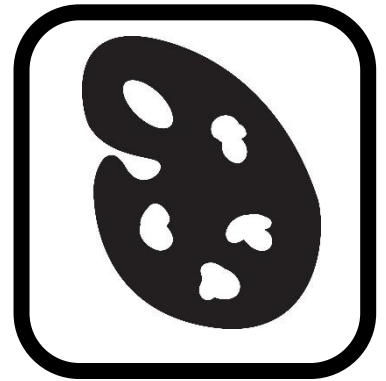




**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# **LEARN, GROW, THRIVE**



**Plattsburgh YMCA  
Y's Time School-Age Child Care  
Parent Handbook  
2017 -2018 School Year**

## **STATEMENT OF PURPOSE**

In all YMCA programs, our areas of focus are Youth Development, Healthy Living, and Social Responsibility. Our programs are meant to be fun, active, and educational. We encourage character development in our core values: Caring, Honesty, Respect & Responsibility as well as social skills, sharing, cooperation, getting along with others and good use of leisure time.

## **ACTIVITIES**

Each Site Supervisor is responsible for creating a daily schedule for staff and participants. Although every day will have a similar structure, individual activities will vary by day, based on current season or theme at the site. Scheduled activities are planned with a child's developmental and social level in mind. Whenever able, children are given options and a chance to provide input for what activities they would like to participate in.

### ***Daily Activities Include:***

- Homework study hall
- Co-operative games
- Recreational swim weekly/ bi-monthly
- Gym games
- Arts & crafts
- Science/ Technology
- Field Trips
- Healthy snacks provided daily

## **STAFF**

Christina Santor is the School-Age Child Care Director for the YMCA. This will be Christina's 5th year as the director of the program and 10th year working with the YMCA. Christina administers the program, supervises all staff, and works closely with the children and parents.

All staff members are chosen because of their patient, kind personality and their desire to work with children. All Site Supervisors are qualified by experience and education. Many of our site staff counselors are college students studying in the fields of Education, Human Development and Human Services. All staff meets New York State Office of Child and Family Services Licensing regulations. All staff undergo a series of background checks, before working with children. All staff participate in regularly scheduled training, in the areas of safety, nutrition, group management, and record keeping. Staff to child ratio is always maintained at 1:10. All sites have at least one staff member who is CPR/ 1<sup>st</sup> Aid certified.

## **PARENT COMMUNICATIONS**

Parent communication is key to providing quality care to the children in the program. The staff will give daily verbal reports on each child's day. We will also provide monthly printed newsletters and calendars, highlighting special events and vacations days. The program also uses the REMIND app, to send out digital notifications. Each site will have a unique access code that parents will receive during the 1<sup>st</sup> week of the program.

## **PERSONAL PROPERTY**

The YMCA is not responsible for personal property including loss or damage. Please label items with your child's name. Please do not have children bring toys or other valuable items to the program. Personal hand held electronic devices, such as cell phones, Nintendo DS/DSi, iPods, mp3 players are strongly discouraged from being sent to the program.

## **MEDICATIONS**

**Any child in need of medication should receive it at home or in school by the school nurse.** Our staff is not qualified to dispense medication of any kind. Any child that needs medication within program hours will need to have a parent/guardian bring medication to program to be administered. A written record will be kept of any medication administration, noting the child's name, date, time, dose and person who administered the medication, with a parent/guardian signature.

*Please note: Children must be potty trained to be in the program.*

## **ILLNESS**

Staff will complete a daily health check of each child as they arrive at the program. At this time, a decision is made whether the child's condition suggests that he/she is well or ill. Any child who shows signs of illness are separated from the children in an area where all children can be supervised. If your child was not in attendance at school, he or she will not be allowed to attend the program.

Please keep your child home if he/she has any of the following:

- A temperature of 101 or higher
- Cold (fever, frequent sneezing, runny nose)
- Coxsackie (hand, foot and mouth disease)
- Fifth Disease (with fever)
- Giardia
- Hib Disease
- Hepatitis A
- Meningococcal Disease
- Untreated Ring Worm
- Roseloa (with fever)
- Conjunctivitis (pink eye)
- Impetigo
- Diarrhea (frequently and not associated with diet changes of antibiotic uses)
- Vomiting
- Head Lice (no nit policy)

**When your child is absent from school or will not be attending the program due to sports or extracurricular activities, please make sure you call the YMCA and inform the director of the program.**

## **EMERGENCIES**

In the event of an emergency, accident or sudden illness we are prepared to administer first aid and /or call the local paramedics. If a situation requires the services of an ambulance, they will be immediately notified and then the parents will be contacted and the appropriate paper work will be filed.

We will follow the fire drill procedures and emergency evacuation procedures outlined by the school and the YMCA.

### **SCHOOL CLOSINGS**

In the event of an emergency school closing or delay, due to a severe act of nature or other unforeseeable emergency, the YMCA will **NOT** run the program, as schools are not available. If your child's school is closing due to weather, you are responsible for your child at the time of dismissal. **PLEASE BE SURE THE SCHOOL KNOWS WHERE YOUR CHILD GOES IN THE EVENT OF AN EMERGENCY CLOSING.** If time allows, we will do our best to call parents who have a child attending the Y program that day. However, we may not be able to reach all parents.

Unforeseeable circumstances that may affect program cancellation include, but are not limited:

- Loss of power affecting lights and heat/air
- Inclement weather
- Fire
- No heat
- Concern for children's safety
- Water main break

### **School Vacations - "All Day" Program**

On any scheduled school break, such as winter vacation, Spring Break, or staff development days, the Y's Time Program will offer a full day of child care at the YMCA. This program is run by Y's Time staff from all our sites, to offer a familiar face to all participants. Week-long breaks will offer a different schedule every day. Some common program activities include, but are not limited to: swimming, rock climbing, arts and crafts, group/cooperative games, use of YMCA's bounce house, and cooking, as well as occasional field trips.

All Day care runs from 6:45 AM - 5:45 PM

\* Minimum of 8 children, Maximum of 40 children,

\* **Pre-registration required**

\* Payment due at time of registration (no refunds)

Fees: Y's Time Participants \$21, YMCA members \$25, Non-members \$30

\* All participants must bring a lunch and swim suit & towel, and other items as needed

### **EARLY RELEASE PROGRAM**

Early-Release care is offered for any child who is currently registered in the AFTER Care Y's Time Program at each school. Early-Release Care is included in the monthly tuition. Early release care is held in the same location as regular After Care, with the same familiar staff. Early Release care is offered for all early- release days listed on the school district calendar, with the exception of last week of school in June. *Please check with your Site Supervisor for any field trips or special events scheduled for Early Release Days.*

## **REGISTRATION**

YMCA members will have priority registration time periods, before the general public. 48-hour notice for registration is required before your child's first day of care. We need this time to ensure that all emergency information is on-site at the location where we will care for your child. Registrations must be received by August 31<sup>st</sup> for your child to start the first week of September.

\*There is a non-refundable **\$25 registration fee** (due upon receipt of your application) to reserve your space in the Y's Time program.

**The Y's Time program is licensed through the New York State Office of Child and Family Services.** We are mandated to have specific information when we receive your application. That information includes:

1. Complete registration form, with emergency contact information
2. A copy of your child's current and updated **immunization** record
3. A copy of your **child's medical/physical record** from the school or Physician, which states that your child is free of communicable diseases.
4. Photographs of authorized individuals to pick up child from program

## **TUITION**

The Y's Time program is based on a monthly tuition. Tuition is due by the 1st of every month. Tuition not received on or before the 15th of each month will have a \$10 late fee added to the balance. Tuition is not reduced due to holidays or cancellations due to weather. Program tuition is calculated by the total number of days that services provided, divided even over ten months.

<b>Program (all rates are based on 5-day/week attendance)</b>	<b>Member Rate</b>	<b>Non- Member Rate</b>
Before School Care	\$145	\$160
After School Care	\$190	\$235
<b>BOTH Before &amp; After Care</b>	<b>\$235</b>	<b>\$290</b>

- **YOU WILL NOT RECEIVE A BILL.**
- Financial assistance is available for those who qualify.
- Mail or bring payments to: Plattsburgh YMCA 17 Oak Street Plattsburgh, NY 12901

Note: There is a \$5 late fee for every 15 minutes late when picking up your child after school or for all days. 0-15 minutes = \$5, 16-30 minutes = \$10. This late fee is payable at time of pick up. This is only for emergencies and not intended as an extension to the times offered.

## CANCELLATION POLICY

The YMCA requires written notice of termination of child care services. Written notice must be given a full two weeks in advance. Notice of termination must be submitted to the Christina Santor, School Age Child Care Director at the YMCA main location, on 17 Oak Street. Written notice will not be accepted by Y's Time staff at any site.

### **BEFORE SCHOOL SITES**

School Name	Time	Location
Bailey Avenue	6:45-8:30 AM	School Café
Momot Elementary	6:45-8:30 AM	School Café
Oak Street *	6:45-8:30 AM	At YMCA, transported to school by YMCA staff *
Peru	6:45 – 9:05AM	School - classroom
Cumberland Head	6:45 – 8:50AM	School Café
Beekmantown	6:45 – 8:50AM	School Multi-Purpose Room

### **AFTER SCHOOL SITES**

School Name	Time	Location
Bailey Avenue	2:25 – 5:45PM	YMCA/1 <sup>st</sup> Presbyterian Church - with provided transportation**
Momot Elementary	2:25 – 5:46PM	YMCA/1 <sup>st</sup> Presbyterian Church - with provided transportation**
Oak Street	2:25 – 5:46PM	YMCA/1 <sup>st</sup> Presbyterian Church - with provided transportation**
Peru	3:05 – 5:45PM	School - classroom
Cumberland Head	3:45 – 5:45PM	School Café
Beekmantown	3:45 – 5:45PM	School Multi-Purpose Room

\* The van leaves the YMCA at 8:00 AM to bring children to Oak Street School.

\*\* Children who are enrolled in the **After Care** program and attend **Bailey Avenue, Oak Street, or Momot Elementary** will be transported to the YMCA or 1<sup>st</sup> Presbyterian Church. The YMCA Site hosts children in Kindergarten – 2<sup>nd</sup> Grades, while the 1<sup>st</sup> Presbyterian Church hosts students in grades 3<sup>rd</sup>-5<sup>th</sup> Grades.

## 2017-2018 Registration Check List - Office Use Only

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

Date of Registration/ Acceptance \_\_\_\_\_

\$25 Registration Fee paid            Yes [ ]    NO [ ]

YMCA Membership                    Yes [ ]    NO [ ]

Staff Name \_\_\_\_\_

\_\_\_ Registration Form

\_\_\_ Signed Discipline Policy

\_\_\_ Immunization Records

\_\_\_ Physical/ Medical Records

\_\_\_ Photographs of Authorized Individuals

\_\_\_ Electronic Withdrawal Authorization

\_\_\_ Signed Rockwall waiver

2017-2018 Y's TIME SCHOOL-AGE CHILD CARE APPLICATION

[ ] AM Care [ ] PM Care

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

[ ] Male [ ] Female

Nick Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_

School Attending \_\_\_\_\_

Grade in the fall \_\_\_\_\_

Home Address \_\_\_\_\_

Sibling's Names \_\_\_\_\_ Ages \_\_\_\_\_

Parent/ Guardian #1 \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/ Guardian #2 \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**MEDICAL**

Current Medications being taken \_\_\_\_\_

Allergies \_\_\_\_\_

**The Y's Time Program CANNOT administer medications**

Does your child have any disabilities? [ ] Hearing [ ] Speech [ ] Seizures [ ] Other

Describe Other \_\_\_\_\_

Physical Handicaps \_\_\_\_\_

Services received through school \_\_\_\_\_

**EMERGENCY**

In an emergency, please contact first [ ] Mother [ ] Father [ ] Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/we being the parent/legal guardian(s) of the above named minor do hereby appoint the YMCA staff to act on my/our behalf in authorizing medical, dental, or surgical care and hospitalization in my/our absence for the above named minor.

Parent/ Guardian Signature #1 \_\_\_\_\_

Parent/ Guardian signature #2 \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Specialist Requested \_\_\_\_\_ Phone# \_\_\_\_\_

*(for pre-existing conditions)*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency contacts if parents cannot be reached:

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_



### CONSENT TO RELEASE INFORMATION

*I give permission for my child to be released from the Y's Time Child Care program with the following people. I understand that I am responsible for providing photographs of all individuals listed below. Please notify the YMCA staff in advance when you will not be picking your child up.*

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*Staff: Only the parent/guardian who completed the registration form is authorized to note deletions and/or additions, and must sign and date this form.*

Name and Relationship to Child	Phone Numbers	Date of Change
1.		
2.		

### PARENTAL AGREEMENT

*Please read and initial each statement, and provide your signature at the bottom of the page.*

- \_\_\_ I agree to the policies and procedures set forth by the childcare program.
- \_\_\_ I have read and understand the guidelines printed in the Y's Time Parent Handbook.
- \_\_\_ I agree to notify the YMCA staff if my child going to be absent from the program.
- \_\_\_ I agree to give the YMCA 2 weeks advance written notice if I choose to remove my child from the program.
- \_\_\_ I agree to complete and return registration forms, and ensure that information is kept updates throughout the year.
- \_\_\_ I understand that if my child care account is delinquent at any time, my child will be unable to attend the program.
- \_\_\_ I give permission for the Plattsburgh YMCA to take and/or use video and/or photographs of myself and /or my child for the purpose of promoting YMCA programs.
- \_\_\_ I give the YMCA permission to transport my child to and from the YMCA and to special activities/field trips.

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\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Print Name
Parent Signature
Date

## **DISCIPLINE POLICY**

A high-quality program can take place only in an orderly, mutually respectful, caring environment. Discipline is a process whereby children take increasing responsibility for their own actions. It is a cooperative process in which all staff members, children and parents share responsibility. Please feel comfortable discussing any concerns you might have with the site staff.

Examples of unacceptable behavior include:

- physical aggression
- use of foul language
- disrespect to site staff/  
other children
- consistently ignoring rules
- leaving program area with- out permission

The YMCA staff will implement our progressive discipline policy when behavior expectations are not met. Parents are informed at each level of disciplinary action. Listed are the steps utilized:

1. Verbal warning is given: explanation to child why behavior is unacceptable.
2. Loss of certain privileges like swim or gym time.
3. Verbal communications between parents and site staff.
4. Face to face meeting with Parents, Site Director, and Program Director.
5. Written follow-up notification from Program Director to the parent reiterating the problem outlining the plans for corrective measures.
6. Continued disruptive behavior will result in suspension or dismissal from the Y's Time Program.

If a child purposely injures or attempts to injure another child or staff member, parents will be contacted to immediately pick up the child. If this behavior reoccurs, further action, including suspension and/or dismissal from the program will occur.

## **POLICY STATEMENT**

**I have read and understand the policies stated in the Y's Time Before and After School Parent's Information Packet.**

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**Parent's Signature**

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**Date**

## CHILD CARE EFT AUTHORIZATION FORM

I authorize my bank to honor preauthorized payments to be drawn by the Plattsburgh YMCA from my account for Y's Time Child Care Payments as indicated below. When the bank honors the payments by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized payment not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment, plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution, the YMCA, at its discretion, may resubmit the amount due for the payment on a future date.

### MONTHLY TUITION PAYMENTS WILL BE CHARGED ON THE 1<sup>ST</sup> OF EVERY MONTH.

Child Name(s) \_\_\_\_\_

CHOOSE ONE (please complete the corresponding box below)

\_\_\_\_\_ Checking Account (must attach voided check or copy of)

\_\_\_\_\_ Savings Account (must attach savings deposit slip)

\_\_\_\_\_ Credit Card or Debit Account (VISA or MasterCard)

\_\_\_\_\_ I decline to participate at this time

#### DRAFT INFORMATION

Bank Name:
Name on Account:
Routing/Transit Number:
Account Number:

#### CREDIT CARD INFORMATION

Credit Card Type:		
Card Holder's Name:		
Card Number:		
Expiration Date:	Security Code:	
Billing Address:		
City:	State:	Zip:

If I decide or need to make any changes to the provided information, I will notify the Plattsburgh YMCA to ensure my child care account does not fall into arrears. I understand if my payment is declined, the Y will attempt to reprocess it one time before contacting me. I have read and understand the Plattsburgh Y's Time Financial Policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Plattsburgh YMCA  
Rockwall Waiver  
2017-2018 School Year

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Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

This document affects your legal rights. Read it carefully and sign/initial in all appropriate spaces. This is a legally binding agreement.

There are significant elements of risks inherent in rock climbing.

Acknowledgment of Risk:

I (print participant's name) \_\_\_\_\_ hereby acknowledge and agree that climbing have inherent risks, and that there are significant risks involved in all aspects of those activities. I further acknowledge and agree that those risks include but are not limited to:

1. Falls, which can result in serious injury or death.
2. All manners of injury resulting from hitting projections, whether permanently or temporarily in place, or the ground.
3. Injuries resulting from being hit by people falling or dropped items, such as, but not limited to ropes, climbing holds and climbing hardware.
4. Cuts, abrasions and other wounds resulting from skin contact with gym walls.
5. Failure of the ropes, slings, harness, climbing hardware, holds, anchor points or any part of the gym.
6. Rope abrasions, entanglements and other injuries resulting from activities inside the gym, but not limited to climbing, belaying, rappelling, lowering on rope and any other rope technique.
7. I further acknowledge that the above list is not inclusive of all possible risks associated with use of the gym.

I, the participant have fully read and understand the above. **Initial:** \_\_\_\_\_

I, give permission for my child to use the Plattsburgh YMCA climbing wall for the 2017-2018 school year.

**Initial:** \_\_\_\_\_

If I am under (18) years of age, my parent of legal guardian has also read and signed this document.

Participant must sign & date:

Participant must clearly print name:

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian signature & date, if participant is under 18 years of age:

\_\_\_\_\_

Parent/Legal Guardian clearly print name if participant is under 18 years of age:

\_\_\_\_\_

## Plattsburgh YMCA Rock Wall Waiver Part 2

By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of any of the facilities or equipment of the Plattsburgh YMCA now or at any time in the future.

I, (print participants name) \_\_\_\_\_, the undersigned user, agree that I will not sue or otherwise make any claim against Plattsburgh YMCA or their employees, agents or contractors for injury or damage, however caused, by any employee, agent or contractor of Plattsburgh YMCA as a result of my participating in indoor rock climbing.

I agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, I do hereby release Plattsburgh YMCA its officers, agents employees and contractors from any cause of action, claims or demands of any nature whatsoever, which I my heirs, representatives, executors, administrators and assigns, may now have, or have in the future against Plattsburgh YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way resulting from my participation in indoor rock climbing, whether that participant is supervised or unsupervised, however the injury or damage is caused.

In consideration of my use of the gym's climbing facilities, I the undersigned user agree to INDEMINIFY AND HOLD HARMLESS Plattsburgh YMCA, its officers, agents, employees and contractors from any and all causes of action, claims, demands, losses or cost of any nature whatever arising out of or in any way relating to my use of Plattsburgh YMCA.

I hereby certify that I am 18 years of age or older. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and Plattsburgh YMCA and its agents, and I sign it of my free will.

If for any reason, any provision(s) of this release is determined to be in any respect invalid, illegal or otherwise unenforceable, such a determination shall not nullify, invalidate or otherwise impair any other provisions(s) of the release. In order to prevent the invalidity of such provision(s), said provision(s) shall be deemed automatically amended in any respect(s) as may be necessary to conform this release with the applicable provisions(s) of law or public policy.

Participant/Guardian sign name if 18 years of age or older and date:

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Participant/Guardian clearly print name:

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