



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Of the Greater Tri-Valley**

**SCHOOL AGE CHILD CARE REGISTRATION FORM 2011-2012**

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_ Care: AM PM AM/PM DSS approved

Child's name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_

Family's address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

Father's name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

\*\* (If a biological parent is not allowed to pick up your child we will need a copy of court documents) \*\*

**E-mail address:** \_\_\_\_\_

PLEASE LIST UP TO 5 PEOPLE WHO WE MAY CONTACT IN CASE OF EMERGENCY. THESE WILL ALSO BE THE ONLY PEOPLE WE WILL RELEASE YOUR CHILD TO WITH PROPER IDENTIFICATION. (THESE CONTACTS SHOULD BE AVAILABLE DURING PROGRAM HOURS)

**\*\* ALL BELOW INFORMATION IS REQUIRED\*\***

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

**\*\*SPECIAL NEEDS/ MEDICATIONS REQUIRED- PLEASE COMPLETE THE ATTACHED FORM\*\***

Child's physician: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE \_\_\_\_\_

Has your child participated in a group child care program in the past? \_\_\_\_\_ If yes, where was the program and when did they attend? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

How did you hear about the YMCA School Age Child Care program? \_\_\_\_\_

**PARTICIPANT RESPONSIBILITIES**

- To uphold the YMCA values of Caring, Honesty, Respect, and Responsibility at all times
- Comply with all rules and standards of acceptable behavior
- Follow directions of the staff
- Refrain from using unacceptable language
- Refrain from mistreating others either physically or verbally
- Learn to appreciate and accept others of different race, religion, and cultural backgrounds

**PARENT RESPONSIBILITIES**

- Complete all registration forms and update the information as needed
- Comply with all policies and procedures as stated in the parent handbook
- Bring any concerns about your child or the program to the SACC Director for a resolution
- Notify the SACC staff of any recent illness or of any medication your child must take during program hours

Agree to the following:

I have reviewed the SACC Parent Handbook advising me of the policies regarding monthly fees, late fees, transportation and the services provided by the facility along with the New York State Department of Children and Family Services regulations under which it operates.

I give consent for this child to take part in trips or excursions away from the facility.

I will allow the YMCA to use my child in photographs or publicity for the YMCA.

I understand that if my child is injured that a YMCA incident report must be filled out within 24 hours and emergency medical care may be given in the event that I can not be reached; the YMCA is not obligated to reimburse, or pay fees related to medical charges incurred from any injuries while participating in the SACC program.

I understand that if my child is suspended/ expelled for disciplinary reasons, this may jeopardize the future enrollment of my child into the SACC program.

I consent to the enrollment of my child listed above into the YMCA of the Greater Tri-Valley School Age Child Care Program and agree to the policies and procedures of the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

YMCA USE: Date entered into Y- Metro \_\_\_\_\_ Fin Aid \_\_\_\_\_ DSS \_\_\_\_\_ Grant approved \_\_\_\_\_

Date entered program \_\_\_\_\_

## Parent Agreement

PARTICIPANT'S NAME \_\_\_\_\_

*The parent/ guardian's signature below indicates agreement with the following:*

- I understand the submission of this Needs Assessment is not a guarantee of my child's placement in the school age child care program.
- I understand if my child is accepted into the program it will begin with a two week trial period.
- The YMCA reserves the right to reinstitute a probationary period at any time during my child's care as it is deemed necessary by the YMCA administration.
- I understand that in the event my child is suspended/ expelled from any YMCA program, this may jeopardize his or her future enrollment.
- I understand that this program is not designed for one- on- one, or therapeutic care.
- I agree that in the event my child physically endangers him/ herself or others in the program or is determined to be a threat to the overall health and safety of participants in the program my child will be suspended/ expelled immediately from the program.
- I understand that the YMCA of the Greater Tri-Valley operates within the provisions of the Americans with Disabilities Act which provides protection to individuals with disabilities as well as to providers of care for these individuals.
- I understand that all children, regardless of their diagnosis are subject to YMCA SACC discipline policies. Children and their families may benefit from referrals to outside agencies in an effort to meet the extra needs of the child.
- I understand parent conferences, probationary periods, and suspensions are steps that may be taken to ensure awareness that the child's SACC placement may be in jeopardy. In some cases, my child may be subjected to emergency suspension or expulsion if their behavior is beyond the staff's ability to control. In such a case I will immediately pick up my child from the program or designate an emergency contact to do so, on my behalf.

**\*\*I have read and understand the YMCA's policies and procedures of the aforementioned assessment for my child. I have completed the Special Needs Assessment to the best of knowledge and will abide by the reviewers recommendation.**

Name of Parent/ Guardian \_\_\_\_\_  
(Please print)

Signature of Parent/ Guardian \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



# ATTENTION PARENTS



ALL SACC PAYMENTS ARE DUE 7 DAYS BEFORE THE 1ST OF EACH MONTH. IF PAYMENT IS NOT RECEIVED BY THE PAYMENT DUE DATE (PLEASE SEE BELOW), A \$30.00 LATE FEE WILL BE IMPOSED (AS STATED IN THE SACC PARENT HANDBOOK).

CREDIT/REFUND POLICY: THE YMCA OF THE GREATER TRI-VALLEY **DOES NOT** ISSUE REFUNDS EXCEPT UNDER THE FOLLOWING CONDITIONS:

- 1) A PROGRAM IS CANCELLED BY THE YMCA.
- 2) AN ERROR IS MADE BY THE YMCA REGARDING PAYMENT.
- 3) A MEDICAL EXCUSE IS PRESENTED WITH A PHYSICIAN'S SIGNATURE DUE TO AN EMERGENCY.

I understand that the YMCA of the Greater Tri-Valley will impose a late charge of \$30.00 if my SACC payment is not postmarked or received by the following due dates of each month. I also have read and understand the YMCA of the Greater Tri-Valley's credit/refund policy.

Child(ren's) Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **PAYMENT DUE DATES:**

### MONTH OF CARE

September  
 October  
 November  
 December  
 January  
 February  
 March  
 April  
 May  
 June

### PAYMENT DUE

August 25, 2011  
 September 24, 2011  
 October 25, 2011  
 November 24, 2011  
 December 24, 2011  
 January 25, 2012  
 February 23, 2012  
 March 26, 2012  
 April 24, 2012  
 May 25, 2012

## CHARGE PERMISSION FORM

Note: It is possible to charge your SACC payment each month. If you would like to take part in this easy payment plan, please fill out the bottom section. We accept Visa, American Express, Discover, and Mastercard.

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Type of Card

I authorize the YMCA of the Greater Tri-Valley to charge my account above on the 15<sup>th</sup> of each month for my full amount of \$ \_\_\_\_\_ owed for School Age Child Care (SACC).

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date



Of the Greater Tri-Valley

**Needs Assessment for School Age Child Care**

The YMCA of the Greater Tri-Valley provides reasonable accommodations under the Americans with Disabilities Act. All information provided on this form is confidential and is only used to assist the staff in providing your child with the best care possible. The more information we have on your child, the better prepared we are to serve their needs. This form is to be completed by the parent/ guardian for all children and to be returned with their registration form at the time of registration.

Name of participant \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade \_\_\_ Gender M / F

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Parent daytime phone \_\_\_\_\_ / \_\_\_\_\_

Participant's School \_\_\_\_\_

Please list the child's medical diagnosis(es): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the child require one on one (1:1) care? If so, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the child participated in a group child care program in the past? If so, what program and when?:  
 \_\_\_\_\_  
 \_\_\_\_\_

Special education services received at school, including classroom ratios:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give a **brief** medical history of the child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list **all current medications and daily dosage:**

<u>Name of medication</u>	<u>Reason for medication</u>	<u>Dosage and time administered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will medications need to be administered during program? Y \_\_\_ / N \_\_\_

Please list any side effects to the above medications:

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Please list any allergies: \_\_\_\_\_

Self help skills: ( ) Dresses independently ( ) Needs partial assistance ( ) Needs total assistance

Toileting: ( ) Uses toilet independently ( ) Needs toileting assistance ( ) Wears diapers/ pull-ups

\*\* Please note under NYS OCFS regulations SACC staff is prohibited from diapering children\*\*

Can the child be included in a 1:10 ratio?	Yes	Sometimes	No
Does the child require 1:1 care?	Yes		No
Has the child ever required physical restraint?	Yes		No
Has the child become aggressive toward others?	Yes	Sometimes	No
Does the child run away from the group?	Yes	Sometimes	No
Does the child play with toys appropriately?	Yes		No
Does the child attempt to hide?	Yes	Sometimes	No
Does the child need assistance to participate in activities?	Yes		No

Additional comments:

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Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming, etc.)

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Are there situations in which the child is more likely to engage in the above behaviors?

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What is the response to these behaviors at school or home?

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Child's motivating rewards or reinforcers :

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Would any special training be needed for the YMCA staff?

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Additional information needed to thoroughly assess the child's needs:

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**ONEIDA**

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**ROME**

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Dear Parent, Guardian or CACFP Participant:

Your program participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Application determines how much reimbursement your program will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below. We encourage you to complete the attached form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year. All information on the application will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at the program.

Guidelines for completing the Income Eligibility Application are listed below:

**DOH-3688: Income Eligibility Application**

- Households currently receiving Food Stamps, FDPIR, or Temporary Assistance to Needy Families (TANF) are automatically eligible for the highest reimbursement and need only complete Section A of the application. You must immediately notify your child care program if your household no longer participates in any of these programs.
- Head Start participants in federally funded slots are automatically eligible for the highest rate of reimbursement from CACFP.
- The eligibility of a foster child is dependent on the foster child’s own income rather than the income of the individual(s) with whom they reside. If you are completing this form for a foster child, you need to complete only Section A of the application. A separate form must be completed for each foster child.

**DOH-3834: Adult Income Eligibility Application**

- Adult participants eligible for Food Stamps, SSI or Medicaid are automatically eligible for the highest reimbursement and need only complete parts 1 and 3 of the adult application. You must immediately notify the program if the household no longer participates in any of these programs.

**INCOME ELIGIBILITY GUIDELINES  
(Effective July 1, 2009 Until Further Notice)**

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member	+6,919	+577	+134

o person will be discriminated against because of race, color, national origin, sex, age or disability in the operation of the Child and Adult Care Food Program. If you believe that you have been discriminated against, write immediately to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sponsor/Center Official

Sponsoring Organization

Date

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. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if SECTION A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

SECTION B	
<p>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 <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>	

## Section 9

Unless you list the Food Stamp, TANF or FDPIR number for the child or a household member or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security Number of the household member signing the application or indicate that the household member signing the application does not have a Social Security Number. You do not have to list a Social Security Number, but if a Social Security Number is not listed or an indication is not made that the adult household member signing the application does not have a Social Security Number, CACFP cannot approve the application. The Social Security Number may be used to verify the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp, TANF or FDPIR office to determine current certification for Food Stamp, TANF or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### 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) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) 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.

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## INSTRUCTIONS FOR COMPLETING DOH-3688

### 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 receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACD or DSS child care subsidy number) and 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, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the child care center.

**Section B:** Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. 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 signature and Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

### Instructions for Centers and Sponsors:

**The For Sponsor Use Only section is to be completed, signed and dated by child care center or sponsor staff.**

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

**The sponsor agreement number.**

**Total 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.

**Total 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 application must be categorized as *paid*.

**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 applications (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility application is valid until the last day of the month one calendar year from the date of submission.** For example, a form submitted on May 12, 2010 is valid until May 31, 2011