Olean Family YMCA

Hinsdale 21st Century
2024-2025 Enrollment Packet

Welcome to the Hinsdale 21st Century Program! Through the partnership with Hinsdale Central School and the Olean Family YMCA, we are able to provide care and support to students through various weekly themed activities and extracurricular enrichment activities. With a focus on social emotional learning, we provide healthy and nutritious snacks, tutoring, STEM, various club activities, peer mentoring, academic help and so much more! Please see below for some additional information:

- This is a FREE opportunity and is available to children in PreK – 6th Grade until 5:30 pm (end of program day). Enrollment is open throughout the school year.
- We provide healthy and nutritious snacks; please no outside food unless permission has been granted.
- Once the packet has been received, the parent/guardian will be contacted with your child's start date.
- Family Events at the Olean YMCA are free of charge for program families.
- The site number is 716.790.0631; pick-up is in the back of the school-please park closest to the building, call the number, and someone will bring your child(ren) out to you. **PLEASE HAVE YOUR IDENTIFICATION AVAILABLE**.
- Individuals who are NOT authorized to pick-up your children, will not be able to do so without written permission from the parent/guardian.
- Custodial agreements need to be on file; if there is no agreement on file, child can be relinquished to either parent/guardian on the enrollment form.
- **Children who take medication during the day will need to have medical forms filled out and signed by a doctor or physician before you child can begin.**
- Bussing home is available for students who live within the district of Hinsdale that typically ride a bus home from the school. Out of district students and PreK students are not eligible to ride.

2:50p – 3:00p Monday – Friday: Program Sign-In and Well-Child Check
3:00p – 6:00p Monday – Friday: Physical Activity, PM Snack, Academics, STEM, Tutoring, Clubs, ELC, and etc.

PACKET MUST BE COMPLETELY FILLED OUT AND RETURNED IN ORDER FOR YOUR CHILD(REN) TO ATTEND

Child's Name:_____DOB:_____Age:___Grade in 24/25:__

Do you need bussing home? Y N If yes, what days: M T W TH F Days in Attendance: M T W TH F
**Bussing is not available on half days or to students in PreK*

Please choose your plan option(s) below. Please note, Plans 1 and 2 are fee based:

( ) **21st Century Care ONLY: FREE**
( ) Plan A: Covers Morning Care Only – *7:00a – 8:00a Monday - Friday*
( ) Plan B: Covers Plan A, Half-days, Days-off, and School Breaks
( ) Plan C: Covers Plan A & B Options and OLEAN Summer Day Camp

***PLEASE DO NOT PICK PLAN C IF YOU DO NOT PLAN ON SENDING YOUR CHILD TO THE OLEAN SUMMER DAY CAMP

If you have any questions, please feel free to contact Dann at DannD@TwinTiersYMCA.org or Grace (site supervisor) at GraceP@TwinTiersYMCA.org

Sincerely,

Dann Deckman-Hadden

Dann Deckman-Hadden
Olean Family YMCA School-Age Child Care Director

Grace Pitts

Grace Pitts
Olean Family YMCA 21st CCLC Site Supervisor

*Snow days will be determined the morning of, depending on staff availability at the Olean YMCA. Please monitor your Parent Square or Remind for updates.

STUDENT INFORMATION

Student's Full Name:_____ Preferred Name:_____ DOB:_____ Gender:_____

Home Address:_____ City:_____ State:____ Zip:_____

Racial/Ethnic Group: ( ) American Indian/Alaska Native ( ) Black or African American ( ) Hispanic or Latino ( ) Asian
( ) White ( ) Native Hawaiian/Pacific Islander ( ) Two or more races ( ) Other:_____

Student ID Number (*to be completed by Program*): ( ) NYSED ( ) District ID:_____

Attending School: **Hinsdale Central School** Grade:_____ Student's Primary Teacher:_____

Name of Person Enrolling Student:
_____

Relationship to Student:
( ) Parent ( ) Guardian ( )Caretaker ( ) Other_____

Address of Person Enrolling Student (if different from student): ( ) Same as Student
_____ City:_____ State:____ Zip:_____

Phone Number(s) of Person Enrolling:_____ Email:_____

RELEASE OF STUDENT AT DISMISSAL

Emergency Contact and Authorized Pickup Names:	**Phone Number:**	**Email:**
1		
2		
3		
4		
5		

Unauthorized Pickup Names:	Phone Number:	Relationship to Student:
1		
2		
3		

( ) I give permission for my child to be released to the pick-up location without a staff walking them to the location when I call.

RELEASE OF STUDENT DURING MEDICAL EMERGENCIES

If I am not available during emergencies, my child can be released to one of the following individuals:

Name:	Phone Number:	Relationship to Student:
1		
2		

STUDENT'S HEALTH INFORMATION

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

Does your child have any of the following?

Allergies	( ) Yes ( ) No	If yes, list what the child is allergic to: If yes, does your child need/use an EpiPen? ( ) Yes ( ) No
Asthma	( ) Yes ( ) No	If yes, does your child use an inhaler or other medicine for his/her asthma? ( ) Yes ( ) No
Diabetes	( ) Yes ( ) No	If yes, does your child need medication or blood glucose monitoring? ( ) Yes ( ) No If yes, does your child have a prescription for glucagon? ( ) Yes ( ) No
Seizure Disorder	( ) Yes ( ) No	If yes, does your child need medication for preventing or treating seizures? ( ) Yes ( ) No
Vision Condition	( ) Yes ( ) No	If yes, and your child needs aids at school other than wearing glasses or contacts, please describe:
Hearing Condition	( ) Yes ( ) No	If yes, and your child needs aids at schools other than wearing a hearing aide, please describe:
Physical Limitations	( ) Yes ( ) No	Is your child able to participate in physical education class at school with no limitations? ( ) Yes ( ) No If no, please list his/her activity limitations:
Other Medication(s)	( ) Yes ( ) No	If yes, please list:

Does your child have special dietary needs, other health needs, or behaviors/emotional needs?
If yes, please describe:

**Please note medications taken during the day or program time (such as inhaler or epi-pen) will need additional medical forms that would need to be signed by a doctor of physician before your child(ren) can attend.*

AGREEMENTS

I give my child permission to enroll and participate in the Hinsdale 21st CCLC Program ( ) Yes ( ) No

I understand that following the agreements and consents are not pre-conditions for approval to participate in the Hinsdale 21st CCLC 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 **Hinsdale 21st CCLC Program**. I also grant **Hinsdale 21st CCLC 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 **Hinsdale 21st CCLC 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 mu 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 21st CCLC Program staff 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 talk to the program staff about my child's progress and participation in the 21st CCLC 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

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 21st Century Community Learning Center (21st CCLC) program as well as the effectiveness 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 21st CCLC 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

STEP 1: Re-direction to another activity
STEP 2: Verbal warning
STEP 3a: Parent notification at the time of pick-up with an Unacceptable Behavior Form in hand to be signed
STEP 3b: Parent notification at the time of pick-up with an Unacceptable Behavior Form in hand to be signed
STEP 3c: Parent notification at the time of pick-up with an Unacceptable Behavior Form in hand to be signed
STEP 4: Conference with Parent/Guardian and Child– Suspension from Program with Behavior Plan
STEP 5: Removal from program
Based on the severity of the behavior, steps may be passed over.

If a child is removed from program, they cannot attend again until the next licensing period.

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 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 or
*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:

*Please communicate with the staff daily if possible; especially the director or supervisor.
*YMCA staff will refer to 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.
*Parents are to speak with the program supervisor or director when it comes to the health of their child (i.e. temperature check for illness). Temperatures are taken when a child states they are not feeling well. If the thermometer reads over 100.1, the temperature will be taken again within five (5) minutes to confirm. If both readings are over the allowed temperature, a photo of the thermometer will be taken and sent to the parent. The parent will then be called to pick-up their child as soon as possible. Non-compliance from the parent to pick-up their sick child will result in program suspension up to two (2) weeks without reimbursement for child care services.

Electronic Usage

Electronics, phones, smart watches, and media devices are strictly prohibited unless it's used for academic purposes. 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:

WAIVER OF LIABILITY & SPECIAL PERMISSIONS

In case of an emergency, I give the Olean YMCA permission to act upon my behalf and take legal responsibility for my child if I cannot be reached. I also authorize EMT's and all hospital medical personnel to medically treat my child until I can be contacted.

( ) Yes ( ) No Please Initial:_____

I hereby grant person for my child to be recorded/photographed for YMCA use, United Way use, and newspaper promotional use.

( ) Yes ( ) No Please Initial:_____

I hereby grant permission for the YMCA staff to take my child off of the premises for walking field trips.

( ) Yes ( ) No Please Initial:_____

I hereby grant Hinsdale School District or the Olean YMCA permission to provide healthy and nutritious snacks (if applicable).

( ) Yes ( ) No Please Initial:_____

MISCELLANEOUS INFORMATION

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

I provided information on my child's special needs to assist 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 YMCA staff on a need-to-know basis for my child's educational benefit: ( ) Yes ( ) No

I agree to review and update information whenever a change occurs: ( ) Yes ( ) No

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

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

I understand that the 21st CCLC program packet must be completed annually along with a Summer Day Camp packet: ( ) Yes ( ) No

PARTICIPATION AGREEMENT

The YMCA of the Twin Tiers is a youth-serving community-based membership organization dedicated to providing programs that build Healthy Spirit, Mind, and Body for All. Participation in the organization's programs is subject to the observance of the organization's rules and procedures.

Name of Parent/Person in Relation/Guardian: _____

Signature of Parent/Person in Relation/Guardian: _____

Date Signed: _____

ENROLLMENT AGREEMENT

21st CCLC Free Program

- I understand that my child will be enrolled in the 21st CCLC program free of charge unless there is a balance on my account which will need to be paid first.
- I understand that if my child is not picked up by 6:00pm, I will be charged $1.00 per minute/per child. This goes for DSS participants as well and will be self-pay.
- Any charges to the account will need to be paid before the following Monday in order for your child to attend.
- I give permission for my child to go on walking fieldtrips.
- I give permission for my child to be released to the pick-up location without a staff walking them to the location when I call.

Fee-Based Child Care

- I understand that my child will be enrolled in the fee-based program unless there is a balance on my account which will need to be paid first.
- I understand that my account cannot be more than two (2) weeks past due or my child's enrollment will be terminated.
- I understand that there will be an additional $25.00 added to my account for bounced payments per child. This goes for DSS participants as well and will be self-pay.
- I understand that my bank/cared card will be drafted the Friday before care.
- I understand that my weekly fee will not be prorated or changed due to attendance.
- I understand that I need to give two (2) weeks' notice for vacations.
- I understand that it is my responsibility to relay who can and cannot pick-up my child.
- I understand that if there is a custodial agreement, I will provide court documentation.
- I understand that if I am a DSS participant, will ensure my family share is paid on a weekly basis and I will abide by DSS's terms and conditions of drop-off and pick-up. Upon request, I will provide a schedule of my employment hours.
- I give permission for the Olean YMCA to allow my children to use the pool, go on walking fieldtrips, activities, and (if necessary) a DOT registered vehicle for emergencies.
- I give permission for my child to be released to the pick-up location without a staff walking them to the location when I call.

Positive Guidance

- Caring: I show caring my using kind words and helping others
- Honesty: I show honest by telling the truth and talking to staff about how I'm feeling
- Respect: I show respect by keeping my hands and feet to myself, walking inside, using an indoor voice and listening to the staff
- Responsibility: I show responsibility by cleaning up my messes and taking care of the environment around me

I, THE UNDERSIGNED, AGREE TO THE TERMS AND CONDITIONS OF THE ENROLLMENT PACKET AND I CERTIFY THAT ALL INFORMATION 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: _____

PARENT COMMUNICATION

To stay informed on up-to-date information, please make sure that you're checking your ParentSquare & Remind on a regular basis. If you don't have the app, the logo looks like this:

Contact Information

Dann Deckman-Hadden, *School-Age Child Care Director* 716.378.8539 DannD@TwinTiersYMCA.org

Grace Pitts, *Hinsdale 21st CCLC Program Supervisor* 716.790.0631 GraceP@TwinTiersYMCA.org

PROGRAM REGISTRATION AND BILLING

Rates are based on Members and Non-Members

Enrollment Plan Information

Please mark all that apply

( ) 21st Century Program Only
( ) Plan A: Members: $64.00 Non-Members: $80.00 Covers Morning Care Only
( ) Plan B: Members: $79.00 Non-Members: $99.00 Covers Plan A, Half-days, Days-off, and School Breaks
( ) Plan C: Members: $100.00 Non-Members: $126.00 Covers Plan A & B Options and OLEAN Summer Day Camp

Weekly Rate: Members: $196.00 Non-Members: $245.00 Daily Rate: Members: $44.00 Non-Members: $55.00
Hourly Rate: $15.00 Bounced Rate: $25.00 Per Child Late Fee: $1.00 Per Minute/Per Child

( ) I receive child care assistance from the Department of Social Services

*Payment will be made the Friday before care.
*DSS recipients are responsible for paying their family share.

If you're applying for child care assistance through the Department of Social Services, you will be responsible for paying $30.00 a week for care and you have 30 days to get approval or you will be responsible for the original balance of the enrolled weeks; no exceptions.

*Additional Child Discounts: $20%
*Scholarship forms are available upon request

Payment Information

EFT (Bank Account):

Name on Account:_____
Routing Number:_____
Account Number:_____

Credit Card Information:

Name on Card:_____
Card Number:_____
Card Exp:_____CVC:_____
( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMER. EXPRESS

( ) I give the Olean Family YMCA permission to draw from my account/credit card for child care services.

Name of Parent/Person in Relation/Guardian: _____ Signature of Parent/Person in Relation/Guardian: _____ Date Signed: _____

SNOW DAYS WILL BE DETERMINED THE MORNING OF TO ENSURE AVAILABLE STAFFING. PLEASE KEEP WATCH ON PARENTSQUARE FOR SNOW-DAY INFORMATION

Plans B&C need to fill this out please. Thank you!

NEW YORK STATE DEPARTMENT OF HEALTH
Child and Adult Care Food Program

Income Eligibility Form for Child Care Centers

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME YMCA of the Twin Tiers—Olean Family YMCA

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

THIS SIDE IF YOU GET ASSISTANCE***

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 # 1505

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.

THIS SIDE IF YOU DON'T GET ASSISTANCE***

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 [ ][ ][ ][ ]

Date _____

This institution is an equal opportunity provider.