



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BACK TO SCHOOL With the Y.



## FULTON FAMILY YMCA SCHOOL AGE CHILD CARE 2016 - 2017 BROCHURE

FULTON FAMILY YMCA 715 W. Broadway, Fulton, NY 13069 PHONE: (315)598-9622

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# SCHOOL AGE CHILD CARE

## WHY IS IT BEFORE AND AFTER SCHOOL?

The Fulton Family YMCA is excited to offer safe, fun and creative before and after school programming at our local elementary schools.

The YMCA is a non-profit organization that is 160 years old. We have dedicated our practices to building strong child care programs and are the #1 child care provider in the nation. This program provides convenience for working parents by offering care Monday - Friday from 7:00 am until 8:45 am and 3:15 pm until 6:00 pm. Our program assists in the continual socialization of your child. It encourages children to participate in activities which will benefit them mentally, physically, and emotionally. The children are given the opportunity to interact with one another and with adults. The program will foster children's personal growth and cultivate self confidence. It provides a warm and friendly experience for children.

**\*Snack is served every afternoon and follows HEPA guidelines. Fruits and vegetables are served daily.**

## STAFF

YMCA Child Care staff are dedicated, trained professionals chosen for their warm and friendly natures. We conduct extensive background checks before staff are hired and all staff participate in ongoing YMCA trainings.

## PARENTS

A parent is the most important person in a child's life. Working parents are faced with the difficult decision of choosing the best child care environment for their child(ren). We believe our program provides parents with the peace of mind necessary to maintain a balance between work and family obligations. We encourage parents to visit, meet staff and participate in our program.

## SCHOOL AGE CHILD CARE SCHEDULE

### AM 7:00 am - 8:45 am

Structured stations, quiet games and character building.

### PM 3:15 pm - 6:00 pm

Structured group activities, games, homework help, character building and arts and crafts.

## FINANCIAL ASSISTANCE (Y CARES)

Thanks to the generosity of contributors to the Fulton Family YMCA Annual Support Fund, limited financial assistance is available to families in need. Financial Assistance applications can be obtained from our member services staff. Completed applications are due BEFORE registration. No applications will be processed without the requested documentation. Recipients will be notified by mail. Please allow 2 weeks to process your application. Until you receive the approval letter the fees are your responsibility.

**\* Y Cares deadline is August 22, 2016.**

**If your income is in the range that you may qualify for assistance through the Department of Social Services, you will be asked to first apply through DSS. If DSS denies qualification, you may then be eligible for the Y Cares Scholarship.**

## REGISTRATION INFORMATION

Parents/guardians will be given a registration packet and must complete and return the packet to the Fulton Family YMCA along with payment. Registration will take place at the Fulton Family YMCA. The application can be downloaded from our website at [www.fultonymca.com](http://www.fultonymca.com) or picked up at the front desk. Registration is ongoing throughout the year.

## MEMBERSHIP BENEFITS

Any child registered in the School Age Program will receive a youth membership at the Fulton Family YMCA. This membership is good for our youth programs. This membership can be upgraded to a family membership to enjoy the full benefits our family memberships offer. See the membership desk at the Fulton Family YMCA for details.

## Vacation Zone

Children can attend vacation days, early dismissals Or snow days only. This program is held at the Fulton Family YMCA and is permitted through the Department of Health. A \$25 registration fee must be paid to register for this program. You can automatically use this program if you are enrolled in the SACC Program. Pre-Registration is required.

# BEFORE/AFTER SCHOOL FEES

## RATES AND FEES / PER MONTH

MONTHLY	AM	PM	BOTH AM/PM
5 DAYS/WEEK	\$110	\$159	\$215
4 DAYS/WEEK	\$95	\$132	\$195
3 DAYS/WEEK	\$78	\$106	\$165
2 DAYS/WEEK	\$58	\$78	\$125
VACATION/SNOW DAYS	\$32	SCHEDULED VACATION DAYS	
HALF DAYS/EARLY DISMISSAL	\$20	EACH TIME YOUR CHLD ATTENDS THE PROGRAM	
REGISTRATION FEE/PER CHILD	\$25	ANNUAL FAMILY MEMBERSHIPS - FEE WAIVED	
DELAYS	\$15	MONTHLY/DAILY FEES ARE 20% OFF FOR ADDITIONAL CHILDREN IN THE SAME FAMILY	

- All payments must be made to the Fulton Family YMCA on or before the 5th of the month. Payments can be made in person or by mail in the form of cash, check or credit card. You may also call the YMCA to make a payment over the phone with a credit card. For your convenience, we can charge your debit/credit card or bank account each month for the monthly fees. Please see the front desk for the form.
- Vacation/Half Days/Snow Days/Delays are not covered in monthly fees.
- While there will be months when the schools observe a long vacation, such as Christmas or Spring Break, the monthly fee will not be pro-rated.
- All vacation, half days and early dismissals must be registered one week in advance and once you register for the day you are obligated to pay for it. This is to be able to staff accordingly and meet state ratio requirements.
- All Fulton YMCA prior account balances must be paid in full in order to register your child for SACC.
- For families receiving outside assistance and have a parent fee, the fees must be paid at the beginning of each week.

### Scheduled charges for late fees:

- If your child/children are picked up after 6pm the fees are \$1.00 per minute per child. Charges must be paid within one week of the date your child was picked up late. Your child/children WILL NOT be allowed to return to the SACC program until this fee is paid.
- Anyone receiving assistance from outside agencies, please note that late fees are not covered by any agencies. These fees are your responsibility.
- \$10 late fee/billing fee will be applied for payments received after the 15th of the month.

## FREQUENTLY ASKED QUESTIONS

- **Is the SACC program a licensed program?**  
All Fulton Family YMCA Before/After School programs are licensed with the Child Care Council Family Services, and all of our staff are highly trained to ensure a safe and productive environment.
- **What are the responsibilities of the Site Supervisors and the children?**  
It is the responsibility of the Site Supervisors to make the atmosphere safe and fun for you child. It is their job to keep the children interacting in a positive manner, while teaching the YMCA core values which are Caring, Honesty, Respect and Responsibility. All children are responsible for following the rules to maintain a safe and enjoyable atmosphere for everyone. This includes acting responsibly and respectfully at all times.

From time to time, the need arises for a warning letter to be sent to parents regarding their child's behavior. It is at the discretion of the Site Supervisor as to when an incident report is to be filed with the Child Care Director. It is then at the discretion of the Director as to whether a disciplinary letter is sufficient, or if a meeting needs to be set up with the parents. It is also at the discretion of the Director as to whether a child is to be dismissed from the program.

- **Can my child bring games or toys from home?**  
**NO** - the children are not allowed to bring toys, games or electronics to SACC. The Fulton Family YMCA is NOT responsible for lost or broken items. Please NO cell phones.
- **Is SACC provided when the Fulton School District has morning delays?**  
**YES** - When school is delayed in the morning, children in the Fulton School District may be brought to the Fulton Family YMCA at 7:00 am. At the appropriate time, your child/children will be bused to their respective schools. You must, however, send lunch, swim suits and towels in case the delay turns into a cancellation.
- **Is SACC still offered when the schools dismiss early because of bad weather?**  
**YES** - SACC will run at the Fulton Family YMCA for the Fulton School District when school is dismissed early because of bad weather. Supervisors will be at the school site prior to the children's dismissal, and will stay with the children until the school district's buses become available to take the children to the YMCA. It may take the children an hour or more to arrive at the YMCA after the specified dismissal time.
- **Do you have an Emergency Evacuation Plan?**  
**YES** - If a school has to evacuate the building prior to dismissal, all children currently enrolled in our SACC Program will be walked to the designated Emergency site as stated in the YMCA safety plan. Once the students and staff arrive at the emergency site, all parents will be notified by the Fulton Family YMCA.

### YMCA Mission

The mission of the Fulton Family YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

## FREQUENTLY ASKED QUESTIONS

- **Where are the SACC locations?**  
SACC locations in Fulton are held at two locations. Students attending Granby and Lanigan will be at Lanigan Elementary School. Students who attend Fairgrieve and Volney will be at Volney Elementary School. Drop off and pick up will be at these two locations. The district will bus the children to the appropriate school.
- **Is care available for scheduled vacation days and snow days?**  
**Yes** - When school is closed for scheduled vacations and snow days, the YMCA will run Vacation Days. Vacation Days operate from 7:00 am until 6:00 pm. Snacks are provided in the afternoon by the YMCA, but Parents **MUST** provide lunch. Breakfast is **NOT** provided. Please also include a labeled swim suit and towel.
- **Is there a separate cost for vacation days and snow days?**  
**YES** - Vacation and Snow Days will be charged at a rate of \$32 per day for SACC enrolled children. Delays are \$15 per day. Half days and early dismissals are \$20 per day. There is a 20% discount for additional child(ren).
- **Do I have to register for vacation/half days?**  
To staff accordingly registration is **required** one week in advance for all vacation days, and early dismissals. Registration forms will be available at the sites and the Fulton Family YMCA.
- **Who is authorized to pick up my child?**  
Upon registration, you will have to fill out a **MANDATORY** form listing the individuals who are authorized to pick up your child. At dismissal, the individual will have to show their identification and sign the "sign-out sheet." Your child will not be released to any persons under the age of 18 or anyone not listed on the authorized pick-up form. If for any reason someone other than those on your list will be picking up your child, you need to call the Fulton Family YMCA to let us know of any change. If there is a court order preventing a parent from picking up a child, a copy of the order must be provided to the Child Care Director.
- **Do I need to sign my child(ren) in/out during the morning/evening sessions?**  
**YES** - It is **MANDATORY** that parents sign time in /out and signature during both sessions.
- **Do I have to pack a snack for my child?**  
Each child will receive a drink and a healthy snack after school. Snacks will be store bought and dispensed in compliance with the Office of Child and Family Services regulations and HEPA guidelines.. If your child requires special food and drink due to allergies, etc., you are encouraged to send these snacks with your child. However, there will be no reduction in the cost of your child care services.
- **If I have any other questions, who can I contact?**  
If you have any questions, please feel free to contact the Child Care Director at the Fulton Family YMCA or speak to one of our Member Service Desk Staff (315)598-9622.
- **Do I have to register for the days I want to use each month?**  
**Yes**, you must register for 2-5 days/wk. and you pay for what you register for. Change in schedule must be made by the 5th of the month prior to month of usage. We do not prorate the monthly fees.

Lynnet Lamb  
Child Care Director  
Fulton Family YMCA

(315)598-9622

llamb@fultonfamilyymca.org



# SACC Registration Form 2016-2017

FOR YOUTH DEVELOPMENT®  
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IN ORDER TO REGISTER YOUR CHILD FOR SACC, THE FOLLOWING INFORMATION MUST BE COMPLETE AND SUBMITTED OR YOUR REGISTRATION WILL NOT BE PROCESSED: \$25.00 Non-refundable registration fee.

CHILD'S NAME: \_\_\_\_\_ School Attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ MALE / FEMALE

## PARENT/GUARDIAN

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

## EMERGENCY CONTACTS and PICK-UP AUTHORIZATIONS: (Other than parents/guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_

The following are NOT allowed to pick up my child: \_\_\_\_\_ \*Court orders **MUST** be provided to SACC Director.

## CHILD'S DOCTOR:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have an IEP or 1:1 in school? \_\_\_\_\_ If so, a copy of the IEP must be provided to the SACC Director

Please list any allergies your child may have: \_\_\_\_\_

MONTHLY	AM (Circle)	PM (Circle)	BOTH AM/PM (Circle)
5 DAYS/WEEK	\$110	\$159	\$215
4 DAYS/WEEK	\$95	\$132	\$195
3 DAYS/WEEK	\$78	\$106	\$165
2 DAYS/WEEK	\$58	\$78	\$125
VACATION/SNOW DAYS	\$32	SCHEDULED VACATION DAYS	
HALF DAYS/EARLY DISMISSAL	\$20	EACH TIME YOUR CHLD ATTENDS THE PROGRAM	
REGISTRATION FEE/PER CHILD	\$25	FULTON FAMILY MEMBER - FEE WAIVED	
DELAYS	\$15	MONTHLY/DAILY FEES ARE 20% OFF FOR ADDITIONAL CHILDREN IN THE SAME FAMILY	

\* Check days being used \*

Monday

Tuesday

Wednesday

Thursday

Friday

- **Payment is due by the 5th of each month. \$10.00 late fee will be applied if payment is not received.**
- **Late pick up will result in \$1.00 per minute after 6:00pm. These charges must be paid within one week of the date your child was picked up late. Your child CANNOT return to the SACC program until this fee is paid. Anyone receiving assistance, late fees are not covered by any agencies. These fees are your responsibility.**
- **Fees must be paid and kept current to use the SACC program.**
- **Please register for the days that you will be using, as you will be charged for them whether you use them or not.**

Parent/Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH FORM

**All forms must be completed and turned in before your child is able to attend the SACC program**

**Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below.**

## **\*\*Medications\*\***

**State Regulations require parents to notify us if a child takes medicine within 2 hours prior to entering the program.**

NO prescription or over-the-counter medications will be administered by the YMCA SACC Program. The only exceptions are Epipens or inhalers, which will be administered in emergency situations only. Should your child need medication during the program, you must make arrangements to come and administer it.

Yes No

- |                          |                          |                       |  |             |
|--------------------------|--------------------------|-----------------------|--|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hay Fever             | Recent Surgery (Type) _____  | Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Poison Ivy            | Serious Injury (Type) _____  | Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect Stings         | Allergies _____  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Penicillin            | Food Allergies _____   |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Drugs           | Other conditions or details of above _____                                     |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear Infection         |  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever       |  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsions           |  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes              |  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox           |  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps                 | Please list any restrictions placed on child while attending the SACC program. |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma                | _____  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing               | _____  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision                | _____  |             |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning Disabilities | _____  |             |
| <input type="checkbox"/> | <input type="checkbox"/> |                       | _____  |             |

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:**

\_\_\_\_ Is your child able to successfully participate in a program with 1 adult per group of 10 children?

\_\_\_\_ Does your child receive any special education services at school? **(IEP or behavior plan must be on file if applicable)**

**Important:** Please notify the Fulton YMCA if your child is exposed to any communicable diseases during the school year.

## **PARENT AGREEMENT- PLEASE INITIAL EACH STATEMENT**

\_\_\_\_\_ The health history is correct so far as I know and the person here- in described has permission to engage in all SACC activities except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Fulton YMCA Director to hospitalize and secure proper treatment for and to order injection, anesthesia or surgery for my child as named as above.

\_\_\_\_\_ I agree to notify the Fulton YMCA immediately in writing of any changes in address, phone numbers, emergency contacts, medical information, etc. I understand that not providing the above may put my child's health and safety at risk.

\_\_\_\_\_ I give consent for my child to take part in field trips or excursions off the Fulton YMCA property under proper supervision, and with prior notice.

\_\_\_\_\_ I give consent that the Fulton YMCA may use any photographs or videotapes of my child for promotional purposes, including website material and SACC advertising.

\_\_\_\_\_ I agree to abide by all policies. I understand, if my child does not adhere to SACC rules, my child is subject to dismissal without refund.



# HEALTH FORM

## FULTON YMCA SCHOOL AGE CHILD CARE PROGRAM

### PARENT CONTRACT AGREEMENT

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

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

Parent's Name: \_\_\_\_\_

As a parent of one or more children enrolled in the Fulton 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:

\_\_\_\_\_ Read the provided program booklet which lists policies, times, rates, etc.

\_\_\_\_\_ Provide safe, reliable, and punctual transportation to and from the program.

\_\_\_\_\_ Respect the obligation of the Fulton 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 Fulton YMCA in writing of any changes of address, 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.

\_\_\_\_\_ Encourage the open communication between myself and the Fulton YMCA Staff responsible for the care of my child.

\_\_\_\_\_ Immediately address any issue or concerns regarding the behavior of my child or other children with the staff directly involved and or the Child Care Director.

\_\_\_\_\_ I give permission for my child(ren) to use the pool located at the Fulton Family YMCA. I am aware that the pool is 4 feet deep at it's deepest point. I understand that we will be able to use the pool on days off from September - June.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Lynnet Lamb  
Child Care Director  
Fulton Family YMCA  
(315)598-9622

llamb@fultonfamilyymca.org