



YMCA of Long Island
School Age Child Care Forms
2023-2024
<https://ymcali.org/childcare>



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 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.

Please see below the important information regarding the YMCA After care program registration for the upcoming 2023-2024 school year.

Please note, at this time each child will require a one-month deposit and \$105 youth program membership fee. **(MEMBERSHIP IS NON-REFUNDABLE).** Registration forms are attached to this email.

The following documents are included in the registration process:

- School Age Child Care Agreement
- Enrollment Form
- Health Form
- Parent/Guardian Statement of Understanding
- Code of Conduct
- Parent/Guardian Handbook and Acknowledgment
- Instruction for Medication:
 - Medication Consent Form
 - Individual Health Care Plan for a Child with Special Health Care Needs
 - Individual Allergy and Anaphylaxis Emergency Plan

Registration packets must be returned via email to Darryl.Smith@YMCALI.org

Please be aware that ALL unpaid balances currently due, must be reconciled upon registration for the upcoming school year. If not, you will be at risk of losing your spot in the program.

As a benefit to multi-children families, if you have a child entering kindergarten in Fall 2023, that child will be able to register at the same time as your child currently enrolled in the program. Lastly a 10% sibling discount will be offered this year.

We are looking forward to another great school year!

Sincerely,

Darryl Smith
Program Director
(631) 891-1800 ext. 1810
Darryl.Smith@YMCALI.org



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 2023/2024 school year, to commence in September 2023 through June 2024. 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 2023-2024 Fees

SACC rates are based on a 10-month school year. Monthly fees will not be prorated for school holidays, remote learning days, days out sick or vacations, inclement weather and/or school breaks.

	AM / Month 7:00 am – school start	UPK AM / Month 7:00 am – start of UPK	PM / Month Dismissal-6:00pm	UPK PM / Month End of School till 6 pm
5 Days	\$230	\$245	\$364	\$380
3 Days	\$162	\$180	\$240	\$258
2 Days	\$130	\$137	\$173	\$190

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

I have carefully read and understand the YMCA of Long Island School Age Child Care Agreement and agree to abide by all of its terms, as well as with the rules and regulations now or hereafter made by the program.

Parent/Guardian Signature

Date



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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 (please check off the school your child attends)

UPK- 3 to be held at South Haven Early Childhood Center

4th & 5th Grade at the PATCHOGUE FAMILY YMCA

- | | |
|--|---|
| <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 |
| <input type="checkbox"/> South Haven Early Childhood Program | |

Please circle AM and/or PM for our 5, 3, 2 Day School Age Child Programs:
(AM program 7:00am – start of school & PM program end of school – 6:00pm)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM PM	AM PM	AM PM	AM PM	AM PM

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.



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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

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? Yes No
 (If yes please specify) _____

Does your child have any medical, physical, or developmental conditions requiring special attention? (i.e., hearing, visual, etc.) Yes No
 (If yes please explain) _____

Check boxes below to indicate if your child has any special needs/services:

None Early Intervention Occupation Therapy Speech/Language Physical Therapy
Other: _____

(Please note NYS OCFS FORM must be completed)

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.

_____ Date _____
 Parent/Guardian Signature



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.

Signature of Parent/Guardian

Date



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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.



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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.

Signature of Parent/Guardian

Date