Child's Name: _____

School _____ **Before care** ☐ **After care** ☐

SACC Registration Checklist

☐ YWCA Family SACC Registration fee $75

☐ Payment of first month of program for the child/ren Receipt# _____

☐ Front Desk autopay payment sheet

☐ Enrollment Form with E-mail section complete and legible

☐ Financial Acknowledgement signed & dated

☐ Medical Health History Form completed by parent, signed and dated

☐ Copy of most recent shot record

☐ Current Physical- Not older than 2 years (If we have one on file, this may be used)

☐ Written Medication Consent (needed for on-site medications)

☐ Anaphylaxis form – This is a required form for ANY & ALL allergies

☐ SACC Handbook Acknowledgement – Please keep & read this for important information

DSS Clients: ☐ Approval Letter from DSS

☐ Caseworker Name: _____ Phone# _____

INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED
And it will not hold a spot if we have to wait for any documents

PLEASE NOTE: All completed paperwork must be submitted to the YWCA by 4:30pm Friday, August 19th to start the first week of school.

NO EXCEPTIONS

If any registration paperwork is submitted after Aug. 19th, your child will not be able to begin the SACC program until week of Sept 12th.

ENROLLMENT DATE (m/d/year) _____ **SCHOOL**_____

YWCA OF THE NIAGARA FRONTIER
SCHOOL AGE CHILDCARE PROGRAM ENROLLMENT FORM

Start Date. _____

Days enrolled per week: Before School Program _____ am	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri
Days enrolled per week: After School Program _____ pm	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri

Child's Name_____ Age_____ Birth Date _____

Gender ☐ M / F ☐ Grade _____ Teacher Name & Room #_____

Address _____ City, State, Zip_____

Parent/Guardian Name_____ Ph. # (Home) _____

Parent/Guardian Address_____ Ph. # (Cell) _____

Email Address: (Please Print) _____

****

Parent/Guardian Name _____ Ph. # (Home) _____

Parent/Guardian Address _____ Ph. # (Cell) _____

Email Address: (Please Print): _____

CAN CHILD BE PICKED UP BY BOTH PARENTS? ☐ YES ☐ NO *(If not, provide written documentation)*

Child lives with ☐ both parent's ☐ mother ☐ father ☐ other _____

Custody Restrictions? Please elaborate_____

_____

Emergency Contact Names/Addresses	**Authorized to pick up**	**Primary Phone**		**Other phone number/email**	
Primary Contact:	☐		☐ ok to text		☐ ok to text
	☐		☐ ok to text		☐ ok to text
	☐		☐ ok to text		☐ ok to text
	☐		☐ ok to text		☐ ok to text

NEWFANE SCHOOLS ONLY
WILL YOUR CHILD BE COMING TO SCHOOL BY BUS?
MORNING BUS..... BUS #.....

LOCKPORT SCHOOLS ONLY
CHILD CARE AVAILABLE
HALF-DAY: SEPTEMBER 7TH
YES..... NO.....

YWCA of the Niagara Frontier

PARENT FINANCIAL OBLIGATION /ACKNOWLEDGMENT STATEMENT

FINANCIAL OBLIGATION

- **All payment are due on the 25th of the month before. Any account not paid by the 30th of the month will be considered delinquent and is subject to suspension for non-payment. A late fee of $15.00 will automatically be incurred.**
- The YWCA reserves the right to suspend children from the SACC program due to non-payment of fees.
- Under **no** circumstance should an addition be done at the SACC site. Additions require payment at the time of the addition and must be done by contacting the main office, 32 Cottage Street at 433-6714.
- All Erie/Niagara County Department of Social Services clients must have a letter of approval at the time of registration. The YWCA cannot accept your child without approval. The Department of Social Services can fax the approval letter to the attention of Kelly DeMatteo at 433-1929.
- Erie/Niagara County Department of Social Services will only pay for days and hours that the client is working or attending training. If your child attends the before or after SACC on a day that is not approved by the Department of Social Services, you are financially responsible. M-F, each day is $35.00 and must be paid in advance. If you choose to send your child to the program on a summer camp field trip day and you are not working on that day, you are responsible for payment in advance.

REFUND

- YWCA of the Niagara Frontier registration fees are non-refundable.
- Only fees for programs cancelled by the YWCA are refundable.
- Suspension or dismissal from the program does not result in refund.
- Absence from program does not reduce operation costs.
- **REFUNDS/CREDITS ARE NOT MADE FOR DAYS ABSENT OR CLOSINGS BY SCHOOL OR GOVERNMENT AUTHORITIES**

PARENT ACKNOWLEDGEMENT

- **Medical Release Consent** - In an emergency concerning my child, (i.e. accident or sudden medical problem), I do authorize the YWCA staff/volunteer to be my agent in obtaining emergency medical treatment. I understand that the 911 Emergency team and emergency department staff at Eastern Niagara Hospital/or nearest hospital will be utilized.
- **Photo Release/Consent** - I understand that any photographs taken of me/my children while at the YWCA will be used for public relations purposes and promotions of YWCA programs and services.
- **Acknowledgement of Parent Responsibility** – I understand that I am responsible to notify the YWCA of any changes in writing of my child's normal schedule.
- **Liability Waiver** - We agree to hold the YWCA and the Program staff harmless with regard to any injuries that may be sustained by our child during the operation of this program. Furthermore, we understand that the YWCA is NOT insured against any such contingencies. I give my permission that this disclosure information relating to my child, such as pictures, name and other pertinent information may be used at the discretion of the YWCA staff.
- **Outside Activities Consent**- I give permission for my child to participate in outdoor activities, including the use of school playground equipment, weather permitting under the supervision of SACC staff.
- **Acknowledgement of All Electronic Devices**- Headphones, cell phones, Ipods, gaming devices and media player use is prohibited by the school and the SACC programs EXCEPT upon designated dates. Furthermore, the YWCA of the Niagara Frontier and its staff will not be held responsible for any lost, stolen or damaged devices. Lack of student accountability will result in a verbal warning and/or parent notification.
- **Communication Acknowledgement**- Each SACC site is equipped with an on-site cell phone. This phone will be answered during program hours and is available for messages during times when the program is not in session. During business hours, the SACC Director can be contacted at the business office at 433-6714. If it is urgent please let the office know and they can contact the Director immediately if necessary.
- I acknowledge the receipt of the before and after School Age Child Care Handbook.
- I acknowledge responsibility for receiving this handbook.
- I understand that I am to contact the before and after School Age Child Care Director at 433-6714 if there are any questions about policies outlined in this form.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES

Signature _____ Date _____

Health History Form

Child's Name _____ Date of Birth: _____

Child's Primary Care Physician's Name/Group _____ Phone #: _____

Preferred Hospital: _____ Phone # _____

Child's Dental Care _____ Phone # _____

In case of an emergency, and the ***YWCA of Niagara*** is unable to reach the parent/guardian, the following individual(s) have permission to make decisions regarding the care of my child/me, including permission to pick up my child/me from the YWCA in case of an emergency or dismissal from the ***YWCA of the Niagara Frontier.***

Name _____ Relationship to child/staff _____

Address _____ City/State/Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

HEALTH HISTORY – Indicate and explain as necessary.

Autism	☐	Seizures	☐	**ALLERGIES:**			
Asperger's	☐	ADD/ADHD	☐	Bee Sting	☐	Dairy	☐
ODD	☐	Hearing	☐	Lactose Intolerant	☐	Wheat	☐
Asthma	☐	Vision	☐	Peanut	☐	Insect Bites	☐
Diabetes	☐	Motor Delays	☐	Tree Nuts	☐	Penicillin	☐

Child has any special needs/services: Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy ☐

Learning Disability _____

Other diseases or details of above _____

Dates of operations or serious injuries/illness _____

Chronic or recurring illness _____

Is the child/staff currently taking any prescribed medications? ☐ yes ☐ no. Please be sure to consult with your physician about bringing these medications to the YWCA of the Niagara Frontier along with the **MEDICATION CONSENT FORM**.

ARE YOU COVERED BY ANY HOSPITALIZATION/MEDICAL CARE POLICY? **YES** ☐ **NO** ☐

Name of Primary Insurance Company _____ Phone # (_____) _____

Address _____

Policyholder's Name _____ Policyholder's Birthdate _____

Policy # (including 3 letters): _____ Is policy through employer? ☐ yes ☐ no

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PARENT/GUARDIAN AUTHORIZATION: To the best of my knowledge, this health history is correct and the designated child may engage in all YWCA activities (except where noted by the examining physician or myself).
I authorize the YWCA staff to supervise self-administration of sunscreen products by my child. In an emergency, I authorize the YWCA SACC Director to act for me/my child according to her/his best judgement where medical or surgical treatment is required. I accept responsibility for all medical bills resulting from the illness or injury while my child is in the care of the YWCA.

Please initial:

- I consent to emergency medical treatment for my child _____
- I provided information on my child's special needs to the program to assist in caring for my child _____
- I agree to review and update this information whenever a change occurs and at least once every year _____
- A current copy of my child's physical and immunization records has been provided to the program. _____

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**

Front Desk Information & Payment Information – SACC 2022-2023

Student Name: _____ **School:** ----------

Parent/Guardian Information:

Full Name: _____

Address: _____ **city / state / zip** _____

Home phone: _____ **cell phone:** _____

Email Address: _____

Full Name: _____

Address: _____ **city / state / zip** _____

Home phone: _____ **cell phone:** _____

Email address: _____

For automatic payment from your credit card, please provide the information below:

I, _____, authorize the YWCA of the Niagara Frontier to charge my account automatically each month during the School Age Child Care program.

Amount: _____

Account No.: _____

Expiration Date: _____ Security Code (on back of the card): _____

Signature: _____

Month	Payment	Receipt#	Date	Month	Payment	Receipt#	Date
September	_____	_____	_____	February	_____	_____	_____
October	_____	_____	_____	March	_____	_____	_____
November	_____	_____	_____	April	_____	_____	_____
December	_____	_____	_____	May	_____	_____	_____
January	_____	_____	_____	June	_____	_____	_____

To be completed by YWCA Staff:

P/T or F/T B/S or A/S

$ _____ YWCA Registration Fee

YWCA registration expiration date: _____

$ _____ First Month Payment

Month starting: _____

$ _____ Total Due at Registration

Receipt number: _____

$ _____ Monthly Payment Thereafter

Date of Registration: _____ Initials: _____