



YMCA of Long Island
School Age Child Care Forms
2021-2022
<https://ymcali.org/childcare2021>



Dear School Age Child Care Families,

Welcome to the YMCA of Long Island's School Age Child Care program (SACC) with South Country School District. We are so pleased that you have chosen to be a part of our **Patchogue Family YMCA** program.

The YMCA provides programs and services to children of all ages that nurture youth development, foster healthy living and inspire social responsibility.

Our programs are planned and facilitated by YMCA staff, who are trained to meet the needs of your child(ren) and to provide positive adult role models. The flexibility of our programs allows us to accommodate families across Long Island and fulfill the individual needs of every child.

The SACC program is designed to supplement and support your child's experiences at home and school. We provide a safe, fun, and welcoming environment where children can reach their full potential. Our programs are conducive to socialization, individual growth, teamwork, and creating lifelong friendships. As a result, the Y continues to be the leader in quality, and affordable child care programming.

The SACC Parent Handbook is an important part of the Enrollment Agreement between parents/guardians and the YMCA SACC program. You can obtain a copy on our website at <https://ymcali.org/childcare2021>. Please read the information thoroughly and let us know if you have any questions or concerns.

We look forward to a wonderful, safe year ahead with your family! Please feel free to contact us throughout the year with any matter you wish to discuss.

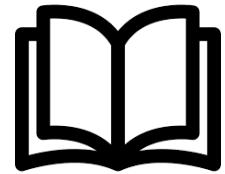
Sincerely,

Darryl Smith
Program Director
(631) 891-1800 ext. 1810
darryl.smith@ymcali.org



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PATCHOGUE FAMILY YMCA SCHOOL AGE CHILD CARE CONTRACT

The undersigned, being the parent/guardian of:

Child's First Name _____ Child's Last Name _____ Birth date _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

School District: **SOUTH COUNTRY** OTHER: _____

School Child Attends: _____

Agrees to enroll in the Patchogue Family YMCA School Age Child Care Program for the 2021/2022 school year, to commence in September 2021 through June 2022. To secure a spot in School Age Child Care program, your first month's tuition payment must be made, in addition to a YMCA Youth Program Membership (or full/family membership). All monthly membership rates and child care tuition rates can be found online.

The undersigned agrees to pay the sum of \$ _____ per month for the program. The annual fee is divided into 10 equal monthly payments. Monthly fees will not be prorated for school holidays, vacations, and breaks. Payments are due and payable on the first of each month. A \$25 late payment fee will be added to your account for any payment received after the tenth of the month.

SACC 2021-2022 Fees

SACC rates are based on a 10-month school year. The annual fee is divided into 10 equal monthly payments. Monthly fees will not be prorated for school holidays, vacations, and breaks.

	AM Only / Month 7:00 am – school start	PM Only / Month Dismissal-6:00pm
5 Days	220	\$350
3 Days	\$155	\$230
2 Days	\$125	\$165

REFUNDS WILL BE MADE FOR THE FOLLOWING REASONS ONLY:

1. Permanent removal from the locale by the child's family.
(Proof of relocation is required, i.e. utility bill, telephone bill, etc.)
2. Serious prolonged illness of the child, accompanied by a doctor's note.
3. Loss of job by the parent/guardian.
(Proof of job loss will be required, from the company or unemployment.)
4. Dismissal from program by YMCA.
5. Refunds/Credits due to COVID-19 will be reviewed and outcome determined on a case-by-case basis.



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WITHDRAWALS/CANCELLATIONS AND PROGRAM CHANGES:

6. Program withdrawal and contract cancellation requires 14 days written notice. Tuition is required for this period. There is a \$25 fee for all changes.

Accounts two (2) months past due are subject to dismissal and forwarded to our collection agency which will be subject to collection and legal fees. In addition, you will be restricted from participating in other YMCA programs.

TUITION PAYMENT:

Due to COVID-19, the YMCA will only be accepting major debit and credit cards for tuition payments. Cash and checks will not be accepted at this time.

Circle one:

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVER

Cardholder Name _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature _____

DEPOSIT AMOUNT: _____

Please Check One:

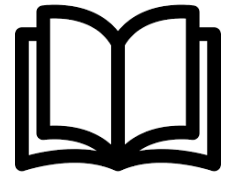
Run my card for DEPOSIT ONLY

Run my card for DEPOSIT AND
MONTHLY AUTOMATIC PAYMENT



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ENROLLMENT FORM

_____ Date of Birth ____/____/____ Gender M F

Child's Name

Street Address Town State Zip

School District School

Grade Teacher

Parent/Guardian's Name	Parent/Guardian's Name
Address:	Address:
Phone:	Phone:
Cell:	Cell:
Email:	Email:

SCHOOL AGE CHILD CARE PROGRAM SELECTION

K- 3 to be held at South Haven Early Childhood Center
4th & 5th Grade at the PATCHOGUE FAMILY YMCA
(please check off the school your child attends)

- | | |
|---|---|
| <input type="checkbox"/> Brookhaven Elementary School | <input type="checkbox"/> Frank P Long Intermediate School |
| <input type="checkbox"/> Kreamer Street Elementary School | <input type="checkbox"/> Verne W. Critz Elementary School |

Please circle AM and/or PM for our 5, 3, 2 Day School Age Child Programs:

AM program 7 am – start of school
PM program end of school – 6:00pm

MONDAY
AM PM

TUESDAY
AM PM

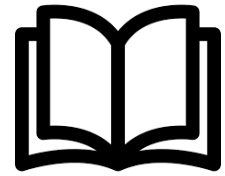
WEDNESDAY
AM PM

THURSDAY
AM PM

FRIDAY
AM PM



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AUTHORIZED/EMERGENCY PICK UPS: Contacts must be other than parent/guardian. A minimum of two (2) contacts are REQUIRED by New York State Office of Children and Family Services (OCFS), our licensor.

Please list below the names of those persons over the age of 18 who are authorized to pick up your child from the YMCA SACC program. The YMCA may also call the people listed below if parent/guardian cannot be reached, in the case of illness, emergency, behavioral issues or failure of an adult to pick up by the close of the program. At least one adult must be within 30 minutes of the site and be reachable during program hours at all times. It is my responsibility to be on time prior to program closing each day. Both parents/guardians listed above are presumed to have pick-up rights, unless court ordered documents are presented in advance to the YMCA.

Authorized Pick Up Name 1	Authorized Pick Up Name 2
Address:	Address:
Phone:	Phone:
Cell:	Cell:
Authorized Pick Up Name 3	Authorized Pick Up Name 4
Address:	Address:
Phone:	Phone:
Cell:	Cell:

UNAUTHORIZED TO PICK UP (Legal Document Required)

Name: _____ Relationship: _____

Please Initial Below:

I give permission for my child, _____, to participate in all SACC activities planned for the days he/she attends. _____

I understand no credit or refund will be granted for days absent. Holidays, vacation days, and school closings are incorporated into the yearly tuition. _____

I give permission for my child's photograph to be taken to use in YMCA marketing materials. _____

I hereby authorize the administration of First Aid during SACC hours by a trained staff member. If necessary, I authorize the YMCA to use local Emergency Room for immediate treatment, with emergency transportation. _____

No medication will be accepted without proper documentation.

I understand in order to avoid fees; withdrawal notification must be made in writing at least 14 days prior to dropping the program. _____

I understand I cannot send anyone under the age of 18 to pick up my child under any circumstance. _____

Parent/Guardian Signature _____ Date _____



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HEALTH FORM

_____ Date of Birth ___/___/___ Gender M F
Child's Name

_____ Town _____ State _____ Zip _____
Street Address

_____ School _____
School District

_____ Teacher _____
Grade

_____ Day Phone _____
Parent/Guardian 1 Name

_____ Email _____
Cell

_____ Day Phone _____
Parent/Guardian 2 Name

_____ Email _____
Cell

_____ Relationship: _____
Emergency Contact Name

_____ Cell _____
Phone

Parent Signature

Please circle the school that your child attends:

**Brookhaven Elementary School
Kreamer Street Elementary School**

**Frank P Long Intermediate School
Verne W. Critz Elementary School**

HEALTH INFORMATION: (Be sure to read the Parent/Guardian's Handbook section on Health and Medication)

Does your child have any allergies that might require medication while in our care? (If yes please specify)	
Does your child have any medical, physical, or developmental conditions requiring special attention? (i.e., hearing, visual, etc.) (If yes please explain)	

Medical Emergency Permission:

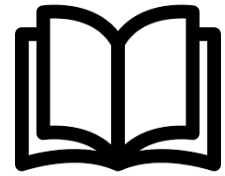
I grant a YMCA staff member or my listed emergency contacts on this form with authorization, in the event that I cannot be reached, to make medical and emergency care decisions for my child. If necessary, I authorize the YMCA to use local Emergency Room for immediate treatment, with emergency transportation.

Parent/Guardian Signature

Date



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PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

At the time of registration, all parents/guardians must read and sign this form. This form is kept on file at the YMCA. Your signature on this form indicates your understanding and agreement to comply.

1. I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
2. I understand that I am not to leave my child at the YMCA program site unless a YMCA staff member is there to receive and supervise my child.
3. I understand that my child will not be allowed to leave the program with an unauthorized person. Any changes to the pick-up arrangements must be made in writing. Parents/guardians and pickups must always carry photo ID to properly identify themselves. It will be assumed that both parents/guardians are authorized to pick up, unless the YMCA is presented with court ordered documents proving otherwise.
4. I understand that should a person who arrives to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
5. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
6. I understand that if I have a concern or comment regarding the SACC program I will maintain a courteous and civil manner, and that the YMCA will do the same.
7. I understand that my fee pays for direct operating costs, i.e., staff, snacks, and program supplies. All of these things must be available for the number of children that are enrolled in the program. When I enroll, I understand that I am reserving the time, space, staff, and provisions for my child whether they attend or not.
8. I understand that it is my responsibility to make arrangements for my child to be picked up no later than 6:00pm. I understand I may incur a late charge of \$25, and \$1 per minute if I am consistently late picking my child up from the YMCA program.
9. I understand that my child must be healthy and well to send them to the program, and should be symptom free of any illness or doctors note will be required.

I have received and read the Parent Handbook and understand the policies and guidelines of the YMCA of Long Island School Age Child Care program. By signing this form, I am giving consent to the SACC policy concerning emergency medical care, program fees, suspension, dismissal, closings due to weather, and any related items.

The YMCA reserves the right to terminate SACC arrangements for the parents/guardians who disregard these basic understandings.

Date:

Parent/Guardian Signature



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CODE OF CONDUCT

When you register for our School Age Child Care Program, all parents will be required to sign a code of conduct. Please make certain that both you and your child are completely familiar with these policies. It is our intent that each child enjoys all activities planned by understanding that he/she is responsible for his/her actions. With that, we are here to help them succeed by role modeling the basic rules and appropriate conduct. As in any group activity, the appropriate behavior of one can spoil the experience of the entire group. The Director, upon notifying the parent, may suspend or terminate all activities and participation in the program for the following misconduct:

- Use of foul language or being rude and discourteous to staff and peers
- Intentionally and repeatedly leaving designated areas without permission
- Defacing YMCA properties and/or school property
- Refusing to follow basic safety rules and the Covid-19 Safety Plan (online)
- Inappropriate use of hands
- Actions or words that can be hurtful or harmful to another student or staff member
- Intentionally injuring another child
- Bringing illegal substances including alcohol, cigarettes, and drugs
- Bringing weapons
- Stealing YMCA or student property
- Refusing to follow the Y's personal item policy

In the event that a child proves he/she is unwilling to follow these policies, the parent will be informed. Depending on the severity of the infraction, the parent will be asked to:

- Pick up the child immediately
- Meet with the site director/director for a conference concerning the incident
- Meet with the director to discuss termination from the program

In the event that a child proves he/she is unwilling to follow these policies, the child may:

- Lose the privilege to participate in a certain activity
- Be suspended from the program
- Be terminated from the program

It is our desire that each child enjoys his/her "Y" experience. It is for these reasons that we have initiated policies we feel are fair and beneficial to everyone. Staff are trained and expected to respond to any reported violation of our Code of Conduct. See Behavior.



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PARENT/GUARDIAN HANDBOOK ACKNOWLEDGEMENT

Participants Name(s): _____

Child's Home School Name:

By reading and signing this parent handbook acknowledgement form, I am aware of the YMCA's policies and procedures.

Parent/Guardian Signature

Date