



Summer SACC 2023

Wednesday, June 28 to Friday, August 25

Registration paperwork can be found via SACC office, your child's SACC Director (if already attending SACC) or by going to www.watertownymca.org. Click on Childcare then SACC. Forms may be submitted via email to anakano@nnyymca.org or faxed to 315-755-2014. For additional information, please contact the YMCA SACC office 315-755-2005.

Payment for your child's first week and Registration Fee is due upon registration.

Forms needed:

- (1) Registration Form per child **if any question, 2-8, is circled YES then other form(s) will be needed.*
- (1) Enrollment Contract per family
- (1) Text Alert Form per child
- (1) CACFP Form per family (Please complete side A or Side B)
- (1) Non-Medication Consent Form if **sunscreen** is being provided by a parent/guardian. **When completing this form do not complete box #4 (name of product).*

***SUNSCREEN-** Sunscreen can be provided by the parent/guardian when enrolling for Summer SACC. Please complete a Non-Medication Consent Form. (One per child). Sunscreen is to be labeled with the child's name and brought to the Summer SACC Program on the child's first day. **When completing the Non-Medication Consent Form, do not complete box #4 (name of product). We will fill this box in on your child's first day.*

Program Hours:

7AM to 6PM

Location:

Knickerbocker Elementary School.

Needed every day:

Swimsuit, Towel, Water Bottle and A Healthy Lunch (if you would like to provide one).

Please label any item being brought to SACC.

Provided every day:

Breakfast and Lunch will be provided by Watertown City School District. A Healthy Snack is provided by SACC and lots of FUN! 😊

***SACC will not be provided July 4th & August 28 to September 4.**

2023 YMCA SUMMER SACC Registration



Name of Child: _____
 School: _____
 Age: _____ Birthdate: _____

Gender: Male Female
 Start Date: _____
 Grade in September 2023: _____

Family's <u>Physical</u> Address: _____ <small>Street City State Zip</small>	Family's <u>Mailing</u> Address: _____ <small>Street City State Zip</small>
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Primary Parent or Guardian: Birthday: _____ <i>(Is Responsible for Payment)</i> Relationship to Child: _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Email Address: _____	Secondary Parent or Guardian: Birthday: _____ <i>Does this person reside with the child? Yes No</i> Relationship to Child: _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Email Address: _____
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★ Is there someone who does not have legal access to your child? Yes No (If Yes, you must submit legal documentation)

Please list the name of the person who does not have access to the child: _____

**This program cannot, without a court order, limit the access of biological/adoptive parent by request of the other, regardless of reason. A legal restraining order must be on file at the administration office and site if biological/adoptive parent is not allowed to pick up the child. Our program will not accept approval by a parent or guardian, written or otherwise, contradicting the legal restraining order.*

Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.	
1-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
2-Name: _____ Phone: _____	Relationship: _____ Street Address: _____
3-Name: _____ Phone: _____	Relationship: _____ Street Address: _____

Please complete the following questions. Be sure to provide an explanation where needed.

1	Is your child physically and mentally able to participate in our program? If NO , please explain:	Yes	No
2	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of the IEP)	Yes	No
3	Does your child have any condition requiring special attention; Sunscreen, Medical, or Routine? (If YES, fill out <u>Child with Special Needs Form</u>) If YES , please explain: (Sunscreen will need <u>Non-Medication Form</u>)	Yes	No
4	Is your child allergic to bee stings? (If YES , fill out Child with Special Needs Form & Food Allergy & Anaphylaxis Emergency Care Plan) If YES , does your child require medication if stung? (If YES , fill out <u>Medication Consent Form</u>)	Unknown	Yes No
5	Is your child allergic to any foods? (If YES , fill out <u>Child with Special Needs Form & Allergy & Anaphylaxis Emergency Care Plan</u>) If YES , please explain:	Yes	No
6	Does your child have other allergies (Meds, Seasonal, etc)? (If YES , fill out <u>Child with Special Needs Form: Must list type of specific type of allergy, symptoms, and response to reaction</u>) If YES , please list:	Yes	No
7	Does your child have asthma? (If YES , fill out <u>YMCA Asthma Action Form & Child with Special Needs Form</u>) If YES , does your child require medication? (If YES , fill out <u>Medication Consent Form</u>)	Yes Yes	No No
8	Does your child require medication to be taken at program? (Please remember to include times during full day programs)? (If YES , fill out <u>Medication Consent Form</u>) If YES , please list:	Yes	No

-If you answered yes above, all forms must be completed prior to the child attending.
-A Medication Consent Form must be completed for each medication.
-The medication must be labeled with the child's name, dosage, and expiration date and turned in to the office at the time of registration.

Please read, initial in the box to the right, and sign this form at the bottom of the page:

	Initial
Field Trip Permission: I give permission for my child to participate in the field trips taken by the YMCA School Age Child Care Program. I understand that I will be given prior notice if a trip is planned. (Any venture off of our licensed address is consider a field trip. Example: Walk around around the block)	
Transportation Permission: In the event that a child needs to be transported by administrative staff, for reasons of health, behavior, or safety. I give permission for my child to be transported by administrative SACC staff when other transportation is not available. Parent/Guardian, Director, and CEO will be notified.	
Swimming Permission: I give permission for my child to participate in swim while participating at Watertown Family YMCA programs. This permission extends to the pools located in the schools of the Watertown City School District, Watertown City Public Pools, Watertown Family YMCA Downtown Branch, Westcott and Southwick Beaches and Water Safari.	
Media Release: I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.	
Medical Treatment (mandatory for participation): In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.	
Waiver (mandatory for participation): Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA Licensed sites, use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others.	
Memorandum of Understanding (mandatory for participation): I understand the Parent Handbook is available online at www.watertownymca.org under the Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.	

Parent/Guardian Signature:	Date:
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2023 SUMMER SACC Enrollment Contract

Parent/Guardian Name:	I receive DSS Assistance Yes No
Primary Phone:	If you are receiving DSS assistance you must provide the DSS Approval Letter .
Parent DOB:	I am requesting a financial assistance Scholarship Yes No
Office use only: Member #	If you are requesting assistance please complete the Scholarship Application .

Billing and Registration Procedures	Initial
There is a \$20 registration fee per family, if all children registering are members this fee is waived. This registration fee is non-refundable.	
Summer SACC childcare fees are billed the week prior to care. All registrations will require the first week's care cost and	
Registration is not complete until all applicable forms & payments are received by the SACC office. (Registration Form, Fee Contract, CACFP, Text Alert, Sunscreen, and if needed; Medical Consent, Special Needs, Allergy, Asthma, A&A Emergency Plan, Court Orders, IEP)	
We are unable to bill an <u>individual</u> third party for the cost of your child's care. It will be your obligation to seek payment from that individual.	
A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter.	
There is a fee for all CC, Check, and EFT payments which are returned (this fee varies by bank, can be up to \$30)	
If you receive assistance from DSS you are responsible for your monthly parent fee and the balance of any unpaid childcare costs. If DSS does not pay as much as you feel they should, it is your responsibility to contact your caseworker. You will be responsible to pay for any uncovered childcare expenses within 2 weeks of the statement.	
The sibling discount is applied to the child who attends the least.	
If you receive a YMCA Scholarship, maintaining a current payment status is required for continuing your scholarship. There is not a sibling discount if you receive a scholarship.	
All childcare fees are required to be set up as automatic payments.	
Changes to your contract may be made by calling the SACC office at (315) 755-2005. Changes to your contract must be made no later than the 2 weeks prior to your next scheduled billing date.	
YMCA reserves the right to discontinue care if payment is <u>7 days</u> outstanding.	

2023 SUMMER SACC Cost Schedule	Cost for the First Child	Cost for Each Additional Sibling
Program	<i>All child care costs billed WEEKLY</i>	
3 Days Summer SACC	\$165	\$140
5 Days Summer SACC	\$245	\$208

Please place an "X" over each day you the calendar that your child(ren) will attend prgram ****All changes require 2 week noitce****

Child's Information		July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date	August	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date
Last name			One	★	★	6/28	6/29	6/30		REG		Six	7/31	8/1	8/2	8/3	8/4		7/28
First name		Two	7/3	★	7/5	7/6	7/7	6/30		Seven	8/7	8/8	8/9	8/10	8/11		8/4		
		Three	7/10	7/11	7/12	7/13	7/14	7/7		Eight	8/14	8/15	8/16	8/17	8/18		8/11		
		Four	7/17	7/18	7/19	7/20	7/21	7/14		Nine	8/21	8/22	8/23	8/24	8/25		8/18		
		Five	7/24	7/25	7/26	7/27	7/28	7/21											

Child's Information		July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date	August	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date
Last name			One	★	★	6/28	6/29	6/30		REG		Six	7/31	8/1	8/2	8/3	8/4		7/28
First name		Two	7/3	★	7/5	7/6	7/7	6/30		Seven	8/7	8/8	8/9	8/10	8/11		8/4		
		Three	7/10	7/11	7/12	7/13	7/14	7/7		Eight	8/14	8/15	8/16	8/17	8/18		8/11		
		Four	7/17	7/18	7/19	7/20	7/21	7/14		Nine	8/21	8/22	8/23	8/24	8/25		8/18		
		Five	7/24	7/25	7/26	7/27	7/28	7/21											

Child's Information		July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date	August	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date
Last name			One	★	★	6/28	6/29	6/30		REG		Six	7/31	8/1	8/2	8/3	8/4		7/28
First name		Two	7/3	★	7/5	7/6	7/7	6/30		Seven	8/7	8/8	8/9	8/10	8/11		8/4		
		Three	7/10	7/11	7/12	7/13	7/14	7/7		Eight	8/14	8/15	8/16	8/17	8/18		8/11		
		Four	7/17	7/18	7/19	7/20	7/21	7/14		Nine	8/21	8/22	8/23	8/24	8/25		8/18		
		Five	7/24	7/25	7/26	7/27	7/28	7/21											

Method of Payment

(Initial) I choose to have debit/credit card ending with processed **each Friday prior to the service week.**

Late Pickup FEES

(Initial) I authorize YMCA to charge my debit/credit card for additional fees incurred due to late pickup.

Memorandum of Understanding: I have read and understand this enrollment contract in its entirety. I understand that space is reserved for my child and I am responsible for payment for the contracted days and additional service days. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended for any account which is delinquent.

Parent/Guardian Signature:

Date:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-MEDICATION CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered: apply a thin layer to exposed skin	6. Route of administration: Topically
7A. Frequency to be administered, include times of day if appropriate: _____		
OR		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)		
AND/OR		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent _____		
Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
AND/OR		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature:		
X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name: Watertown Family YMCA SACC	16. Facility ID number: 310646+42431+42434	17. Program telephone number: 315-755-2005
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):	20. Date received from parent:	
21. Staff's signature:		
X		

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY
CACFP Agreement # _____
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>
Total Household Income \$ _____
Free _____ Reduced _____ Paid _____
Date of Determination _____
Signature of Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.



**Watertown Family YMCA
School Age Child Care Program**

Remind.com

Remind.com is a Family Alert System utilized by our program. This free system allows us to update parents immediately regarding their individual SACC program.

The updates may include:

1. Weather Related Delays/Cancellations
2. Daily Programming Changes
3. Programming Emergency Closures
4. Registration Information
5. Special Events

This is not mandatory but is highly recommended. You may opt for updates via text, email, or both. You will receive an initial text/email to join your school's system. You will need to accept the text/email to finalize your registration. If you have any questions, please call us at: 315-755-2005.

If you are interested, please fill out the following and drop it off at the SACC Office inside the Fairgrounds YMCA, 585 Rand Dr., Watertown, NY 13601.

Date: _____

School Name: _____

Child's Name: _____

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____