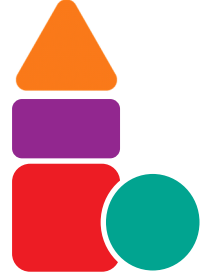




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



LEARN GROW THRIVE



YMCA Building Blocks Two Year Old Program 2022-2023 THE CENTER FOR YOUTH PROGRAMS



The Building Blocks program provides a loving and nurturing atmosphere in a bright, spacious, open classroom. The classroom setting is a safe place for young minds to explore, discover, learn and begin to prepare for the transition to preschool.



In the Building Blocks program, toddlers will:

- Practice socialization skills
 - Acquire an expressive vocabulary
 - Progress through the early stages of cooperative play
 - Develop fine and gross motor skills
 - Achieve hand-eye coordination
 - Explore music and movement through rhythms and rhymes
- ...plus so much more.



Tuesday & Thursday / 9:00am-11:30am / \$215 Per Month

Note: Children must be 24 months old by December 1, 2022.

REGISTRATION INCLUDES A YMCA FAMILY MEMBERSHIP

We encourage parents/guardians to take advantage of this membership while your toddler is with us and explore all the additional programs and services available to you at the [YMCA of Middletown](#) and the [South Orange Family YMCA](#).



THE CENTER FOR YOUTH PROGRAMS

6 Liberty Street
Middletown, NY 10940
(P) 845 956 1546
(W) www.middletownymca.org

**For more
information
contact:**

Sue Cummings, YMCA Daycare Director
(P) 845 395 1025
(E) scummings@middletownymca.org

YMCA Building Blocks COVID-19 Protocols

Striving to keep everyone safe.

During these uncertain times, the health and safety of every person in our program is our primary concern and we are taking every precaution to prevent potential exposure or spread of COVID-19.

- Daily health screenings are performed on all participants and staff upon entering the building. Screening consists of:

* **Screening Questions** (These questions may change as per the DOH):

1. Do you feel ill today?
2. Do you have a temperature of 100.4 or higher?
3. Have you tested positive for COVID-19 in the past 10 days?
4. Is there anyone in your household that has tested positive for, and/or experiencing symptoms of COVID-19 in the past 14 days?
5. Have you recently been tested for COVID-19 and are currently awaiting results?

If the answer is yes to any of these questions, that person will not be allowed into the program. Any child who exhibits COVID-related symptoms will not be allowed into the program until they have quarantined for 10 days. Those with non COVID related symptoms may return after being symptom free for 24 hours.

- Students must be escorted by a parent/guardian to the appropriate entrance where staff await the student's arrival. Both adult and child must wear a mask and keep 6 feet from others.
- Mask are worn by all staff and participants.
- Children need to bring their own mask.
- Recommended social distancing guidelines are implemented.
- Handwashing is enforced after each activity. Hand sanitizer is available at all times.
- All equipment is cleaned and sanitized after each use.
- If a child in the program tests positive for COVID we refer to the OCFS/NY State Department of Health Guidelines found on the DOH's website: <https://coronavirus.health.ny.gov/new-york-state-contact-tracing>

These protocols are subject to change as mandated by state and local health officials or when revisions are made to YMCA policies.

MEMBERSHIP APPLICATION

OUR MISSION: The YMCA of Middletown is dedicated to putting Christian principals into practice through programs that build a healthy mind, body and spirit for all.



**FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY**

GETTING TO KNOW YOU

Today's Date:

Home Branch: <input type="checkbox"/> YMCA of Middletown <input type="checkbox"/> South Orange Family YMCA		Unit ID#
Membership Type: Family Advantage—First Step Preschool	Monthly Draft Date: 1st Please see billing terms on page 2	
Primary Member First Name	MI	Last Name
Address		
City	State	Zip
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	#1 Phone () —
Email	Employer	#2 Phone () —
Ethnicity (Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Other: _____		

YOUR YMCA EXPERIENCE

How did you hear about us?			
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Drive By/Live in Area	<input type="checkbox"/> Medical Referral/Insurance Company	
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Place of Employment	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Special Event	
Areas of Interest:			
<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Senior Activities	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Family Programs	<input type="checkbox"/> Childcare	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Social Events
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Sports	<input type="checkbox"/> Arts— Music, Dance

BEGIN YOUR MEMBERSHIP— YOUR HOUSEHOLD

Adult's Names (26+ years old)	Birth Date (mm/dd/yyyy)	Age	Gender
1.			
2.			
Children (Age 25 and younger)	Birth Date (mm/dd/yyyy)	Age	Gender
1.			
2.			
3.			
4.			
5.			
6.			
7.			

EMERGENCY CONTACT

First Name	Last Name
Relationship	Phone () —

BANK DRAFT AUTHORIZATION

I (We) hereby authorize the YMCA of Middletown, to initiate debits to the account listed below for Membership:

<input type="checkbox"/> Voided Check Attached OR	Card #	Exp. Date
<input type="checkbox"/> Use Credit Card	Name on Card	Official Use: Card scanned? ___ Yes ___ No

- I understand that my membership dues are included in my monthly Preschool tuition. **Upon completion of the school year in June, my membership dues will be drafted on a monthly basis from the above listed account for \$36 per month, beginning July 1, 2023. Should any draft not be honored by my bank or credit card company, I understand that I will be charged a \$25.00 return payment fee.**
- The YMCA will honor my reduced membership rate of \$36 for a Family Advantage Membership until December 31, 2023 even if I do not enroll in any YMCA Preschool or Club Kid Programs.
- **I understand that the monthly draft for my membership dues is continuous and will remain in effect until I give a 30 day written notice to cancel at the YMCA. This written notice will be given 30 days prior to my monthly scheduled draft date. I have the responsibility to make sure the cancellation notice has been received.**
- If there are any changes to my billing information, including a new credit card expiration date, I understand that I am responsible for notifying the Y.
- I understand that I am able to freeze my membership for personal reasons with a 30 day written notice prior to my monthly draft date. I am subject to a monthly fee of \$10 when putting a freeze on my account for personal reasons. When freezing my membership for medical reasons, I am responsible for providing a doctors note.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate of my membership. I understand that I will be given a 30 day notice of any such change.
- Any changes and/or additions made to my membership are subject to a nominal fee. **All changes to my membership will be given with a 30 day written notice.**
- I understand that I must bring my membership card each time I visit the YMCA and swipe in to gain access for myself and my family members.
- A complete list of Membership Policies and Procedures is available to me on the YMCA of Middletown website.
- **The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.**
- I agree to abide by the YMCA's code of conduct and all applicable rules around facility usage. I accept full responsibility for my use of any and all apparatus, appliances, facility privilege, or service whatsoever, owned and operated by the YMCA at my own risk and shall hold the YMCA, the directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom.

Member Signature _____ Date _____ Staff _____

Billing Party Signature (If different from Member) _____ Date _____

OPPORTUNITIES TO GIVE BACK

The Y is a nonprofit, cause-driven organization. We count on the generosity of our member and community to help people of all ages and from all walks of life, be healthy, confident, connected and secure—no matter their ability to afford programming. When you give to the Y, your tax-deductible gift will have a meaningful impact on the life of a family in your neighborhood.

Would you like more information about our Annual Strong Kids Campaign? Yes Not at this time

Would you like more information about Volunteering? Yes Not at this time

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”) 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
YMCA BUILDING BLOCKS REGISTRATION**

Please PRINT, unless otherwise noted.

Child's Name _____

Age _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____

Cell # _____ Home # _____ Work # _____

Email Address _____ Child resides with _____

PROGRAM REGISTRATION INFORMATION

Child must be designated age by December 1st

2 YEAR OLD PROGRAM:

__ Tues/Thurs, 9:00am-11:30am

I hereby enroll my child in the above YMCA of Middletown 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 my child must comply with all rules and standards of the program. 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.*

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____

YMCA BUILDING BLOCKS

Health Information Sheet

YOU MUST COMPLETE THIS FORM AND PROVIDE A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD.

Child's Name _____ Sex _____ Age _____ Birth date _____ Child resides with _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)

It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please list at least 3 contacts, including yourself.

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Does your child have any allergies? _____ YES / _____ NO

If yes, please specify. _____

Does your child have any physical limitations? _____ YES / _____ NO

If yes, please specify. _____

Is your child receiving speech therapy? _____ YES / _____ NO

If yes, please specify. _____

Is your child currently under care for any emotional physical, or socialization problems? _____ YES / _____ NO

If yes, please describe. _____

Does your child wear glasses? _____ YES / _____ NO

If your child is currently taking medication? _____ YES / _____ NO

If yes, please specify what and why. _____

Please list any additional information you would like to disclose to us to help us better serve your child. _____

I hereby enroll my child in the YMCA Building Blocks. I have been advised of the policies regarding fees and the services provided by this program. I give consent for this child to take part in field trips under proper supervision. I agree that in case of accident or injury, the YMCA of Middletown is authorized to obtain emergency medical care in the event I or person(s) designated cannot be reached. I will provide the YMCA any special information necessary to assist in the proper care of my child.

Parent's/Guardian's Name (Print) _____ Relationship to Child _____

Parent's/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		
Email Address:		Address of Person Enrolling Child (if different than child):		
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: / /

YMCA BUILDING BLOCKS
AUTOMATIC MONTHLY DRAFT AUTHORIZATION FORM

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 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 or the next business day should the 7th occur on the weekend. 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 include a \$25.00 return fee.

Billing Party First & Last Name _____ Date _____

Billing Party Signature _____ Contact Number _____

Child's Name _____

Please check your child's Age (as of Dec 1st): ___Age 2

Check your enrollment option below:

___ Tuesday & Thursday, 9AM-11:30AM, \$215/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** ___ **MASTER CARD** ___ **DISCOVER**

_____ Credit/Debit card number

_____ Expiration date

_____ Billing Zip 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 Strong Kid's Campaign, which helps scholarship families in need for camp, Preschool, Club Kid, and family membership.

If yes, please initial here: _____

YMCA OF MIDDLETOWN BUILDING BLOCKS PAYMENT AGREEMENT

The Building Blocks program is automatically drafted in ten equal monthly payments, September–June. The monthly fee is the same, regardless of the number of program days that are provided each month. In other words, we do not prorate months in which there are holidays or school breaks. If your child begins the program before the 15th of the month, you are responsible for paying the full monthly fee. If your child begins the program on or after the 15th of the month, you are responsible for half of that month's fee.

Monthly payments 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 an outstanding balance remains on the 10th of the month, your child will not be permitted to utilize the program until payment is made in full. 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 by Money Order on the first of each month.

If at any given time you need to cancel your child's enrollment, a **written request must be submitted 30 days prior to the 1st of the month to avoid being charged for the upcoming month.**

BUILDING BLOCKS REFUND POLICY:

Refund request for monthly payments must be submitted prior to the 5th of the month. Requests received after the 5th of the month are ineligible for a refund. **The maximum refund amount is 50% of the monthly fee.** 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).

All outstanding balances and June's payment must be made by no later than June 1st. Failure to do so will automatically put your child's participation at risk.

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 prior to the payment due date 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/guardian who enrolled the 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 at any time during the year. If you apply mid-year, your payments must be up to date and continue to be made on time in order 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 while financial assistance is pending, unless all payments are current. Please note that financial assistance will not be retro activated.**

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

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

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