



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENRICHING YOUNG LIVES

SCHOOL AGE PROGRAM, 2011-2012



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MISSION

The mission of the Saratoga Regional YMCA is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all. The YMCA welcomes men, women and children of all ages, income, abilities, races and religions.

The Saratoga Regional YMCA is a 501(c)(3) not-for-profit (charitable) organization.

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SCHOLARSHIPS

Scholarships are available through the Saratoga Regional YMCA. The scholarships are obtained through the generosity of community support and sustaining members (a donation membership). Scholarships are available for "Y" membership and program fees for youth in need. Scholarship applications can be obtained through the front desk, and are reviewed by the Scholarship Program Director. A child who is applying for a scholarship may not start in the program until the program has approval from the Scholarship Program Director.

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PHILOSOPHY

The YMCA B.A.S.E. Program maintains a developmental philosophy. The program is designed to fit the needs of the children according to their age and individual progress and according to the Y's philosophy of the development of spirit, mind and body. It also teaches the four core values of caring, honesty, respect and responsibility.

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B.A.S.E. PROGRAM & P.R.E.P.

Before and After School Enrichment Program: Welcome to the Saratoga Regional YMCA's Before and After School Enrichment (B.A.S.E.) Program for School Age students Kindergarten-fifth grade. The "Y" also offers the Pre-teen Recreational and Enrichment Program (P.R.E.P.) for School Age students fifth-seventh grade. We are happy you have chosen the "Y" for your child care needs. We hope that this program can help your child have many new experiences and opportunities to grow into a responsible youth. The staff here at the "Y" encourages you to take an active role in your child's before and/or after school care. There will be numerous opportunities for parents to talk to the qualified staff on site. The child/adult ratio is 10:1. There will also be the opportunity to talk to the School Age Director and Assistant Director whenever you feel it is necessary. This program is licensed by the NYS Office of Children and Family Services.

GOALS

Play is a child's "work". Children learn by actively doing and they learn through play experiences. Therefore, we will take an active approach to children's learning in all areas of development.

We seek to stimulate and facilitate development of the whole child intellectually, physically, socially and emotionally, without stressing one area of development over another. The program activities will encompass all of these areas, often simultaneously.

Our Program environment is designed to encourage both independence and a cooperative spirit. Sufficient time is provided for large and small group instruction and for children to choose their own activities. All children will be encouraged to learn by participating in group activities and in activities initiated by the staff. Children grow in self-confidence and they gain independence. They also grow socially and emotionally as they learn to work with and care for others.

We recognize that the major responsibility for raising children is with the parents. We strive to strengthen that relationship. Parents are encouraged to speak with the staff about any questions or concerns they have about their child's involvement with the program and their development.

WE PROMOTE THESE GOALS:

To strengthen and support the family unit by recognizing the importance of the parent as the primary influence in the child's development;

To provide supervised childcare in an environment that is safe, supportive and caring, but most importantly, in an environment that is sensitive to each child's individual needs;

To stimulate and facilitate intellectual, physical, social and emotional development in each child;

To provide peace of mind to parents by making our program the place their child looks forward to coming everyday;

To work continuously toward quality childcare by evaluating our program on a regular basis;

To have FUN!!!

All of this is taught through the four core values of Caring, Honesty, Respect and Responsibility.

NYS LICENSED SCHOOL AGE QUALITY CARE....FOR LESS THAN \$4 AN HOUR!

AM ONLY.....\$185 MONTHLY.....\$3.70 AN HOUR

PM ONLY.....\$225 MONTHLY.....\$3.75 AN HOUR

AM/PM CARE\$338 MONTHLY.....\$3.07 AN HOUR

OPERATING HOURS AND DAYS

BALLSTON SPA CENTRAL SCHOOL DISTRICT

The B.A.S.E. Program is available for students in grades K-5 at our Wood Road Elementary location. P.R.E.P. is available for students in grades 6-8 at our Ballston Spa Middle School location. The B.A.S.E. program and P.R.E.P. operates every school day and half-day. We do not operate on legal holidays.

SARATOGA SPRINGS CITY SCHOOL DISTRICT

The B.A.S.E. Program is available for students in grades K-5 at our "Y" Saratoga Springs Branch and noted Elementary Schools. P.R.E.P. is available for students in grades 5-7 at our "Y" Saratoga Springs Branch. The B.A.S.E. program and P.R.E.P. operates every school day and half-day. We do not operate on legal holidays.

CURRENT OPERATING SITES

Ballston Spa Central School District:

Ballston Spa Middle SchoolP.R.E.P..... 518-812-5539
 Wood Road ElementaryB.A.S.E. 518-248-8059
 (Serving all BSCSD Elementary Schools)

Saratoga Springs City School District:

Caroline Street ElementaryB.A.S.E. 518-894-1328
 Dorothy Nolan ElementaryB.A.S.E. 518-248-8592
 Lake Avenue ElementaryB.A.S.E. 518-248-8072
 "Y" Saratoga Springs BranchB.A.S.E. & P.R.E.P..... 518-583-9622 ext. 221
 (Serving all SSCSD Elementary Schools) 518-583-9622 ext. 147
 (to leave message)

PROGRAM SPECIALTIES

SNOW DAYS

In the event school is canceled due to inclement weather prior to the commencement of the A.M. program, the children may come to the Saratoga Regional YMCA's Saratoga Springs Branch for the day. This program is available to both the Ballston Spa Central School District and the Saratoga Springs City School District as long as SSCSD is closed. There will be a \$10.00 charge for participants who are registered for either the morning only or the afternoon only. Participants who are registered for both am and pm care will have no extra charge. This fee is to be paid upon drop off. The Program will run from 7:00 am to 6:00 pm as a Fun Club day would. For Program information, updates and building closings go to www.saratogaregionalymca.org. You can also gather closing information at: Capital News 9, The Times Union, WFLY 92, B95.5, 810 WGY, WNYT TV, WRGB TV, WTEN TV, and WZZA TV. The Saratoga Regional YMCA will only close its doors if a State of Emergency is declared in Saratoga County.

PLEASE NOTE: The Saratoga Regional YMCA is not the same as the Saratoga County YMCA.

SNOW DELAYS & EARLY DISMISSALS

Ballston Spa Central School District: If school is delayed, the B.A.S.E. A.M. program will be held at the "Y" Malta Health & Wellness Center and run for as long the delay lasts. If school is cancelled from a delay the B.A.S.E. Program will run as an emergency Fun Club from the Saratoga Springs Branch as long as the Saratoga Springs City School District is closed. Parents will have to pick their children from Malta Health & Wellness and transport them to the Saratoga Springs Branch for emergency Fun Club care. There will be a \$10.00 charge for participants who are registered for either the morning only or the afternoon only. Participants who are registered for both am and pm care will have no extra charge. If school is dismissed early, then the Before and After School Enrichment Program will start at the time of dismissal and run until 6:00 pm. This will only benefit the after school program participants. Morning only participants will have to make other arrangements. If school is dismissed early P.R.E.P. participants at the Middle School, who do not require busing, will be able to stay from the time of dismissal until the normal end of the program.

Saratoga Springs City School District: If school is delayed, the B.A.S.E. A.M. program will be held at the Saratoga Springs Branch and run for as long as the delay lasts. If school is cancelled from a delay the B.A.S.E. Program will run as an emergency Fun Club until 6:00 pm. There will be a \$10.00 charge for participants who are registered for either the morning only or the afternoon only. Participants who are registered for both am and pm care will have no extra charge. If school is dismissed early, then the Before and After School Enrichment Program and P.R.E.P. will start at the time of dismissal and run until 6:00 pm. This will only benefit the after school program participants. Morning only participants will have to make other arrangements.

FUN CLUB PROGRAM

During school vacation days based on the Saratoga Springs City School District holiday schedule, the Saratoga Regional YMCA's Fun Club is in operation from 7:00 am to 6:00 pm at the Saratoga Springs Branch. This program is available to both the Ballston Spa Central School District and the Saratoga Springs City School District. This is not included in your monthly tuition. B.A.S.E. Program and P.R.E.P. participants receive a \$10 discount on the daily rate for Fun Club Programs and pay \$30 a day as long as they register on or before the set deadline. Saratoga Regional YMCA members and program members pay \$40 a day for the Fun Club Programs. Fees are due upon registration and are non refundable. B.A.S.E. Program and P.R.E.P. participants registering after the set deadline will be charged a \$10 fee. The children may swim and utilize the gym daily. There are varied activities for the children, some of which will be field trips. We serve two snacks a day. Participants must bring a bagged lunch and a canned or boxed beverage. Due to the increase in nut allergies found in our participants, we ask that all lunches are NUT FREE!

All children must be registered by the deadline date. Please note: Registrations received after the set deadline by B.A.S.E. Program & P.R.E.P. participants will be charged a \$10 late fee. Full payment is required at the time of registration.

For those parents receiving assistance from Child Services, if you register for a Fun Club and do not give notice of cancellation 48 hours in advance, you will be responsible for the entire Fun Club charge. Child Services will not pay for days you do not attend the Program and failure to notify us of cancellations takes up space for other children in need of care.

TRANSPORTATION & ENROLLMENT

BUSING ARRANGEMENTS

Bus arrangements MUST be made by you, even if your child is currently in the B.A.S.E. Program or P.R.E.P.

For Ballston Spa Central School District look online at www.bsccd.org. Under "Departments" click "Transportation" then click "forms" and follow prompts to locate the needed form.

For Saratoga Springs City School District look online at www.saratogaschools.org, click "Transportation" then click "transportation changes" and follow prompts to locate the needed form. PLEASE NOTE: THIS FORM IS TURNED IN DIRECTLY TO THE TRANSPORTATION DEPARTMENT. FORMS ARE DUE BY JUNE 1ST. Any requests made after June 1st may lead to a delay in transportation when school begins in September.

SITE PLACEMENT

If your child attends Caroline Street, Dorothy Nolan, or Lake Avenue Elementary, please understand that we will fill open program spots at those sites first. Placements will only be made at the Saratoga Springs Branch if the school site where your child attends is full.

REGISTRATION

The following forms are required by Friday, August 5, 2011. Participants are not allowed to begin the B.A.S.E. Program or P.R.E.P. without them.

- Basic Information Form
- Fee Agreement
- Emergency Medical Authorization
- Field Trip and Photo Authorization
- Child's Medical Report
- Child's Current Shot Records
- Signed Parent Handbook agreement

Forms need to be returned promptly to the Director or Assistant Director.

FEES

Tuition is payable in ten monthly installments through automatic draft of a checking or savings account or credit/debit card. The first installment of 10% is due upon registration. The second will be drafted on August 1, 2011 and every month thereafter through April 1, 2012. Tuition will then be paid in full. Late registrants must pay all payments due up to the point of registration and then monthly thereafter. You are responsible for providing any changes or updates in your account. A one month installment is non refundable. For those parents receiving assistance from the Department of Social Services, understand that DSS does not pay for days unattended and you will be responsible for the full daily fee.

MONTHLY PAYMENTS

Monthly payments are determined by dividing the yearly fee into 10 equal payments. Yearly fees are determined by the number of school days in the school year. This is why there is a separate payment for Fun Clubs scheduled on planned school holidays.

All families will be set up on the E-Z payment plan. This means that either a savings or checking account or credit/debit card will be automatically drafted for the monthly fee. All payments will be drafted on the 1st of every month.

WITHDRAWAL FROM THE PROGRAM

Two weeks written notice is required if a parent chooses to withdraw a child for any reason.

- Refund requests must be in writing and are subject to approval of the COO.
- Refunds will only be considered for medical or relocation reasons.

No Refunds will be given after May 1st, 2011.

DELINQUENT PAYMENTS & RETURNED CHECKS

If you fall more than two weeks behind in your tuition payments, your child may not be allowed to return to the Program until your account is current. Please remember to pay your monthly fee so you do not jeopardize your child's spot. If you fall behind, do not ignore the problem and please do not be afraid to call. We may be able to work with you.

A returned check is a check that is returned to the "Y" due to insufficient funds in your checking account. If your check is returned to the YMCA due to non-payment, a service fee will be charged. If you have any questions or concerns, please contact the School Age Director or Assistant Director at 583-9622 ext. 110 or 116.

PROGRAM SECURITY

LATE PICK UP

"Y" licensed child care ends at 6:00 pm and our staff is scheduled to leave. However, please notify your program director if you anticipate being late; this will ensure the comfort of your child.

Beginning at 6:00 pm, there will be an additional charge of \$5.00 per family for the first 15 minutes and a \$1.00 every minute there after payable to the "Y" at the time the child is signed out. You will receive a receipt for the late fee payment.

Parents who have not notified the program center they will be late can expect the following sequence of events to occur. These steps are necessary to ensure the safety of the child as well as "Y" staff members.

6:00 pm	Program Closes.
6:15 pm	Staff member in charge begins calling parent work number(s) to check for problems or miscommunications. If contact is not made, alternative contacts listed on the registration form will be called.
6:45 pm	Staff member in charge contacts local authorities to determine if any problem related to the parent has been reported. The program director (or closest director available) is contacted and apprised of the situation.
7:00 pm	If there is no contact from the parent and no other safe option, the child will be turned over to the Saratoga County Sheriff's Department (or local Police). We are also required to report your child as abandoned to the New York State Office of Children and Family Services if your child is still at the program as of 7:00 pm.

You risk dismissal from the program if you fail to pay the late pick-up fee and/or you are late in picking up your child three (3) times within 30-day period.

Parents must keep the "Y" notified of phone number changes for work, home, and emergency contacts at all times.

ARRIVAL & DEPARTURE

Upon arrival in the morning, you need to sign your child in. It is against state regulations to have anyone under eighteen doing so. The staff will enforce this procedure and report any discrepancies to the B.A.S.E. Program Director or Assistant Director. Children in the after school program must be signed out no later than 6:00 pm by an individual eighteen or older. If your child is not picked up on time there will be a late fee assessed, payable immediately upon arrival.

AUTHORIZATION TO PICK UP CHILD

You must inform the Program (on registration forms) who may pick up your child. We must have this information in writing to insure protection of your child. A court order must be on file with the program if a parent is not permitted to pick up your child. Proper identification (picture ID) is required, if the person picking up your child is not known to staff. Please be patient with staff at the beginning of the year until they get to know new faces. In the event of a custody dispute, we cannot keep a child from a parent unless we have written legal proof that the child is not to go with the parent.

EMERGENCY INFORMATION

It is up to the parent/guardian to keep all emergency information updated. This includes any changes in address, phone numbers, place of work, authorized persons, prescription medications, etc. We cannot be held responsible in the event that we are unable to reach a parent/guardian who has outdated information. Remember that it is your responsibility!

“The program is very well run. Children always seem to be actively engaged and comfortable with the surroundings and the staff.”

-Saratoga Springs Branch Parent

PROGRAM DETAILS

CURRICULUM

Program content is solely based on appropriate developmental levels. We follow CDCCC, “Y”, NAA and New York State Office of Children and Family Services guidelines. Our licensing regulations are available upon request. We also include the teaching of the four core values of Caring, Honesty, Respect and Responsibility throughout our curriculum.

Our Program focuses on developing the whole child, physically, socially, emotionally, and academically. We provide programming in Art, Dramatic Play, Music and Movement, Math and Logic, Science, Drawing, Literacy, and Physical Activity, through individual, small group and large group settings. Our goal is to provide a full enriching child choice program that keeps participants engaged throughout their time in our care.

HOMEWORK POLICY

The B.A.S.E. Program believes that “Homework is a family decision.” Parents should be able to choose whether their children are to work on their homework during the B.A.S.E. Program time. We do not require that the children spend an allotted amount of time on homework each day. We do provide staff- supervised homework support at the child’s choosing. The B.A.S.E. Program recognizes that our children are busy with several other after school events. If you as a parent request that homework be done while in our care we will be happy to work with you to make that happen.

WHAT TO BRING

Please provide appropriate clothing for your child for when we go outside. If weather permits we will make every effort to take the children outside. Children are allowed to bring personal toys to the Program on Fridays. We ask that no electronic games or other electronic items are brought to the program.

SNACKS

The YMCA B.A.S.E. Program promotes healthy snacks for the children. In order to promote good eating habits we are committed to serving low-fat or fat-free milk, vegetables and fruit with no added sugar, salt or fat, 100% vegetable or fruit juice, and whole grains. We are a NUT FREE program; therefore we will not serve any items containing nuts, nut products or produced in the vicinity of nuts.

PHYSICAL ACTIVITY

We are committed to the children participating in at least 30 minutes of active play either outside, in a gym, or in any other appropriate areas both in the AM and PM programs. Alternative physical activities will be provided when access to a gym is unavailable. Activity breaks will be provided to participants at 60 minute intervals, ensuring that the children stay active throughout their time with us.

SCREEN TIME

Due to the social nature of our program and the policies of the Saratoga Regional YMCA, participants are engaged through activities and projects that do not include television, video, DVDs, computers, and other portable electronic devices. It is a rare and special occasion that screen time may be used for an educational presentation. These exceptions are authorized by the School Age Director or Assistant Director and do not last longer than 30 minutes.

SWIMMING

Swim days are currently held at our Saratoga Springs site only. For swim days, your child will need a bathing suit and towel. Signs will be posted at your child's site announcing when swim will happen.

DISCIPLINE POLICY

YMCA YOUTH BEHAVIOR POLICY

The Saratoga Regional YMCA B.A.S.E. Program is committed to building the capacity of students to succeed. It is the intent of this behavior policy to reflect the four character development values, Caring, Honesty, Respect, and Responsibility. Our goal is to promote and maintain a positive atmosphere. A child's misbehavior may prevent the staff from fulfilling this goal. A child exhibiting disruptive behavior will be "guided" using the following strategies.

POSITIVE WORKING STRATEGIES

Role Modeling: Effectively exemplifying the good qualities needed for group acceptance. Maintaining authority calmly and consistently.

Positive Reinforcement: Encouraging repetition of good behavior. Praise whenever possible; build confidence. Give each child an opportunity to have success.

Focusing on Positive Behavior:

Acknowledging good behavior with positive rewards. Try not to award negative behavior with lots of attention. Redirect the challenging child in a positive direction.

Reinforcing Problem-Solving Skills: Settling disagreements without aggressiveness, predicting consequences, thinking about feelings of others. Utilizing different methods of communication with the children (verbal, written or role play responses).

Calming Out: For repeated negative behavior, our "calming area" is just that. An area for a cool down period of reflection. Calming periods should be limited to one minute per child's age, i.e. 5 minutes for a 5 year old. The child will never be left totally isolated during this calming period. They will be in the range of vision of staff.

Removal of Privileges: Wherever appropriate, as they relate to the activity.

Reason and Logic: Helping children to think through a problem and finding the solution that works best for everyone concerned.

Children's misbehavior will be categorized into two main types: MINOR and MAJOR. Please note, all minor and major incidents will be documented in written form.

MINOR INCIDENTS

Minor incidents are those day-to-day infractions that occur and would be dealt with on the spot by the B.A.S.E. Program staff.

Examples would be:

- Misuse of "Y" equipment
- Disruptive outbursts
- Spontaneous slip of questionable words
- Playground disagreements and squabbles
- Rough-housing

When these types of incidents are dealt with, the emphasis will be on problem solving and helping the child make a better decision in the future. With staff using positive working strategies, the child is, hopefully, able to realize the negative behavior is ultimately non-productive.

MAJOR INCIDENTS

Major incidents endanger the physical and mental safety of the individual, other children and/or staff. Even though many of the following are not evident in our B.A.S.E. Program, we feel it is important to list them. Major incidents would include, but are not limited to such misbehaviors as:

Minor Incidents that become repetitive or chronic such as theft, lying, etc.

Other examples would be:

- Leaving a supervised area without permission
- Throwing stones, or other projectiles
- Abusive language
- Verbal threats
- Direct disobedience of and/or defiance towards "Y" staff

A child who exhibits the above behaviors may need time away from the area of conflict, receive a "Y" Incident Report, and a conference with the parent(s) will occur. The child will be required to complete a "Y" Behavior Agreement and submit it to the "Y" staff before returning to the Before and After School Enrichment Program. Failure to comply with the "Y" Behavior Agreement could result in suspension from the program for a period of time or expulsion from the B.A.S.E. Program. If suspension is necessary, the parents will be responsible for tuition during the allotted time.

In cases of fighting, assault, vandalism, using illegal substances, or any other endangering behavior, the B.A.S.E. Program Site Supervisor, Assistant Director or Director will immediately remove the child from the program, contact parent(s) and expulsion from the program will be warranted.

"The program has great leadership and nice staff. It makes it so much easier for me to trudge to Albany every day for work knowing that my children are happy, having fun and well-cared for."

-Saratoga Springs Branch Parent

PARENT INVOLVEMENT & COMMUNICATION

During the year you will receive many notes, newsletters, forms and reminders concerning the program. Please remember to check your parent boards and sign in areas for information.

1. If at any time a parent would like a meeting with the staff, assistant director or director, it can be arranged upon request.
2. Please inform your child’s supervisor immediately if your child has been exposed to any communicable illnesses or if your child was ill during the night.
3. Whenever it is suspected that a child is ill while in program, the parent will be notified and it is expected that the child will be immediately picked up.
4. Any new allergy reactions or changes in health conditions should be reported to staff immediately.
5. The staff needs to be notified by parent or guardian if another child or family member becomes ill with a serious illness such as hepatitis, meningitis or H. Influenza Disease (Hib), etc.
6. If a child is injured while in program, the parent may be notified and an accident report will be completed with each injury. This includes documentation of the accident and both parent and staff signatures.
7. EVERY CHILD ABSOLUTELY MUST BE SIGNED IN AND OUT EVERY DAY!!! If you leave with your child and we don’t see you, the staff is required to stay until you are located and we have assurance that the child is with you. If you send your child in and we don’t know it, the child could walk off and we would never know they were missing! Make sure your child is with the staff before you leave the site. Anyone you send to pick up your child must have picture ID, be on the pickup list and be at least 18 years old. We will not release your child to anyone who is not on the list.

There will be two Parent Evaluations issued each school year. One midway through and another at the conclusion of the year. Your feedback is very important to our Program. We hope that you will take the few minutes required to fill out the evaluation and get it back to the assistant director or director.

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OUT-OF-PROGRAM POLICY FOR STAFF

It is the policy of the Saratoga Regional YMCA to prohibit staff, volunteers or other adults related to “Y” programs from spending any time with youth program participants/members outside of the “Y” programs and activities without parents present. This includes, but is not limited to, babysitting or transporting. Violation of this policy may result in disciplinary action up to and including possible termination of the participating staff member.

HEALTH & SAFETY POLICY

PRESCRIPTION MEDICATION at this time is only being dispensed at the Saratoga Springs Branch. The staff will only administer PRESCRIPTION MEDICATION under the following conditions.

- A written Medication Consent Form must be completed by both the parent and physician allowing the staff to administer medication to the child. The form must state the child’s first and last name, type of medication, dosage, route of administration and how often to administer the medication.
- Medication must be in the original container with a current date.

The staff will only administer OVER THE COUNTER MEDICATION under the following conditions: (This includes bug spray, sunscreen, skin creams, acetaminophen, non-aspirin, etc.)

TOPICAL

A written note from the parent allowing the staff to administer medication to the child. This can be done only as directed per package instructions or a Doctor’s note will be required.

Verbal permission from the parent may also be allowed as long as the staff member documents the conversation.

ORAL

A written Medication Consent Form must be completed by both the parent and physician allowing the staff to administer medication to the child. The form must state the child’s first and last name, type of medication, dosage, route of administration and how often to administer the medication.

Medication must be in the original container with a current date.

Due to risk to the child as well as other children and staff in the Program, the child may not be at the center as long as the following conditions exist:

- Fever greater than 100 degrees.
- Severe cold symptoms, with difficulty breathing, wheezing, or other unusual respiratory signs present.
- Green mucus from the nose which may indicate an infection not just a simple cold.

All staff have appropriate qualifications and/or training. The “Y” offers Red Cross First Aid, Blood Borne Pathogens, Child Abuse Prevention and CPR & AED courses to the staff at various times throughout the year. The staff also participates in numerous workshops, conferences and training, either on-site or at another facility.



CONCLUSION

The “Y” B.A.S.E. Program and P.R.E.P. staff takes great pleasure in creating a safe, healthy, exciting and stimulating learning environment. The B.A.S.E. Program and P.R.E.P. staff takes pride in the program they create and nurture. We applaud their dedication and sacrifices. We encourage you to contact the staff, assistant director, and director with comments, questions, concerns, or praises about your child or the Program. We hope that this “Y” Before and After School Enrichment Program will be the first “step” in your child’s involvement with the “Y”. Thank you for letting us be a part of your family.

“Something I enjoy about the program is the relationships between all the kids and how they get along and look out for each other.”

-Caroline Street Parent

CHARACTER DEVELOPMENT

The Saratoga Regional YMCA is committed to providing a safe and welcoming environment embodying the YMCA core values of Caring, Honesty, Respect, and Responsibility. To promote safety and comfort for all, individuals are asked to act appropriately at all times when in our facility or participating in our programs. We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of all others.



CARING

To be sensitive to the well being of others. To help others.



HONESTY

To tell the truth, to act in such a way that you are worthy of trust.
Making sure your choices match your values.



RESPECT

To treat others as you would have them treat you; to value the worth of every person, including yourself.



RESPONSIBILITY

To do what is right, what you ought to do; to be accountable for your behavior and obligations.

PLEASE CHOOSE THE PROGRAM YOU ARE REGISTERING FOR:

THE B.A.S.E. PROGRAM

P.R.E.P.

Please be sure to complete all of the information requested in this application. Incomplete applications will be returned to the parent/guardian. ALSO NOTE: By completing the following information and submitting for enrollment, the responsible parent/guardian verifies that they are in understanding of all policies, regulations, and payment expectations pertaining to the Saratoga Regional YMCA's School Age Program.

CHILD'S INFORMATION

CHILD'S LAST NAME	FIRST	MIDDLE	MALE FEMALE	GRADE ENTERING SEPT. 2011 ()	HOME PHONE		
STREET ADDRESS			CITY	STATE	ZIP CODE	BIRTH DATE / /	AGE
CHILD LIVES WITH		SCHOOL ATTENDING		REGISTERING FOR: AM PM AM & PM P.R.E.P. PM			

PARENTS/GUARDIANS

1	PARENT/GUARDIAN LAST NAME	FIRST	MIDDLE	EMPLOYER		WORK PHONE ()	
	STREET ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE ()
	EMAIL ADDRESS					CELL PHONE ()	
2	PARENT/GUARDIAN LAST NAME	FIRST	MIDDLE	EMPLOYER		WORK PHONE ()	
	STREET ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE ()
	EMAIL ADDRESS					CELL PHONE ()	
In case of emergency, who should be called first (please circle one):				Parent/Guardian #1	Parent/Guardian #2	Either	
Parents' Marital Status	If separated or divorced, who has legal custody?		Is the child's time divided between parents due to divorce or separation? YES _____ NO _____				

PLEASE NOTE: Unless there is a legal document ON FILE with the program office stating that one parent is not allowed contact with a child, staff is NOT legally able to keep a non-custodial parent from picking up the children. Please attach a copy of a legal document to this form if this situation applies to you.

EMERGENCY CONTACTS/AUTHORIZED FOR PICKUP

Please list below the names of people that can be called in case of an emergency (when contact with the Parents/Guardians has failed) and who are authorized to pick up the child. Please remember to inform these people that they are listed as your emergency contacts.

I give permission for the following people (must be 18 or older) to pick up my child at the Saratoga Regional YMCA's School Age Program locations. I realize that my child will not be released to anyone who is not listed below unless the School Age Program has been informed with written permission. I understand that if a staff member does not recognize a parent or someone else on this child's pick up form, the staff person will ask for identification. It is my responsibility to assure that each of the individuals listed below will have proper identification to present to the School Age Program staff.

LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
LAST NAME	FIRST NAME	RELATIONSHIP TO CHILD
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()

PROGRAM FEES

PLEASE CHECK APPROPRIATE PROGRAM FEE (ALL FEES ARE FLAT FEES)

SCHOOL AGE AM ONLY FEE	\$185 PER MONTH	TOTAL PAID AT TIME OF REGISTRATION	\$
SCHOOL AGE PM ONLY FEE	\$225 PER MONTH		
SCHOOL AGE AM/PM FEE	\$338 PER MONTH		
SCHOOL AGE P.R.E.P FEE	\$185 PER MONTH	I understand that the second payment will be drawn on August 1, 2011	
			(Initial)



SCHOOL AGE PAYMENT AGREEMENT

An agreement between _____ and the Saratoga Regional YMCA for the provision of Childcare service to _____.
(Parent/Guardian's Name) (Child's Name)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND INITIAL AFTER EACH AGREEMENT. PLEASE SIGN AND DATE WHERE IT IS REQUIRED TO DO SO.

I understand that a Saratoga Regional YMCA Membership is required to enroll in the School Age Program. Your child has the option to be a full facility member or a program member. Full facility members receive discounts on other Saratoga Regional YMCA programs. Program members receive no discounts on other Saratoga Regional YMCA programs.

(Initial) _____

PLEASE INDICATE MEMBERSHIP TYPE OR DISCOUNT FOR YOUR CHILD:

- Full Facility Member
- Program Member
- Stewarts Employee
- YMCA Employee
- DSS

I understand that at the time of registration, my child is required to be a member of the Saratoga Regional YMCA. Stewart's Employees must submit a SIGNED Check Request Form by JULY 1. DSS members must provide a CURRENT Acceptance Letter by JULY 1.

(Initial) _____

FUN CLUBS: I understand that scheduled school closings are not included and fall under "Fun Club" days, and that I must register my child separately for "Fun Club" services.

(Initial) _____

School Age Participants pay \$30 for Fun Clubs when registration is received on or before the set registration date. A \$10 late fee will be applied to registrations received after the set deadline. Saratoga Regional YMCA members and late registering School Age Participants pay \$40 for "Fun Club." Fun Club fees are expected at the time of registration and are non-refundable or transferable.

(Initial) _____

DEPOSIT: I understand that the deposit is mandatory, non-refundable and non-transferable and is used to ensure my account is paid two months in advance of services. I also understand that the deposit is equal to one month's fee and is paid at the time of registration.

(Initial) _____

COST OF CARE: I understand that the total monthly fee listed above represents the full annual cost of care, for the School Age Program, minus any general subsidies received by the program. I further understand that the total monthly fee will change a) when the School Age Program ends; b) if I reduce or increase my child's services, or c) when the next general increase occurs at the end of the contract year.

(Initial) _____

FEE PAYMENT: I understand that the cost listed above represents the full cost of each month my child is enrolled in the program. I understand that the person signing this agreement is responsible for payment for each month my child attends a School Age Program.

(Initial) _____

I understand that I must arrange monthly payments through the EZ Pay system, designating a checking, savings or credit/debit card account from which my monthly fee can be drawn. I understand that for the 2011-2012 school year, monthly draws will begin on August 1, 2011.

(Initial) _____

ABSENCES: I understand that there will be no reduction in my fee if my child is absent due to illness or vacation, or for holidays, staff training days, or when an emergency closing is deemed necessary.

(Initial) _____

For parents receiving DSS services: I understand that I will be held responsible for the full "Fun Club" fee in the event that I register for a "Fun Club" day and do not give 48 hour notice of cancellation. I also understand that DSS will not pay for days my child does not attend program. I understand in the event that my child is absent from the Program, that I will be charged full daily fee because DSS will not pay for days unattended.

(Initial) _____

I understand that children registered for AM or PM only will be charged an additional \$10 in the event that school is cancelled due to inclement weather conditions or other emergency situations. Children attending BOTH the AM and PM program WILL NOT be charged the additional \$10. Early dismissals as well as half days are included for PM participants. AM participants will have to find alternative childcare.

(Initial) _____

SCHOLARSHIPS: I understand that the Saratoga Regional YMCA provides scholarships to individuals that meet certain financial requirements. I understand that if I am receiving DSS assistance for the program, I may only receive assistance for the YMCA membership. I also understand that I will be required to update the financial information at least twice a year, and that my award may change if this information changes.

I further understand that this scholarship is being made available to my child based on the anticipated receipt of funds from a variety of sources, and that partial or total loss of these funds may reduce the amount of scholarship assistance that my child receives.

(Initial) _____

RETURNED CHECK CHARGE: I understand I will be charged a processing fee if any payments are returned for insufficient funds.

(Initial) _____

RECEIPTS/STATEMENTS: Receipts will be provided when the payment is made in person at the Member Services Desk. End of year statements will be processed only at my request. In the event there is a change of address during the program year, I will submit my address in writing to both the School Age Director and the Membership Office.

(Initial) _____

CHANGE AND/OR REDUCTION OF SERVICES/WITHDRAWAL: I agree to give the Saratoga Regional YMCA two weeks written notice before reducing or changing my child's services (subject to prior approval from the School Age Director) or withdrawing my child from the program.

(Initial) _____

LATE PICK-UP FEE: I understand that it is the policy of the Saratoga Regional YMCA to charge a late fee if I am late picking up my child. The late pick-up fees are \$5 per child for the first 15 minutes and \$1 per minute thereafter, payable to the Saratoga Regional YMCA at the time the child is signed out.

(Initial) _____

The Saratoga Regional YMCA reserves the right to refuse childcare services if my child is picked up late more than (3) times during a 30 day period. I also understand that the Saratoga Regional YMCA may be required to report my child as abandoned to the New York Office of Children and Family Services if my child has not been picked up from the program by 7:00 pm.

(Initial) _____

RIGHT OF APPEAL: I understand that I have the right to appeal to the YMCA's Board of Directors if I disagree with an administrative decision made by the School Age Director or other staff with regard to my child's fee or services.

(Initial) _____

PROGRAM SITES: I understand that there must be a minimum of 10 children enrolled at a site in order for the site to operate. Should a site have fewer than 10 children, I understand that the site may close and my child will have to be dropped off (AM care) at the Saratoga Springs Branch or picked up (PM care) at the Saratoga Springs Branch.

(Initial) _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____





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

PERMISSION TO SEEK MEDICAL TREATMENT

I am filling out this form for my child _____. In the event that I cannot be reached in an emergency, I hereby give my permission to the School Age Director and/or School Age Assistant Director and/or the Site Supervisor of the Saratoga Regional YMCA to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as noted on this form. I also understand that EMS will handle any emergency requiring assistance and if ambulance transport will be required.

FAMILY PHYSICIAN:	PHONE NUMBER:
FAMILY DENTIST:	PHONE NUMBER:
HOSPITAL OF PREFERENCE:	DATE OF LAST TETANUS SHOT:
PARENT/GUARDIAN SIGNATURE:	DATE:

MEDICAL CONCERNS

Please specify any concerns (i.e. seizures, epilepsy, heart problems, heat stroke and physical limitations): _____

Special information regarding my child's development (Physical, Emotional, Cognitive): _____

Do you have medical insurance? Yes No

Any Allergies? Yes No

Food or Medicine: _____

Insurance Carrier: _____

Name of Insured: _____

Member ID#: _____

Group #: _____

AUTHORIZATIONS & PERMISSION FORMS

HOLD HARMLESS

I absolve and hold harmless the Saratoga Regional YMCA's School Age Program, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the Saratoga Regional YMCA's sponsored programs, including the School Age Program. Any and all accidents must be reported to the parents, School Age Director, School Age Assistant Director and Site Supervisor within 24 hours.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP AND PHOTO AUTHORIZATION:

Throughout the school year our students might participate in various activities, including field trips and/or swimming. All field trips/activities will be via walking or by transportation provided by the Saratoga Springs City School District Transportation Department. All trips/activities will be properly supervised by certified staff. These trips/activities require parents to sign a permission form.

I, the undersigned, give my child permission to participate in all programs and activities including field trips and swimming, provided through the Saratoga Regional YMCA's School Age Program.

I further give _____ do not give _____ my consent for the use of my child's comments and his/her photograph/video to be used in YMCA professional materials, including website postings.

Parent/Guardian Signature: _____ Date: _____

PARENT HANDBOOK RECEIPT ACKNOWLEDGEMENT

I, _____, acknowledge that I have received and read the Saratoga Regional YMCA's School Age Program Parent Handbook.
(Printed Parent/Guardian Name)

The Saratoga Regional YMCA reserves the right to amend the policies and procedures set forth in this handbook. Written notice will be provided of any modifications of policies.

Parent/Guardian Signature: _____ Date: _____

FOR BALLSTON SPA P.R.E.P. STUDENTS ONLY

I, _____, give permission for my child to ride the 5:00 PM bus provided by the Ballston Spa Central School District.
(Printed Parent/Guardian Name)

I understand that there will be times that this bus is not available and that I will have to provide an alternative pick-up or not have my child attend the program that day. I also understand that the program fee is not based on available bus days, but based on the number of school days for the year. I understand that a change in payment cannot be requested based on the availability of buses.

Parent/Guardian Signature: _____ Date: _____