



**YMCA of the Twin Tiers
SACC After School Program Enrollment Packet
School Districts of:
Franklinville, Hinsdale, Olean (EV/WW/OIMS)**



Welcome to the YMCA School Age Child Care After School Program! Through partnership with the Olean YMCA; these local school districts: Franklinville, Hinsdale, Olean; and grant funds through the State of New York we are able to offer an after school program free of charge! Our goal is to provide support to students through extended school day activities and extracurricular enrichment activities. With a focus on social emotional learning we provide snacks, tutoring, STEAM, club activities, and character development.



The attached enrollment form needs to be completed and returned to the Olean YMCA in order to secure your child’s spot in the after school program. You can return it to the main desk at the YMCA or via email to the director in charge of the program at your school district at the information below:

School Site	Director’s Name	Site Phone Number	Director’s Email
East View Elem.	Tristan DeFiore	716.904.1580	tristand@twintiersymca.org
Franklinville Central	Skye Johnson	585.375.1215	skyej@twintiersymca.org
Hinsdale Central	Gianna Loiacono	716.790.1631	giannal@twintiersymca.org
OIMS	Maggie McClelland	716.790.0725	maggiem@twintiersymca.org
Washington West Elem.	Marhea Unverdorben	716.904.1161	marheau@twintiersymca.org
Sr. Child Care Director	Devin Kinney	716.373.2400	devink@twintiersymca.org

Please complete this packet in its entirety, leave no sections blank.

- Payment method must be filled out regardless of DSS status, enrollment in the free program, or having a card already on file at the YMCA.
- Payments (for plans that require them) are drawn weekly
- **Fees are based on enrollment, not attendance!**



Each site will have its own specific informational packet that you will receive once enrollment is confirmed by the site director. That will include the parent handbook and any other program specific information parents need to know.

Thank you for continuing to choose the YMCA and its staff to care for your child on a daily basis!

PLEASE DO NOT SEND THIS PAGE BACK, DETACH AND KEEP FOR YOUR RECORDS!

YMCA of the Twin Tiers SACC After School Program Enrollment Packet

Date Enrollment Packet Received: _____ (to be completed by YMCA)	Student ID Number (to be completed by Program): _____ <input type="checkbox"/> NYSED ID <input type="checkbox"/> District ID	
Anticipated Start Date: _____ (to be completed by YMCA)	Plan Enrolled: Grant A B C	
Student's Full Name: _____ Preferred Name: _____	Date of Birth: _____	Gender: _____
Attending School: _____	Grade in 2025-2026: _____	
Student's Home Address: _____ _____		
Racial/Ethnic Group: (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> Other _____		
Days Child Will Be Attending Program: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday	My child will attend (check all that apply): ___ Mornings ___ Afternoons	
Name of Person Enrolling Student: _____	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
Address of Person Enrolling Student (if different than student): _____ _____		
Phone Number(s) of Person Enrolling Student: Primary: _____ Secondary (if applicable): _____ Email (MANDATORY): _____		

Release of Student at Dismissal

Authorized to Pickup:	Relationship to Student:	Phone Number:	Contact In Case of Emergency
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No

My child **MAY NOT** be picked by the following individuals:

Name:	Relationship to Student:
Name:	Relationship to Student:
Name:	Relationship to Student:

Bussing (Where applicable)

I give my child permission to ride the bus home after program: Yes ___ No ___
 Days Child Will Be Riding Bus: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
 Address for bus to drop my child off: _____

Student's Health Information

All information is confidential and is used by the program staff to ensure the safety of students.

Does your child have any of the following?

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list what child is allergic to: _____ _____ If yes, does your child need/use an EpiPen? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child use an inhaler or other medicine for his/her asthma? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication or blood glucose monitoring? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, does your child have a prescription for glucagon? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child need medication for preventing or treating seizures? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Vision Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing glasses / contacts, please describe: _____
Hearing Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, and your child needs aids at school other than wearing a hearing aid, please describe: _____
Physical Limitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to participate in physical education class at school with no limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list his/her activity limitations: _____ _____
Other Medication(s)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, please list: _____ _____
Sunscreen / Bug Spray	<input type="checkbox"/> Yes* <input type="checkbox"/> No	With written parent permission, OCFS allows our programs to apply spray on sunscreen and bug spray, provided by the parents , to the kids in our program. Marking yes will allow our staff to do so. <i>*If yes, you agree to send in sunscreen / bugspray with your child that will remain with the program for the duration of the school year.</i>

Does your child have special diet needs, other health needs, or behavioral/emotional needs? Yes* No

If yes, please describe:

**Please note: Any medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director / site supervisor for details and necessary paperwork.*

AGREEMENTS

I give my child permission to enroll and participate in the YMCA of the Twin Tiers operated, grant funded program. () Yes () No

I understand that following the agreements and consents are not pre-conditions for approval to participate in the YMCA of the Twin Tiers operated, grant funded program. () Yes () No

I consent to emergency medical treatment for my child. () Yes () No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the YMCA of the Twin Tiers operated, grant funded program. I also grant the YMCA of the Twin Tiers operated, grant funded program the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the YMCA of the Twin Tiers operated, grant funded program and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. () Yes () No

I consent for my child to take part in field trips, away from the program site, under supervision. () Yes () No

I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips. () Yes () No

I provided information on my child's special needs to the program to assist in the safety of my child. () Yes () No

I understand that information regarding my child's special learning needs will be shared by my child's school of enrollment with the staff of the YMCA of the Twin Tiers operated, grant funded program on a need-to-know basis for my child's educational benefits. () Yes () No

I agree to review and update this information whenever a change occurs and at least once every year. () Yes () No

I agree to communicate with the program staff about my child's progress and participation in the YMCA of the Twin Tiers operated, grant funded program. () Yes () No

If at any time I change my mind about my child's participation (any or all aspects), I will contact the site supervisor. () Yes () No

I hereby grant permission for my child to be recorded/photographed for YMCA use, United Way use, and newspaper promotional use. () Yes () No

I hereby grant the YMCA of the Twin Tiers operated, grant funded program permission to provide healthy and nutritious snacks. () Yes () No

I understand that my child is responsible for their own behavior and all of their belongings. () Yes () No

I agree to put in writing any changes to the authorized pick-ups list. () Yes () No

I understand that the YMCA of the Twin Tiers operated, grant funded program packet must be completed annually along with a separate Summer Day Camp packet. () Yes () No

STUDENT DATA REQUIREMENTS AND SURVEYS/INTERVIEWS CONSENT

I understand that my child's academic, behavioral, attendance, and engagement information will be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the local YMCA of the Twin Tiers operated, grant funded program as well as the effectiveness of New York's program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205 (b) and 4203 (14)].

I understand that my child and I may be asked to participate in surveys and/or interviews about the YMCA of the Twin Tiers operated, grant funded program and its effects.

Only check the following box if you would like to opt-out and not participate in surveys and/or interviews. ()

By signing below, I certify that all information (above) is true and correct to the best of my knowledge.

Name of Parent/Person in Relation/Guardian

Signature of Parent/Person in Relation/Guardian

Date Signed

BEHAVIOR POLICY, ZERO TOLERANCE, CODE OF CONDUCT, & ELECTRONIC USAGE

YMCA Behavior Policy

1 st Incident	Parent will be notified by phone and/or in writing
2 nd Incident	Disciplinary write-up
3 rd Incident	The action taken at this point is at the discretion of the Child Care Director after appropriate consultation with the parent. (Range of discipline: one day suspension to removal from the program)
<i>Based on the severity of the behavior, steps may be passed over.</i>	

Zero Tolerance

The **YMCA** reserves the right to suspend or dismiss a child immediately for violating any of the following behaviors. If your child is enrolled in a fee-based program, refunds are not issued if a child is removed from program due to behavior.

- *Inflicting physical harm to oneself, another participant, or **YMCA** staff
- *Threats which may cause physical harm to another individual
- *Destruction of Property; regardless of if it belongs to another individual, **YMCA**, or school district
- *Inappropriate touching of another individuals' private areas; regardless of front or back
- *Possession of a weapon, controlled substance, or alcohol
- *Use of foul or abusive language, including anything of a sexual or explicit nature
- *Knowingly leaving any YMCA program area without permission or direct supervision
- *Bullying in any form

Parent/Guardian Code of Conduct

The following guidelines have been created to meet the standards, policies, and procedures of the YMCA of the Twin Tiers:

- *Please communicate with the staff daily if possible; especially the director or supervisor.
- *YMCA staff will refer to the authorized pick-up list based on enrollment packet information.
- *Parents/Guardians whose behavior and/or health status pose an immediate threat or danger, must not be present when children are in care.
- *Please do not confront a child or staff in a threatening manner or use foul or abusive language in front of children.
- *Please do not confront children from other families.
- *Using any sort of profanity in front of children is strictly prohibited.
- *Please report any concerns to the Program Director or Site Supervisor.
- *Authorities will be called if threatening behavior is displayed to **YMCA** staff or children.
- *Arriving to retrieve your children inebriated or under any influence of drugs is prohibited and your children will not be released into your care.
- *Parents have the right to discipline their children, however, parents must refrain from using physical or corporal punishment while on YMCA property, school grounds, or program space.

Electronic Usage

Electronic usage, including cell phones and smart watches, during program is strictly prohibited. School issued devices used for academic purposes are allowed. Children doing homework will sit in designated homework areas at tables/desks where they are monitored, per the Office of Children and Family Services.

By signing below, both the child and parent agree to the terms above:

Child's Name:	Child's Signature:	Date Signed:
Name of Parent/Person in Relation/Guardian:	Signature of Parent/Person in Relation/Guardian:	Date Signed:

Program Registration and Billing

Rates are based on Family Membership and Non-Membership

ENROLLMENT PLAN INFORMATION

Child's Name: _____

() **Grant Program Only (21st CCLC, ESD, LEAPS):** _____ **FREE!**
Covers after school care on full days of school only

() **Plan A (Hinsdale Only):** _____ **Members: \$64.00 Non-Members: \$80.00**
Covers morning program – **WEEKLY PAYMENT**

() **Plan B:** _____ **Members: \$84.00 Non-Members: \$105.00**
Covers Plan A plus: half days, days off, snow days*, and school breaks – **WEEKLY PAYMENT**

() **Plan C:** _____ **Members: \$104.00 Non-Members: \$130.00**
Covers Plan B plus: Summer Day Camp – **WEEKLY PAYMENT**

WEEKLY PAYMENT: **Members & Non-Members: \$250.00**

DAILY RATE: **Members & Non-Members: \$58.00**

HOURLY RATE: **Members & Non-Members: \$15.00**

Late Pick-Up Fee: \$1.00 Per Minute/Per Child

Each additional child will receive a 10% discount off the full rate. Scholarships are available for those that qualify. Full time staff receive a 50% discount, part time staff receive a 20% discount.

PLEASE NOTE THAT PAYMENTS FOR SELECTED PLANS WILL BE DRAWN THE FRIDAY BEFORE CARE. Invoicing is done on Mondays to ensure all accounts are up-to-date and in compliance to maintain a spot within the licensed program. When invoicing is complete, and there's a balance due because of insufficient funds or an out-of-date card, the holder will receive an additional \$25.00 Bounced Fee.

DSS recipients are responsible for paying their Family Share Payment set forth by the Department of Social Services.

If you're applying for DSS, payment will be delayed with the submission of proof of application. Once a decision has been made you will be responsible for the amount owed, either the full rate of care or the approved Family Share Payment amount.

PAYMENT INFORMATION

() Bill the same payment method on file at the YMCA used for my membership dues

EFT (BANK ACCOUNT):

Name: _____
Account Number: _____
Routing Number: _____

CREDIT CARD INFORMATION:

Name: _____
Card Number: _____
Card Exp: _____ CVC: _____
() VISA () MSTRCRD () DISC () AMEX

() I GIVE THE OLEAN FAMILY YMCA PERMISSION TO DRAW FROM MY ACCOUNT/CARD FOR CHILD CARE SERVICES.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

*Snow days will be determined the morning of. Please keep watch on FB, email, parent portal, or remind, for updates.

Snow days will operate if staff can safely make it to the YMCA.*