

YMCA OF SOUTHERN ULSTER
New Paltz School's Out

257 Main Street

New Paltz, New York 12561

Phone: 845-255-2107 Fax: 845-256-0327

E-mail: lalbritton@ymcaulster.org www.ymcaulster.org

Our School's Out programs serve Kindergartners through 6th graders, and the New Paltz School District provides transportation from school to school as scheduled (for Middle Schoolers, you will need to contact the NP Transportation Department directly). **Call the office to register for our Holiday programs.**

Program Description: The goal of the YMCA School's Out Program is to provide qualified supervision, and create a positive environment for your child's growth and development. Experienced counselors, who serve as positive role models, give individualized attention and lead various activities which include arts, crafts, "new games" and sports. Each week is theme based and there is time each day for homework with guidance from the staff if requested.

Morning School's Out: Open to Duzine and Lenape students only, the program opens at 7:00 a.m. and is held in the cafeteria/gym & fields of Lenape. Each participant will join the school breakfast program at Lenape before going to their classrooms or getting on a bus to Duzine. Duzine participants are the only riders on a bus to Duzine at 9:05 a.m.

School Opening Delays or Early Dismissals: If school is two hours late, so will the program be two hours late. If school is one hour late, so will the program be one hour late. If school is cancelled due to an emergency or inclement weather earlier than regular dismissal time, we will not be able to provide a program. If it is a pre-scheduled early dismissal, we will provide a program.

Afternoon School's Out: The Program follows the New Paltz School District Calendar (including any early dismissals or half days) from school dismissal times till 6:00 p.m. and is held in the Duzine Elementary School cafeteria, gym and fields. Lenape students are picked up at dismissal by the bus which arrives at Duzine around 3:30 p.m.

Daily Schedule:

3:30 p.m. - Snack, show & tell, announcements/discussion of day's events & activity choices.

4:00-5:00 - Arts & Crafts, organized "new games" or "free time".

5:00-5:30 - Homework or Quiet time.

5:30-5:45 - Clean up.

5:45-6:00 - Organized game.

Pickup: Parent or Legal Guardian provides pickup at Duzine by 6:00 p.m. Only authorized persons may pickup children and everyone must sign out daily. Please let us know in advance if someone else will be picking up your children. All adults are expected to show ID. **A fee of \$10.00 per every 10 minutes for late pickup will be charged.** This fee is due for staff time incurred, and must be paid in cash at pickup no later than the following day. If this fee is not paid within 24 hours, your enrollment will be suspended until payment has been made.

Discipline: We emphasize positive forms of discipline. Usually it entails "redirection" and "giving back" to the group by doing a helpful task. "Taking Breaks" are occasionally used to allow for a few minutes of reflection. Every break is followed by a discussion between participant and counselor. The staff are required to communicate all discipline problems to the parent/guardian and the Program Director. In extreme cases of misbehavior, a child may be given "time off" from the Program, see Behavior Policy in our Family Guide.*

2008-2009 School Year Monthly Fees*

(Monthly Fees are based on a 180-day school year and all participants must be YMCA members: \$25.00/year.)

	AM only	PM only	Both
5 days a week	\$135	\$211(middle school - \$231)	\$285
4 days a week	\$120	\$180(middle School - \$200)	\$245
3 days a week	\$ 95	\$150(middle School - \$160)	\$197
2 days a week	\$ 68	\$ 110(middle School - \$120)	\$150

A \$50.00 non-refundable deposit is required at time of registration (which is applied to June's tuition).

You can register in person or by mail by completing the reverse side.

All payments are due on or before the 25th of each month prior to attendance.

A late fee of \$25.00 will be charged for all payments received after the 1st of the month. Families who consistently fail to pay on time will be required to pay through credit card draft or bank draft.

For Financial Assistance, contact Lee Anne Albritton, Program Director.

*After this registration form has been processed, you will receive a family guide for a comprehensive description of all our programs. You will also receive a Parent/Guardian Contract which needs to be signed and returned.

The YMCA does not discriminate based on sex, race, religion or economic status.



We build strong kids, strong families, strong communities.

School's Out Application
2008-2009 School Year

Family Guide _____
Parent Contract _____

Participant Information: (All information is considered confidential and is necessary to provide proper supervision.)

Name _____ Age _____ DOB _____ F _____ M _____

Address _____ Home Phone _____

Parent/Guardian address if different from child: _____

e-mail _____ School _____ Grade _____ Teacher _____

Site: Highland _____ K-5 _____ MS student New Paltz _____ K-5 _____ MS student

We must have 3 local contact numbers (including one parent/guardian) in case of emergency.

#1 Contact _____ Day Phone _____ Relationship _____

#2 Contact _____ Day Phone _____ Relationship _____

#3 Contact _____ Day Phone _____ Relationship _____

Names of adults allowed to pickup your child (everyone needs ID): _____

If there is anyone specifically not allowed to pick up your child, please inform the Site Director and the Office staff immediately.

Parents: () Together () Separated () Divorced () Deceased Siblings: _____ Brothers _____ Sisters

Guardian Status: () Relative _____ () Foster _____ () Other _____

Will be attending:

	Mon	Tues	Wed	Thurs	Fri
Before School	_____	_____	_____	_____	_____
After School	_____	_____	_____	_____	_____
Before and After School	_____	_____	_____	_____	_____

*Call office for Half Day Registration.

Interests and Hobbies: _____

Dislikes and Fears: _____

Special Needs: _____

Immunization History: A NEW RECORD OF IMMUNIZATIONS OR LETTER OF EXEMPTION MUST BE COMPLETED AND ATTACHED EACH SCHOOL YEAR. NO APPLICANT WILL BE ACCEPTED WITHOUT THIS DOCUMENTATION. Your Doctor or the School Nurse can fax a copy to us at 256-0327. Please describe any major injuries or illnesses your child has had in the past (include approximate dates):

Current medications*: _____ Child's Pediatrician/Phone # _____

*No medications can be administered during program hours.

Allergies: _____ Limited Activities: _____

The following are optional and used only for demographic reports to funders. No names or addresses are used.

Ethnicity: Asian _____ Hispanic/Latino _____ African American _____ Caucasian _____ Native American _____ Other _____

Please read the following carefully and sign where indicated.

I. I have reviewed payment schedule and will make payment on or before the 1st of each month, and understand that a \$25.00 late fee will be assessed for late payments. I understand that if I am late in payment, I will be required to pay through bank or credit card draft. I understand that the YMCA reserves the right to refuse applicants, or terminate enrollment of any child based upon lack of payment.

II. I have read and signed the Behavior Policy and Parent/Guardian Contract. I understand that the YMCA reserves the right to refuse applicants, or terminate enrollment of any child based upon disciplinary difficulties.

III. I give permission for my child to be photographed for the sole purpose of promotional materials distributed by the YMCA. These photographs will not be distributed without my consent, and I will not expect any payment or compensation.

IV. I give permission for my child to be transported by YMCA staff vehicle or bus in the event of a field trip or unavoidable emergency.

V. I give permission for the above-named child to receive emergency medical treatment in the event of injury while attending School's Out. I will take full responsibility for any consequences of this medical treatment. I give the YMCA permission to approve, choose and secure medical treatment if I cannot be reached in case of any emergency. I realize that YMCA program participants participate at their own risk. Any insurance claims must be submitted to my insurance carrier.

My signature indicates understanding and acceptance for items I, II, III, IV and V above.

Print Name _____ Relationship _____

Signature _____ Date _____