



www.auburnymca.org

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

SCHOOL AGE CHILD CARE

Before & After School

2026-
2027
School
Year

The YMCA Before and After School program provides children in Kindergarten -Grade 6, a fun, game-filled program in a safe environment. Activities include homework time, snacks, arts and crafts, projects, gym games, and small group activities. Program licensed by NY State

**Program Hours: Monday-Friday on days when School is In-Session
(We follow the AECSD Calendar)**

7:00* am-School Starts End of School Day-5:30 pm

Tuition Fees	Morning Care	Afternoon Care	Before and After Care
Auburn Y Member	\$72/ week	\$90/week	\$143 / week
General Public	\$95 / week	\$138/ week	\$208 / week

Locations:

Before & After School Care:

- Weedsport: 7:00am drop off -pick up by 5:30pm
- Auburn YMCA : 6:45am drop off - pick up by 5:30pm
- Jordan Elbridge: 7:00 am Drop off- Pick up by 5:30pm

After School Care:

- Moravia: pick up by 6:00pm
- Port Byron: Pick up by 5:30pm
- Cato: Pick up by 5:30pm

Auburn YMCA Site will serve all Auburn students with an approved bus pass.

*Minimum Registration numbers must be met in order for program to run. We will provide a 30-Day written notice if a program does not meet or maintain minimum number of participants. Registration: Return completed forms to the Auburn YMCA Member Services Desk. Registrations received after deadline will be subject to a 3-5 business day processing period. Financial Assistance: Program Scholarship applications are available on our website: www.auburnymca.org or at the Member Services Desk. Scholarship applications must be submitted PRIOR to registration. Scholarships cannot be applied after registration has been completed. Please plan accordingly.

WELCOME!

The YMCA before and after school program is a mission driven organization that puts a strong emphasis on our core values of caring, respect, responsibility and honesty. We strive to provide every child with activities that foster character development.

We are pleased that you have selected us to provide programming for your child this school year. Our goal is to provide quality enrichment child care activities through a perfect balance of fun, learning and friendship.

Please read through our Parent Handbook and familiarize yourself with our policies and procedures. It provides you with information about our services, programming and payment.

We welcome you to contact us with any questions or comments at: (315)253-5304 or visit our website auburnymca.org for more information.

Sincerely,
Audra Jakaub
Child Care Director

IMPORTANT CONTACT INFORMATION

➤ **Gracie Murphy** Camp and SACC Director (315)253-5304 ext. 1015
Gracem@auburnymca.net

SCHOOL CONTACTS

Auburn YMCA (3rd floor SACC Room).....315-253-5304 (YMCA front desk)

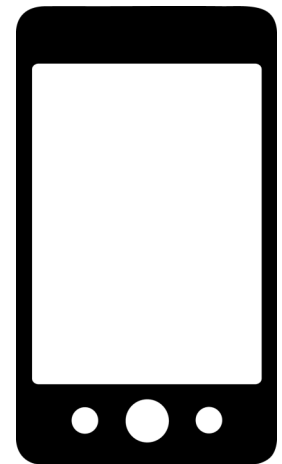
Port Byron (Program in classroom).....315-776-6125 (Classroom)

Weedsport (program in Classroom).....315-834-6685 (school)

Moravia (Program in cafeteria).....315-497-2670 Ext. 1122

Jordan Elbridge (Program in cafeteria).....315-689-8540 (school)

Cato (Program in cafeteria)..... 315-626-3439 (school)





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: _____



Auburn YMCA-WEIU School Age Child Care Program and Parent Contract Agreement

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**



Auburn YMCA Early Learning Center (ELC)

Behavioral Guidance Plan

Clear Expectations

At the Auburn YMCA Early Learning Center, we promote a safe, respectful, and nurturing environment for all children. We encourage the following positive behavior guidelines:

- Treat others with kindness and respect, Use words to express feelings instead of physical actions, Follow rules for sharing and taking turns, Keep hands and feet to oneself

Classroom Response Steps

Our staff responds to behavioral concerns in a consistent and supportive manner:

- **Immediate Intervention** Staff will promptly address any unsafe or inappropriate behavior.
 - **Redirection** Children will be guided toward a more appropriate activity or behavior.
 - **Break from the Classroom** If needed, staff may request administrative support. The child may be given a brief break in a designated area away from the group to allow time to calm down.
- Reflection and Discussion** After the break, staff will have a calm, age-appropriate conversation with the child to discuss what happened, focusing on feelings, choices, and better alternatives.

Serious Behavioral Incidents

The following behaviors are considered unsafe and require immediate action:

- Hitting, biting, swearing, hitting, or any behavior that puts others at risk

Response Protocol:

- **First Incident** Immediate intervention by the Behavioral Director and/or Administration. The child will be removed from the situation to ensure safety.
 - **Second Incident** The child will be sent home for the day.
- Repeated Incidents** Any child who has two incidents within a five (5) day period will be temporarily suspended until a meeting is held between parents/guardians and administration to develop a plan for success.

Our Commitment

By implementing this Behavioral Guidance Plan, the Auburn YMCA Early Learning Center is committed to:

- Maintaining a safe and supportive environment, Teaching children appropriate social and emotional skills, Promoting positive interactions and mutual respect, and Partnering with families to support each child's development

We believe that fostering open communication between staff, children, and parents is essential to the success of every child in our program.

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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Before and After School

Care Payment Agreement

Payment for first Weeks's tuition is due at time of registration. All future tuition payments will be **automatically deducted** from your Bank Account or Credit Card 3 weeks prior.

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 in advance, through the duration of the program.
3. I agree to give the YMCA a 22-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 that I am still responsible for that payment plus a \$30 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.

Child/Children: _____

Parent Signature: _____ Date: _____

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.

Signature: _____ Date: _____

Print Name: _____

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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.

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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"/> Allergies (Please list) _____		<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Physical Therapy	
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: / /