



# Summer SACC July 1-August 28, 2025

Completed forms may be submitted via email [anakano@nnyymca.org](mailto:anakano@nnyymca.org), fax 315-755-2014 or you can schedule an appointment with Amy Nakano by calling 315-755-2005.

**Sunscreen:** Sunscreen should be brought to the Fairgrounds YMCA during the week of June 9-13 during the hours of 10am to 4pm, Tuesday, Wednesday, Thursday, June 10-12, 5-7pm or Saturday, June 21, 10am to 2pm. If sunscreen is not provided, your child will not be able to attend their first day of Summer SACC. (please label each sunscreen with your child(ren)'s name)

**Program Hours:** 7AM to 6PM

## Location:

Knickerbocker Elementary School- July 1-August 15th We'll be using the door behind the playground.

Fairgrounds YMCA- August 18-28. Use the door and parking lot behind the Y.

## Needed every day:

Sneakers, Swimsuit, Towel, Water Bottle and A Healthy Lunch if you would like to provide one. *If your child is attending when we are at Fairgrounds Y, you will need to provide lunch for your child. \*Please label any item being brought to Summer SACC.*

**Provided:** Breakfast and Lunch will be provided by Watertown City School District while at Knickerbocker until August 15<sup>th</sup>. A Healthy Afternoon Snack and lots of Summer SACC Fun!

**Contract Changes:** Changes to your contract may be made by calling the SACC office 315-755-2005 and must be made no later than 2 weeks prior to your next scheduled billing date.

SACC will NOT be provided on June 30<sup>th</sup>, July 4<sup>th</sup> and August 29<sup>th</sup>



# 2025 Summer SACC Registration



Name of Child: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: Male Female

Start Date: \_\_\_\_\_

Grade in September 2025: \_\_\_\_\_

Family's <u>Physical</u> Address:		Street	Family's <u>Mailing</u> Address:		Street
City	State	Zip	City	State	Zip

Primary Parent or Guardian:		Secondary Parent or Guardian:	
Birthdate	(Is Responsible for Payment)	Birthdate	Does this person reside with the child?
Relationship to Child:		Relationship to Child:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Email Address:		Email Address:	



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:	Relationship:
Phone:	Street Address:
2-Name:	Relationship:
Phone:	Street Address:
3-Name:	Relationship:
Phone:	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 <b>NO</b> , 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 <u>Child with Special Needs Form &amp; Food Allergy &amp; Anaphylaxis Emergency Care Plan</u> )	Yes No Unknown
5	If YES, does your child require medication if stung? (If YES, fill out <u>Medication Consent Form</u> )	Yes No
6	Is your child allergic to any foods? (If YES, fill out <u>Child with Special Needs Form &amp; Allergy &amp; Anaphylaxis Emergency Care Plan</u> ) If YES, please explain: 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 Yes No Yes No
7	Does your child have asthma? (If YES, fill out <u>YMCA Asthma Action Form &amp; Child with Special Needs Form</u> ) If YES, does your child require medication? (If YES, fill out <u>Medication Consent Form</u> )	Yes No Yes 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
<b>Field Trip Permission:</b> 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)		
<b>Transportation Permission:</b> 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.		
<b>Swimming Permission:</b> 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. (Weather permitting there will be swimming or water play each day.)		
<b>Media Release:</b> 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.		
<b>Medical Treatment (mandatory for participation):</b> In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.		
<b>Waiver (mandatory for participation):</b> 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 herby 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.		
<b>Memorandum of Understanding (mandatory for participation):</b> I understand the Parent Handbook is available online at <a href="http://www.watertownymca.org">www.watertownymca.org</a> under the Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.		
<b>Parent/Guardian Signature:</b>	<b>Date:</b>	



# 2025 Summer SACC Enrollment Contract

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

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 fee.		
Registration is not complete until all applicable forms & payments are received by the SACC office. (Registration Form, Fee Contract, CACFP, Text Alert, Screenshot Letter and Form, Armed Services Information, 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.		

2025 SUMMER SACC Cost Schedule	Cost for the First Child	Cost for Each Additional Sibling
Program	All child care costs billed WEEKLY	
3 Days Summer SACC	\$174	\$147.90
5 Days Summer SACC	\$257	\$218.45

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

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

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

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

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:



03/25/2025

Dear families,

Below is the eligibility chart from the Office of Child and Family Services for Childcare Assistance.

**To see if your family is eligible or to apply online go to:**

<https://ocfs.ny.gov/programs/childcare/ccap/help.php> or call Jefferson County Department of Social

Services 315-785-3324.

Sincerely,

Y Childcare Administration

315-755-2005

### Income Requirements

Here are the maximum amounts a family can make and still qualify. While this information can be a helpful tool, families should submit an application to their Local Department of Social Services (LDSS) to find out if they qualify. Income is only one factor to qualify for child care assistance in New York State. Other families may also qualify, based on their specific needs.

Family Size	Annual Income Limit*see table footnote	Monthly Income Limit
1	\$56,488.48	\$4,707.37
2	\$73,869.56	\$6,155.80
3	\$91,250.63	\$7,604.22
4	\$108,631.70	\$9,052.64
5	\$126,012.77	\$10,501.06
6	\$143,393.84	\$11,949.49

Table 1: Income limits for eligibility by family size.

\* Annual Income Limit numbers are 85% of the NYS Median Income, effective from June 1, 2024 - May 31, 2025.



## YMCA SACC DSS Memo

*The following are the YMCA SACC'S policies related to DSS Please make sure you understand and abide the following:*

- There is a \$20 registration fee per family, if all children registering are members, this fee is waived. This registration fee is non-refundable.
- If it is determined that your care is not billable to DSS or if we submit a bill for payment and DSS does not pay for the hours your child was in care, **YOU will be responsible for the balance due.** For example: if you have a 5 day contract, and your child doesn't attend all five days you would be responsible to pay for the days not attended if not covered by absent days.
- If you receive a statement from YMCA SACC indicating that you owe for child care fees for services we have already provided, you must make a payment by the date due or your child care services may be interrupted.
- If you are not able to make an agreeable, weekly, payment arrangement with the Administrative Supervisor to pay off your balance due in a timely manner, we will have no other choice than to dis-enroll your child from SACC.
- Please realize that if you leave the YMCA SACC program with a balance due, DSS will close your case and suspend your day care subsidy to other providers as well.
- Your parent fee as determined by DSS can be paid weekly or monthly by automatic payment.
- You MUST sign your child in and out every day with a complete signature on the time sheet provided in the classroom. Our time sheets may be audited by DSS and therefore must be accurate.
- You may bring your child when you are not working or attending school but you must designate that it is a "Self-Pay" day by writing SP on the sign-in sheet. This alerts the Supervisor to not bill DSS for this time period or day. For example; if you worked 7-3 but had an appointment and left your child here until 5: 00 P.M., you would need to write "3-5 SP". Otherwise DSS would be billed for the entire day. If you were audited by DSS this is considered fraud and you could lose your services.
- If you receive assistance from DSS you are responsible for the balance of any unpaid child care costs, regardless of your parent fee. The parent fee is only an estimation of what your share of the childcare costs are. 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 (7) days of the statement.

I have read and understand my responsibility to YMCA SACC Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Child's Name**

Sunscreen should be brought to the Fairgrounds YMCA the week of June 9-13 during the hours of 10am to 4pm, Tuesday, Wednesday, Thursday, June 10-12 , 5-7pm or Saturday and June 21<sup>st</sup> 10am to 2pm. If sunscreen is not brought in, your child will not be able to attend on their first day of Summer SACC.

Kindly,  
SACC Admin. Team

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**Parent/Guardian Signature**

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**Date**



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

**Complete for Sunscreen**

- 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: _____					
<b>OR</b>					
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)					
<b>AND/OR</b>					
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)					
<b>AND/OR</b>					
10B. Additional special instructions: _____					
11. Reason(s) for use (unless confidential by law): _____					
12. Parent name (please print):			13. Date authorized:		
14. Parent signature:					
<b>X</b>					

**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:					
<b>X</b>					



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2025 Summer SACC

**WATERTOWN FAMILY YMCA Childcare programs receive Armed Services funding\* for programs operated throughout the year. To ensure we are accurately tracking military families participating in these program, please fill out the following information and submit with your Summer SACC Registration Forms.**

**Military:** ☐ Yes ☐ No

If No, please include only your name and child/children's first and last name.

If Yes, are you active: ☐ Yes ☐ No

**Parent/Guardian Name(s):**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Child: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Child: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Child: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Child: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_





## **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 Remind app, email, or both by downloading the app on your phone. You will receive a notification to join your group. You will need to accept to finalize your registration.

If you have any questions, please call us at: 315-755-2005.

If you are interested, complete and submit with your registration packet.

Date: \_\_\_\_\_

School Name: Summer SACC

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Income Eligibility Form  
for Child Care Centers**

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** 2025 Summer SACC

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**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 THE CHILDCARE CENTER TO COMPLETE**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

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 receive Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS  
OF SOCIAL SECURITY  
NUMBER

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Date \_\_\_\_\_

This institution is an equal opportunity provider.

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**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 7 CRF 22.6.2. *Family* means a group of related or unrelated 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 SPONSORS AND CENTERS**

**The For The Childcare Center To Complete section is to be completed, signed and dated by sponsor or center 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, 2023 is valid until May 31, 2024.



**March 25, 2025**

**Re: Accessing Y Childcare Account & 2025Year End Childcare Statement**

Thank you for participating in Watertown Family YMCA childcare programs. You may access your receipts, become a member, register for Y programming, (i.e., swimming, ninja classes, gymnastics, etc.) and access your Year End Childcare Statement (January 2026). If you're adding a new method of payment for childcare purposes, please contact me to update your account.

**Click on the link to access your online account by going to:** [www.watertownymca.org](http://www.watertownymca.org)

1. Click on Register (upper right corner).
2. Click on Login.
3. Enter your email address or phone number linked to your account.
4. Enter your password.
5. Once you're logged in, on the right side of the screen under **Records**, click on **2025Year End Statement**.

Need help? Email me at [anakano@nnyymca.org](mailto:anakano@nnyymca.org) or 315-755-2005.

We appreciate your continued support.

See you at the Y!

Amy Nakano  
Admin. Supervisor of Youth Development