



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

ALL DAY SUPPORT

Remote Learning Program SOUTH ORANGE FAMILY YMCA

We know that remote learning makes it difficult for families to balance the demands of school and work, but don't worry, the Y is here to help. During the Remote Learning program, our staff assist students with navigating their virtual classrooms while providing a supervised, nurturing environment. Every day we strive to incorporate the YMCA's Core Values of **caring, respect, responsibility, and honesty** into all that we do.

The remote learning program is available to all students in Orange County in grades K-6 (age 12 and younger) while students are learning remotely.

Each family is responsible for providing their child with the necessary technology and supplies (Chromebook, headphones, pencils, etc.) required to complete all assignments as well as their virtual classroom schedule.

Breakfast and lunch will be provided by the Monroe-Woodbury Central School District.

NOTE: This program follows the Monroe-Woodbury Central School District's calendar and only operates on days that virtual learning is in session.

THE REMOTE LEARNING PROGRAM BEGINS NOVEMBER 30, 2020.

LOCATION	DAYS/WEEK	8:00AM-4:00PM	CONTACT
SOUTH ORANGE FAMILY YMCA	2-3 Days/Week	\$105/Week	Irene Rumsey (P) 845 956 1493 (C) 914 443 1976 (E) irumsey@middletownymca.org
	4-5 Days/Week	\$195/Week	

TO REGISTER:

Email completed registration packet to childcare@middletownymca.org.

Additional youth programs are available Monday-Friday, 7:00am-8:00am and 4:00pm-6:00pm.
 Contact Irene Rumsey for details.

SOUTH ORANGE FAMILY YMCA
 45 Gilbert Street Extension
 Monroe, NY, 10950
 (P) 845 782 9622

www.middletownymca.org

FINANCIAL ASSISTANCE

Financial assistance is available to those who apply and qualify.

To apply contact Melinda Gwiozdowski:
 (P) 845 395 1024 (E) mg@middletownymca.org



FOR OFFICE USE ONLY

Please **DO NOT** fill out this form.

This form is to be completed by YMCA 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.)

Minor Participant Waiver _____

Remote Learning Registration Form _____

Remote Learning Behavior Policy _____

Day Care Registration Form _____

Remote Learning Information Sheet _____

Automatic Weekly Draft Authorization Form _____

Remote Learning Payment Agreement _____

Late Pick Up Policy Agreement _____

Was Registration Fee Paid? _____

YMCA Staff Person Completing Form: _____

YMCA Staff Person Signature: _____

Date of Completion: _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of Middletown FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of the YMCA of Middletown facilities, services, equipment and premises (“Facilities”) and any participation in the YMCA of Middletown programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Middletown, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) to the extent permitted by law, will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



YMCA OF MIDDLETOWN REMOTE LEARNING REGISTRATION FORM

Registration must be submitted via email to childcare@middletownymca.org.

Please PRINT unless otherwise noted.

Child's Name _____

Age _____ Date of Birth _____ Gender: _____

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 below and the start date.

If these days will change weekly or monthly, please indicate that in the **Special Notes** section below.

Start Date _____

M T W TH F

Special Notes: _____

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 representative's 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).

Signature of Parent/Guardian _____ Date _____

REMOTE LEARNING BEHAVIOR POLICY

YMCA OF MIDDLETOWN

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 Remote Learning Behavior Policy and agree to its implementation, as it regards my child.

Child's Name (Please print) _____

Parent/Guardian's Name (Please print) _____

Parent/Guardian's Signature _____ 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: / /



REMOTE LEARNING INFORMATION SHEET

Child's Name: _____

Please select your preferred method of communication:

- 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 # at: _____.
- Send a note with the pick up person and I will call you as soon as possible.
- Other _____

We provide a "quiet" time. 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.

Please designate the best DAYTIME phone number to receive automated messages regarding closures, cancellations or other important information. _____

Please list any dietary restriction: _____

Please list your child's favorite snacks: _____

Please list any allergies: _____

Does your child wear glasses or contacts? Glasses Contacts Both

Is your child in a special classroom setting? Yes No

If yes, please provide details: _____

Is your child currently receiving care for any emotional or socialization challenges? Yes No

If yes, please explain: _____

Is your child currently taking any medication? Yes No

If yes, please list the medical condition and medication: _____

Does your child have any physical restrictions? Yes No

If yes, please describe: _____

Is there anything else you would like to share about your child's needs? Yes No

If yes, please provide details: _____

Parent/Guardian Signature _____ Date _____



AUTOMATIC WEEKLY DRAFT AUTHORIZATION FORM

The Remote Learning registration fee is \$45.00 (per family) for the 2020-2021 school year.
The registration fee is waived for those with an active YMCA Family Membership.

Please note that payments can no longer be mailed or made in person.

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 weekly payment out of the account designated below. I understand that my weekly draft will typically occur on Monday of each week.

Billing Party First & Last Name _____ Date _____

Billing Party Signature _____ Contact Number _____

Child's Name _____ School _____

My child will attend the Remote Learning Program 2-3 Days/Week beginning _____

My child will attend the Remote Learning Program 4-5 Days/Week beginning _____

I understand the YMCA of Middletown will automatically be withdrawing the \$45 registration fee out of the account listed below. If at time of registration, my registration fee is not processed, it will be withdrawn with the first Remote Learning payment.

I give permission for weekly payments to be drafted every Monday for the sessions listed above.

____ **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. **Please circle one.**

Select Card Type: **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 the YMCA Annual Strong Kid's Campaign, to provide scholarship assistance for Camp, Club Kid, and Family Membership to families in need. If you agree to this donation, please initial here: _____

YMCA OF MIDDLETOWN REMOTE LEARNING PAYMENT AGREEMENT

Taking the yearlong cost for the program and dividing that amount into equal payments determines the weekly fee for Remote Learning. **The weekly fee is the same, regardless of the number of days that are provided each week, (i.e. the number of days that school is open that week).** Please note that there is a three school day waiting period to begin, and this waiting period will not be waived.

Weekly Payments are drafted on Monday of each week. If payment is still outstanding by the end of the week, your child will not be permitted to utilize the program until payment is made.

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 cancellation of one program, adding of one program, changing programs, or temporarily canceling a program for any period of time. **All requests must be submitted 15 days prior to the effective date and you must provide us with a Remote Learning Change Form.**

The REMOTE LEARNING REFUND POLICY IS AS FOLLOWS:

The Registration fee is NON-REFUNDABLE. Refunds will be issued back to the original payment method, and will only be issued if a Change Form was received and a payment was taken in error. You must call the Billing Coordinator at (845) 395-1004 to initiate the refund process.

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 offers financial assistance to families through the ACCESS program. You may apply for financial assistance at any time. Financial assistance will be awarded on a first-come, first-served basis. If you apply mid-year your payments must be made up to date and on time during the application process in order to be eligible 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'S NAME: _____ DATE: _____



YMCA OF MIDDLETOWN REMOTE LEARNING
LATE PICK-UP POLICY AGREEMENT

LATE PICK-UP POLICY

Our Remote Learning program ends promptly at 4:00 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.

LATE PICK-UP FEE PAYMENT OPTIONS:

Late pick-up fees will be drafted with an upcoming weekly payment.

I have read the Late Pick-Up Policy and agree to abide by its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____