

YMCA OF KINGSTON & ULSTER COUNTY
2011 - 2012 Kingston "School's Out" at the Y

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Our School's Out programs serve Kindergartners through 8th graders, and the YMCA provides transportation from school to the YMCA.

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.

School Opening Delays or Early Dismissals: If school is cancelled due to an emergency or inclement weather earlier than regular dismissal time, we will be able to provide a program **but not transportation** to the Kingston YMCA. If it is a pre-scheduled early dismissal, we will provide a program.

Afternoon School's Out: The Program follows the Kingston School District Calendar (including any early dismissals or half days) from school dismissal times till 6:00 p.m. and is held at the Kingston YMCA.

Holiday & Snow Day Program: We offer a full day program at the Kingston YMCA!
Snow Days are included in the regular tuition. Holiday Programs are an additional \$45.00 per day.
Call the registrar for details.

Daily Schedule:

3:30p.m. - Snack & Assembly in Home Room
4:00-4:45 - Homework, Quiet Time, Arts & Crafts, Gym
4:45-5:00 - Home Room, Assembly
5:00-5:45 - Homework, Quiet Time, Arts & Crafts, Gym
5:30-6:00 - Cool Down & Clean up.

Pickup: Parent or Legal Guardian provides pickup at the YMCA 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.*

2011 - 2012 School Year Monthly Fees*

Register for 5 days and receive a Courtesy Family Membership!

	PM only
5 days a week	\$295
4 days a week	\$280
3 days a week	\$250
2 days a week	\$225

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 Althea Loglia, Childcare & Camping Registrar.

*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.

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 _____

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	Snow Days
After School	_____	_____	_____	_____	_____	_____

***Call office for Half Day Registration.**

Interests and Hobbies: _____

Dislikes and Fears: _____

Special Needs: _____

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 the 25th of the month prior to attendance, and understand that a \$25.00 late fee will be assessed for late payments received after the 27th. 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 _____