of Children and Family Services.**
- **Childcare provider must be within the AECSD attendance zone to receive transportation and meet mileage requirements (1 mile for elementary, 1.5 miles for AJHS, 2 miles for AHS) from the school the student attends.**
- **Transportation is provided to/from one location only.**
- **Schedules for transportation to different locations on different days of the week are not permitted. Child must attend daycare every morning, every afternoon or both to be eligible for daycare busing. Exceptions will be made only on days when students have a half day of school, per the District calendar or an emergency closure.**

Requested Start Date _____ School _____
Daycare busing will begin 48-72 hours after District approval

2026-2027 grade _____ Student Name _____

Student Home Address _____

Parent/Guardian Name _____ Phone Number _____

Place of Employment _____ Work Phone _____

Emergency Contact Name/Phone Number _____

Medical Information (optional) _____

Child Care Provider: YMCA Daycare

Child Care Address and phone number: **27 William Street, 315.253.5304**

Is child care needed: **A.M. Only** **P.M. Only** **Both A.M. and P.M.**

Parent/Guardian Signature and Date _____

District Use Only

Approved _____ Bus _____

Disapproved/Reason _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD DAY CARE CENTER
SLEEPING AND NAPPING AGREEMENT

This form may be used to meet the regulatory requirement that, other than for school-age children, sleeping and napping arrangements must be made in writing between the parent and the program.

Name of Child in Care:	Date of Birth / /
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Name of Parent/Guardian:

Name of Program:	Facility ID#
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Area of program where child will nap or sleep:
--

Napping or sleeping surface (Check all that apply): <input type="checkbox"/> Mat <input type="checkbox"/> Cot <input type="checkbox"/> Bed <input type="checkbox"/> Crib
--

How will the child be supervised?

All applicable regulations must be followed, including, but not limited to, those listed below. Contact your regulator with any questions.

- In a child day care center, children may not sleep or nap in car seats, baby swings, strollers, infant seats, or bouncy seats, unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, they must be moved to an approved sleeping surface.
- Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on their back to sleep, unless medical information from the child’s health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
- Cribs, bassinets, and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges, or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child’s health care provider.
- The resting/napping places must be located in approved day care space; be located in safe areas of the program; be located in a draft-free area; be where children will not be stepped on; be in a location where safe egress is not blocked; allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; and be at least two feet apart from each other.
- Children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc.) but instead must be offered a supervised place for quiet play.
- A copy of this agreement must be kept on file at the program and accessible for review.

Signature of Parent/Guardian
/ /
Date

Signature of Program Staff
/ /
Date