



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian,

Welcome to the YMCA of Middletown Club Kid program. We are excited to have the opportunity to serve your child care needs. To start the year off right, we would like to share some information with you.

- Unless you are notified, your child's program will be held in the cafeteria.
- It is important that you confirm your child's **start date** and the days he or she will be attending. Please contact us as to when your child will be starting our program. You can get in contact with us by calling your child's program director (see contact info at bottom of page). When calling, if you do not speak directly to someone, please leave a message that includes your child's name, the school your child attends, what days they will be attending, and their start date. If you would prefer, you can email us this information (see contact info at bottom of page).
- On your child's first day of school, please provide your child's teacher a letter that confirms that your child will be attending our program and the days they are attending. Please be aware that many school districts will not release your child to the Club Kid program without this letter.
- If your child's schedule should change, be sure to notify your child's teacher and your Club Kid director.
- Please provide us a reasonable number of working emergency contact phone numbers.
- During the 1st week of school, we will be unable to accommodate any children that have any half days.
- Always have picture ID when you pick up, as we will ask for identification until the staff can easily identify you. Please forward this information to any person who will be picking up your child.
- If you would like to have someone pick up your child who is not designated on your pick up list, you must do so in writing.
- Payment is due by the first of the month for that month. If you choose to have your payment automatically taken out of your checking or credit card account, you will be drafted on the 1st of the month and on the 7th of the month if your draft is returned. All redrafts will include the \$25 returned payment fee. If you are not on auto-draft and are late making payment, a \$20 late fee will be applied to your balance and your child will be unable to attend until you make payment. If you have questions about payment, please contact Lauren Goff at 845 395 1004 or email her at lgoff@middletownymca.org. Staff at your child's Club Kid site cannot take any payments. Payments can be mailed to our main branch at 81 Highland Ave., Middletown, New York 10940 or you can drop off your payment at either Middletown or SOFY.
- For program information regarding Middletown Club Kid, please contact Sherri Tironi at 845 344 9622 x 246 or email her at stironi@middletownymca.org. For program information regarding Minisink, Wallkill, or Valley Central Club Kid, please contact Josh Horner at 845 956 1519 or email him at jhorner@middletownymca.org. For program information regarding Monroe Woodbury, Pine Bush, Washingtonville, or Cornwall Club Kid, please contact Irene Rumsey at 845 956 1493 or email her at irumsey@middletownymca.org. For program information regarding Port Jervis, Goshen, Chester, or Florida Club Kid, please contact Tanya Solan at 845 394 2126 or email her at tsolan@middletownymca.org.

If you have any questions or concerns, do not hesitate to call. We are here to serve you and your child. We wish your child a happy and successful school year.

Best Regards,
The YMCA Club Kid Directors



WELCOME CENTER CHECK LIST

*****Parents/Guardians-Please DO NOT fill out this form.*****

This is to be completed by Welcome Center Staff only.

YMCA Staff, please initial each line after verification. Thank you.

I have checked the following information and the designated documents are signed and dated by the parent/guardian:

Start Date _____ (The date the child will be starting the program.)

Club Kid Registration Form _____

Club Kid Behavior Policy _____

Day Care Registration _____

Club Kid Information Sheet _____

Automatic Monthly Draft Authorization Form _____

Club Kid Payment Agreement _____

Late Pick Up Policy Acknowledgement _____

Was Registration Fee Paid? _____

Immunization Records received? _____ (Middletown Only)

Transportation and Inclement Weather Policy _____ (Middletown Only)

Welcome Center Staff Signature _____

Date of Completion _____



YMCA OF MIDDLETOWN CLUB KID REGISTRATION

Registration must be done in person at the YMCA of Middletown or at SOFY in Monroe.

Please PRINT unless otherwise noted.

Child's Name _____

Age _____ Birth date _____ Sex _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Email _____

Daytime # _____ Home # _____

Work # _____ Cell # _____

Grade _____ School _____ District _____ Start Date _____

PROGRAM REGISTRATION INFORMATION

Please indicate the days your child will be attending. If these days will change each week or throughout the month, please indicate that as well. **Please note that our AM program is available only at limited sites, and our Extended PM Program is only available at our Middletown site.**

AM Program (please circle)

M T W T F

PM Program (please circle)

M T W T F

Extended PM (please circle)

M T W T F

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and its representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and fully release the YMCA from any liability in connection therewith. I understand that my child must comply with all rules and standards of the program and that there is a standard of behavior that we expect all participants to adhere to. In no circumstance will the YMCA be tolerant of inappropriate behavior or threats to staff or other participants. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child (if necessary). **I have received a Club Kid handbook and agree to all policies explained within.**

Signature of Parent/Guardian _____ Date _____

CLUB KID Behavior Policy

One of the goals of our program is for each child to develop a sense of respect for themselves and others. We strive to create an environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction, and to learn to live in a respectful and cooperative manner. Therefore we do have certain expectations as it pertains to behavior. These behaviors include:

- All participants will keep their hands, feet and all body parts to themselves.
- All participants will follow behavioral directions the first time they are given.
- All participants will not verbally or physically mistreat anyone. This includes peers, counselors and other support staff.

We do not think that discipline should be a punishment. Inner discipline is the goal and is the result of an evolving process occurring within the child. Through appropriate staff/child interaction, anticipatory guidance, well established guidelines for appropriate behavior, and active listening to children's responses, staff will get to know each child and determine what additional limits and adjustments might work best for each individual. We hope to set our expectations for proper behavior, so it is anticipated that each child will exhibit self-control, and strive to follow our basic expectations, as it regards behavior. We believe children exhibits self-control and reasoning when staff treats them with dignity and use discipline techniques such as:

- Guiding children by setting clear and consistent limits and policies
- Visualizing mistakes as learning opportunities
- Encouraging them to verbalize and listen to children when they voice their frustration and feelings
- Guiding children to resolve conflict and model skills to help them problem solve
- Reminding and reinforcing the rules and their rationale
- Redirection

When a problem arises, steps toward reaching the above goals will include:

1. Staff will work with the child by speaking to the child at the time of the incident. Staff will support behavior changes through explaining and redirecting.
2. If a pattern of negative behavior persists, staff will talk with the parent/guardian in order to obtain assistance and suggestions for developing effective approaches with the child.
3. If inappropriate behavior continues, staff, along with the Program Director, will contact the parent/guardian either by phone or in writing to notify them of the observed behavior(s) and request a meeting with the parent/guardian and the child will be given a day off from the program.
4. After 3 incidents that result in a child being given time off and if all reasonable approaches are exhausted and the pattern of negative or threatening behaviors continue, and/or the child's actions are a threat to the well-being and safety of other children, staff or oneself, parents will be called and the child will be permanently removed from the program.
5. Severe inappropriate or threatening behavior that is directly related to the safety and well-being of the other children and/ or staff in the program may cause a child's immediate withdrawal from our program.

In signing this document, as parent/guardian, I acknowledge that I have been made aware of the YMCA of Middletown Club Kid Behavior Policy and will abide to its implementation, as it regards my child.

Child's Name _____

PLEASE PRINT

Parent/Guardian's Name _____

PLEASE PRINT

Parent/Guardian's Signature _____

Date _____

DATE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name:		Date of Birth:	Gender:
	Preferred Name/Nickname:		/ /	
	Child's Home Address:			
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text			Address of Person Enrolling Child (if different than child):	
Email Address:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For Program Use Only</i> Date of Enrollment: / /			<i>For Program Use Only</i> Date of Disenrollment: / /	

Child's Full Name:		Date of Birth:
		/ /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
Child's Primary Care Physician's Name/ Group:		Phone Number: () -
Preferred Hospital:		Phone Number: () -
Child's Dental Care:		Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /



CLUB KID INFORMATION SHEET

Child's Name: _____

How would you prefer us to communicate with you?

- Talk with me when I pick up my child.
- Call me in the evening at home. My phone # is _____.
- Talk to the person who picks up my child.
- Call me at work. My phone # is _____.
- Call me on my cell # @ _____.
- Send a note with the pick up person and I will call you as soon as possible.
- Other _____

We will provide a "quiet" time for your child to complete homework independently. Do you want your child to do homework at that time?

- Yes, always.
- No, never.
- If she/he wants to.
- Occasionally. I will let you know when.

During the day, what phone number should we call in case we need to leave you an automated message regarding closures or cancellations or we need to contact you? Please note that only the first number listed will be called. _____

Does your child have any dietary restrictions? _____

Any favorite snacks? _____

Does your child have any allergies? If yes, please specify. _____

Does your child wear glasses or contacts? _____

Is your child in a special classroom setting? If yes, please describe. _____

Is your child currently under care for any emotional or socialization challenges? _____. If yes, please describe. _____

Is your child currently taking any medication? Please specify what and why. _____

Does your child have any physical restrictions? _____

Is there anything we should know so that we can be responsive to your child's needs? _____

Parent/Guardian Signature _____ Date _____



AUTOMATIC MONTHLY DRAFT AUTHORIZATION FORM

The Club Kid registration fee is \$90.00 (per family) for the 2019-2020 school year. If you opt to have your Club Kid payments drafted from your checking, savings, or credit card account, the registration fee will be reduced to \$40.00. If you sign up for the draft program and change your payment protocol later in the school year, you will have to pay the additional \$50.00 to cover the registration fee. To sign up for the draft, we will need a few things from you in order to process your child's account.

If you choose to have your payment automatically deducted from your account, please hand this form in at time of registration.

A fee of \$25.00 will be charged for any returned draft. At no time can this fee be waived.

Signing below validates that I give permission for the YMCA of Middletown to draft my child's Club Kid monthly payment out of the account I've designated below. I understand that my monthly draft will typically occur on the 1st of each month and if my 1st of the month draft is returned, it will be redrafted on the 7th of the month. I understand that the YMCA will also redraft any EFT payments on the day after they are returned, unless the day is a weekend, in which case the Y will draft the next business day. I also understand that all 2nd drafts will also include a \$25.00 return fee.

Billing Party First & Last Name _____ **Date** _____

Billing Party Signature _____ **Contact Number** _____

Child's Name _____ **School** _____

My child will be attending: _____ **days** _____ **AM** _____ **PM** _____ **Extended**

I understand the YMCA of Middletown will automatically be withdrawing the \$40 registration fee out of the account listed below. If at time of registration, my registration fee is not processed, it will be withdrawn prior to, or on the 1st of the upcoming month.

I give permission to have \$ _____ drafted on the 1st of each month and on the 7th of the month if my 1st of the month draft is returned for the above named child from the following account:

_____ **CREDIT/DEBIT CARD ACCOUNT** Please make sure your card will not expire prior to the end of the school year. If that should occur or if your credit card on file has been compromised, you must notify us of any changes to your card in time to enable us to make the change prior to our draft date of the 1st. **Please circle one.**

VISA

AMERICAN EXPRESS

MASTERCARD

DISCOVER

_____ **Credit/Debit Card Number**

_____ **Expiration date**

_____ **Billing Zip Code**

_____ **Security Code**

_____ **CHECKING ACCOUNT** I have enclosed a copy of a voided check from my checking account.

I also give permission to the YMCA to draft an additional \$1.00 per month that will go directly to our Strong Kid's Campaign, which helps scholarship families in need for camp, Club Kid and family membership. _____ (if yes, please initial)

YMCA OF MIDDLETOWN CLUB KID PAYMENT AGREEMENT

Taking the yearlong cost for the program, and dividing that amount into ten equal monthly payments determines the monthly fee for Club Kid. **The monthly fee is the same, regardless of the number of Club Kid days that are provided each month, (i.e. the number of days that school is open that month).** If your child is beginning program before the 15th of the month, you are responsible for paying the full monthly fee. If your child is beginning program the 15th of the month or after, you are responsible for paying half of that month's fee.

Monthly Payments for Club Kid are due on the first of the month. If payment is not made by the 1st of the month a \$ 20.00 fee is added to the amount due. If payment is still outstanding on the 10th of the month, your child will not be permitted to utilize the program until payment is made. The school will be notified that your child(ren) can no longer attend our program. Should a check or monthly draft payment be returned to the YMCA, there will be a \$25.00 fee and you may be required to make that payment and all future payments at the branch in cash or Money Order on the first of each month.

If at any given time you need to modify your child's enrollment, your account will be charged a \$10.00 fee that is due at time of change. This includes the modification of the number of days (2/3 versus 4/5), cancellation of one program, adding of one program, changing programs, or temporarily cancelling a program for any period of time. **All requests must be submitted 15 days prior to the 1st of the month and you must provide us with a Club Kid Change Form. Please note that we will not prorate December or the month for which children do not attend due to Spring Recess.**

The **CLUB KID REFUND POLICY IS AS FOLLOWS:**

The Registration fee is **NON-REFUNDABLE.** Any refund request for monthly payment must be provided to us prior to the 5th of the month for you to receive any kind of refund. Any change or cancellation after the 5th of the month indicates you will not be entitled to any compensation. **The maximum refund amount to be issued will reflect half a month.** You must contact the Billing Coordinator by calling 845 395 1004. They will provide you with the appropriate form. A refund in the form of a check will be issued within 4 weeks after verification of attendance and clearing of payment (if applicable).

Any outstanding balances and June's payment must be made by no later than June 1st. Failure to do so will automatically remove your child from our program. The school will be immediately notified and your child will be unable to return until your balance is paid in full. Unfortunately we cannot extend payment arrangements into June.

The YMCA understands that circumstances arise which may require special payment arrangements. If you anticipate that you will be unable to make a timely payment, please discuss this with the Billing Coordinator by calling 845 395 1004. **Requests for special late payment arrangements must be put in writing. Please note that payment arrangements will be extended on a case-by-case basis, and may not be approved.**

The parent who enrolled his/her child in the program is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in collecting fees from non-custodial parents or others and cannot allow delays in payments due to delays in child support or other funding.

The YMCA does offer financial assistance to families through the ACCESS program. You may apply for financial assistance from **July 15th through May 1st.** If you apply mid-year your payments must be made up to date and on time for you to be eligible to apply for ACCESS. All copies of the requested documentation must be submitted. Failure to supply requested documentation will delay determination. Please allow at least 4 weeks to process your application. **No child will be admitted to the program with the understanding that financial assistance is pending, unless all payments are current, and no scholarship will be retroactive.** There is no scholarship available for the registration fee.

I have read, understand, and agree to the Payment Agreement as outlined above.

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

CHILD(REN)'S NAME: _____ DATE: _____



YMCA of Middletown Club Kid
81 Highland Avenue, Middletown, NY 10940

Date: _____

To the Parents/Caretakers of: _____

The following is the late pick-up policy from the YMCA of Middletown Club Kid handbook. **By signing this form, you acknowledge that you have read the policy and that you agree to abide by its terms.**

LATE PICK-UP POLICY

Our Club Kid Program ends promptly at 6:00 p.m. There is neither space nor staff to properly accommodate your child after that time. Late pickup will result in a fee of \$1.00 per minute that you are late. While we understand that there might be an unforeseen lateness, please be advised that after **three** late pickups, you will be unable to utilize our program. Failure to pay late fees may result in termination of your child's enrollment in Club Kid.

Time the child was picked up: _____

Amount due for late pick up: _____

Pick Up Number: _____

_____ I am on draft. Please draft this with my monthly payment. I understand that I may be drafted during the next monthly cycle, or the following one, depending on the date of late pick up.

_____ I will pay in person. Please add a note to my account that I will pay this with my monthly payment. I understand that this fee may not be posted before my next monthly payment, depending on the date of late pick up, and will pay the fee with the monthly payment after it has been added. If I am on draft and this fee is not paid within 30 days, I give my permission to draft this payment with the following monthly payment.

Parent/Caretaker Signature: _____