KIDS WORLD WRAP AROUND SUMMER PROGRAM
At Spencer Van Etten Elementary
Five Week Program Session
Begins Monday, July 8 through Friday, August 9, 2019

Hours: 2:00 pm – 5:30 pm

The attached application packet contains registration information for the Kids World Wrap Around Summer Program. Please fill out one registration per child, and the Parent Handbook Sign-Off Sheet. Return the completed forms to the YWCA, 211 Lake Street, Elmira, NY 14901.

Wrap Around Program Fees:

4-5 days per week:
Cost for One Child - $55.00 week
Cost for Two Children - $90.00 week

3 days per week:
Cost for One Child - $45.00 week
Cost for Two Children - $80.00 week

Payments are to be made by Friday of each week

Payment Options

- **By Mail:** Please send payments to the YWCA, 211 Lake St., Elmira, NY 14901
- **In Person:** YWCA, Lake Street Office. Payments accepted at the front desk.
- **Credit Card:** Please fill out attached form or you may make a credit card payment over the phone by calling the Kids World Billing Dept. at 607-733-5575 Ext. 231
- **Direct Debit:** Please fill out attached form. **(ADVANCE PAYMENTS ONLY)**
- **On-line Option:** Go to www.myprocare.com

We accept cash, personal check, MasterCard, Visa, & Discover. Please make checks payable to the YWCA and include your child’s name & site to insure proper credit to your account.

If you opt to pay by credit card, please fill out the attached authorization form and return it with your completed registration. Your credit card will be charged for the amount you indicate on the authorization form.

**Reminder:** We do not send out billing statements.

**QUESTIONS?**
Contact the YWCA Childcare Department at 733-5575
KIDS WORLD WRAP AROUND PROGRAM SCHEDULE
SPENCER VAN ET TEN

Program Session: Monday, July 8– Friday, August 9, 2019

Parent/Guardian Name: __________________________________________________
Name of Child(ren) : _____________________________________________________

Please mark the weeks you will need our service.

July 8 – July 12
M__ T__ W__ TH__ F__

July 15- July 19
M__ T__ W__ TH__ F__

July 22- July 26
M__ T__ W__ TH__ F__

July 29– August 2
M__ T__ W__ TH__ F__

August 5- August 9
M__ T__ W__ TH__ F__

I understand that I/we will pay each week, by Friday.

__________________________________________            ___________________
Parent/Guardian Signature                              Date
Child’s Name: ____________________________________________
Address: ________________________________________________
____________________________________________________
School child attends: ___________________ Grade in Fall: ____
Birthdate: ___________________ Sex: □ M  □ F
Please mark the weeks your child will attend:
___7/8-7/12 ___7/15-7/19 ___ 7/22-7/26 ___7/29-8/2
___8/5-8/9  ___8/12-8/16
Start Date: ____________________________________________
Days child will attend program: □ M  □ T  □ W  □ TH  □ F
SPECIAL INFORMATION:
Illness, Disabilities, Allergies: ______________________________
______________________________________________________
Medication Taken Regularly: ______________________________
______________________________________________________
Diet habits, activity restriction, behavior concerns:
______________________________________________________
______________________________________________________

I give permission to photograph my child for the program activities,
for newspaper, FB, web and television releases and educational
publications: □ Yes  □ No
In case of accident, injury, or medical emergency when parents
and persons designated cannot be reached, the program may
authorize emergency medical treatment (i.e. take to the hospital)
and grant access to my child’s I health records. □ Yes  □ No
Child’s Physician: ____________________________________________
Address: ________________________________________________
Phone No: ________________________________________________

I consent to the enrollment of the child listed above. I understand that
the YWCA does not bill for this program and I agree to pay the weekly fee.
Unpaid bills will result in your child’s dismissal from our Program.

Parent/Guardian Signature: _________________________________
Date Signed:_____________________________________________

Parent/Guardian: ________________________________ (Mother’s name)
Address: ________________________________________________
______________________________________________________
Home Phone No: __________________________________________
Place of Employment: ______________________________________
Work Phone No: __________________________________________
Cell Phone No: ____________________________________________
Email Address: __________________________________________

Parent/Guardian: ________________________________ (Father’s name)
Address: ________________________________________________
______________________________________________________
Home Phone No: __________________________________________
Place of Employment: ______________________________________
Work Phone No: __________________________________________
Cell Phone No: ____________________________________________
Email Address: __________________________________________

Is there a special custody situation? □ N/A  □ yes  □ no
(If yes, please provide a copy of your custody order with this form)

List the Names of Adults who may pick up your child from the
program without a note and who are emergency contacts:

1) Name: ______________________________________________
   Relationship: __________________________________________
   Phone: (H) ____________ (W) ____________ Cell ____________

2) Name: ______________________________________________
   Relationship: __________________________________________
   Phone: (H) ____________ (W) ____________ Cell ____________

3) Name: ______________________________________________
   Relationship: __________________________________________
   Phone: (H) ____________ (W) ____________ Cell ____________
KIDS WORLD WRAP AROUND
PARENT HANDBOOK

PROGRAM DESCRIPTION
The YWCA Child Care Program aims to provide high quality school age care for kindergarten through sixth grade children. The program includes activities which encourage creativity, independence, responsibility and fun.

The teaching staff prepares weekly plans which include a wide range of supervised activities. The children are involved in the planning of activities.

- Creative expression
- Indoor/outdoor sports and games
- Neighborhood Walks
- Daily snack(s)
- Special projects
- Character enrichment activities

All activities are designed to promote positive self-esteem, appreciation and respect for each child’s background and culture. The Program does not discriminate on the basis of race, color, gender, religion or national origin or solely on the basis of HIV status. Every effort will be made to admit a disabled child who can benefit from the program and if reasonable modifications can be made to accommodate the child.

REGISTRATION
Admission is on a first-come basis. Parents are required to complete & return a registration packet prior to the child’s enrollment. The following forms must be complete: Program Registration Form, and signed Statement of Parent Handbook received. It is crucial for you to keep us updated on any changes. (i.e. contact names, telephone numbers, child’s health, etc.)

WEEKLY FEES
Payments are to be made by Friday of each week. You may opt to pay the six-week program fee (10% discount) in advance.

PERSONAL PROPERTY
To foster a more active and social approach to the wrap around program, the Y does not permit toys or electronic items (i.e. iPods, cell phones, and hand-held gaming devices) every day. This decision will be at the discretion of the Teacher. The YWCA is not responsible for lost or stolen devices. To prevent confusion over issues of ownership, we recommend labelling all of your child’s personal belongings with their name.
SICK CHILD POLICY
If your child show signs of the following while in our program, you will be called to pick up your child:

- Fever of 101°F or over
- If the symptoms appear to be communicable (vomiting, diarrhea, itching, pale skin, unusual sleepiness, rash, severe cough, eye or ear discharge)
- Head lice – will not be able to return until they have been NIT free for 24 hours

Please note: you will need to pick up your child within an hour of being called. Your child will not be able to return to the program until the symptoms have been gone for 24 hours and/or a note from the doctor stating your child may return.

PAYMENTS/LATE FEES
You may pay for program fees by personal check, MasterCard, Visa & Discover. WE DO NOT send out billing statements. Checks returned to the YWCA for insufficient funds will result in a charge of $35. Outstanding balances will result in an inability to register for future programs and if you owe for more than 2 weeks, your child will be withdrawn from program until the balance is paid in full.

A late fee of $25.00 will be assessed for late payments. Special arrangements for payment may be made by calling the Child Care Department. Mail Payment to:

YWCA of Elmira & the Twin Tiers,
211 Lake Street,
Elmira, NY 14901

PAYMENT ASSISTANCE
Eligible parents may qualify for child care assistance from the Chemung County Department of Social Services. Call 607-734-3941.

AUTHORIZED PERSONS
Please keep an updated list on file at the YWCA of persons who are authorized to pick up your child, their relationship and phone number(s). We cannot release your child to someone who is not listed. Advise all authorized persons to have appropriate identification.

CUSTODY /PROTECTION ORDERS
In cases of separated or divorced parents, where visitation rights are denied to one parent, we cannot deny releasing the child to this parent if they are entered on the child’s pick up roster. It is up to the custodial parent to make necessary changes to the child’s pick up roster when appropriate. It is helpful to the YWCA Staff to have a court decree or separation document in your child’s file so we can have a better understanding of their situation. Custody and protection orders must be on file with the YWCA Child Care Department in order to be enforced.

MEDICATIONS
The YWCA does not administer medications other than over the counter topical ointments. However, we will allow a parent/guardian to come and administer medication to their child as long as the medicine is not left at the program site. If your child becomes ill while participating in the program, you will be contacted and be asked to come and pick up your child from the program.

FOOD SERVICE ARRANGEMENTS
The YWCA will provide a nutritionally sound snack for your child(ren).
BEHAVIOR MANAGEMENT
Staff makes an effort in helping children learn problem solving skills, self-confidence and positive values and patterns of behavior. Positive guidance and reinforcement are stressed in an effort to promote desirable behavior. **CORPORAL PUNISHMENT IS NOT ALLOWED.** In the event that a child consistently displays unacceptable behavior or repeatedly fails to respond to instructions, the following will happen:
1. We will talk to the child
2. Time out or loss of privileges
3. Parent conference
4. Suspension
5. Removal from the Program

SEVERE CLAUSE-ZERO TOLERANCE
When the health, welfare and safety of other children are at stake, the YWCA reserves the right to terminate child care services immediately. Possible reasons for termination of child from services include but are not limited to:
- Inappropriate behavior considered to be harmful to your child, staff or other
- Incident reports resulting from inappropriate behavior
- Overdue fees or excessive tardiness in picking up your child
- Problems that cannot be solved after repeated attempts

*(in these cases refunds for unused services will not be given)*

CONDUCT POLICY
Conduct policies have been developed to deal with situations in which a child’s behavior poses a threat to their emotional/physical well-being of other children in the program.

- Consistent arguing with staff and intentionally not following directions
- Stealing or defacing another child’s personal property
- Refusing to remain with group in designated areas
- Making verbal or physical threats or action against another person, including abusive/vulgar language, sexual, obscene gestures, and fighting.

If the problem persists and the incident is deemed serious, and no significant changes in behavior occur, and at the discretion of the program director, the parent will be notified and the child will be terminated immediately from the program.

CHILD ABUSE PROCEDURES
The YWCA staff is mandated by the New York State Office of Children & Family Services to report suspected child abuse or child neglect. Staff reports to the Director regarding suspected family abuse or neglect issues; the Director reports to the Department of Social Services and the Office of Children & Family Services. The program is **not required** to notify families of these reports.

SIGN-OUT PROCEDURE
A parent will be responsible for signing out their child from the Program every day. A sign-out sheet will be available for each parent to sign their name and the time they are picking up their child. The parent must sign their name directly across from their child's name. All persons picking your child up must be at least 18 years of age and have proper identification.
PICK-UP POLICY
Pick-up time is 5:30 p.m. The late pick up fee is $15 per child for every 15 minutes after 5:30 p.m. If a parent does not contact the program 15 minutes after closing time, the Teacher will begin to make attempts to locate the parent(s) at home and work. If parents are unable to be reached, the Teacher will contact the emergency numbers listed on the child's application.

If no contact has been made with the parent(s) or emergency people listed 30 minutes after the scheduled closing time of the program, the Teacher will contact the Supervisor. The Supervisor will then call the local police non-emergency number and ask for assistance in locating the parents. Repeated late pick-up WILL result in termination.

Intoxication/Drug Usage:
Your child’s safety is our priority. At times we are forced to make judgment decisions concerning their safety. If a YWCA staff member has reason to believe that the individual picking the child up is intoxicated or show signs of drug use, the child will not be released. An individual on your child’s pick up list will be contacted at that time and the child will be released upon their arrival. If those efforts fail, the local children’s protective services will be contacted. If the parent, who is suspected of being intoxicated or impaired due to drug usage, becomes unruly or out of control the local police will be contacted.

EMERGENCY POLICY
In the event of a State of Emergency, during the hours your child(ren) is in our Kids World Program, please be advised that the staff in our Kids World Program will remain with your child(ren) until you or an authorized pick-up person are able to pick them up.

EMERGENCY/EVACUATION PLAN
Evacuation Drills and Fire Drills are conducted once a month. Each school has an evacuation plan that we post on the Kids World Bulletin Board.

TRANSPORTATION PERMISSION POLICY
I give permission for my child(ren) to be transported by school bus for summer field trips.

LIABILITY STATEMENT
I, the undersigned, as the parent/guardian of the said child listed, give permission for my child to participate in the YWCA Summer Wrap Around Program and assume full responsibility for all risk of injury which may result from my child’s participation in activities during the summer wrap around program.
Attached is the **KIDS WORLD WRAP AROUND PARENT HANDBOOK**.
Please acknowledge by signing below and return this sheet with your child's registration form. Thank you.

Child/ren's Name: ______________________________________________________

Site: **SPENCER VAN ETEN ELEMENTARY SCHOOL**

I/We have been given and read the Wrap Around Program Parent Handbook explaining each of these policies and procedures listed below:

- Program Description
- Registration
- Weekly Fees
- Personal Property
- Sick Child Policy
- Payment/Late Fees
- Payment Assistance
- Authorized Persons
- Custody & Protection Orders
- Medications
- Food Service Arrangements
- Behavior Management
- Severe Clause/Zero Tolerance
- Conduct Policy
- Child Abuse Procedures
- Sign Out Procedures
- Pick-up Policy
- Intoxication/Drug Usage
- Emergency Policy
- Emergency/Evacuation Plan
- Transportation/Permission Policy
- Liability Statement

____________________________________________________  _________________
Parent/Guardian Signature            Date
AUTHORIZATION AGREEMENT FOR DIRECT DEBITS – ADVANCE PAYMENT ONLY

Company Name          YWCA Elmira & the Twin Tiers            Company ID  Kids World Wrap Around Program

I (we) hereby authorize YWCA Elmira & the Twin Tiers, hereinafter called COMPANY, to initiate debit entries to My (our) [ ] Checking Account/ [ ] Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name ______________________________________________________________________

City _________________________________ State ____________ Zip __________________________

Routing Number ______________________________ Account Number _________________________

*Amount Authorized: $ ______________________________

*(cannot be used weekly, must be for the full 5/6 weeks of program or for the full number of weeks your child is using the wrap around program)

**THIS ONE TIME DEBIT WILL BE PROCESSED ON FRIDAY, JULY 15, 2019**

Child’s Name: ___________________________________   ____________________________________

First Name                     Last Name

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Parent Name: ______________________________________________________________________________

Date ________________________ Signature _____________________________________________________

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.
I hereby authorize the YWCA of Elmira to charge my credit card and keep my credit card on file for the 2019 Wrap Around Program Fees.

I agree to the “one time” credit card transaction for the full five/six weeks of program charge on the 15th of July.

I understand that I must notify the Kids World Dept. if I no longer wish to use my credit card on file for the summer program payments.

Child’s Name: ___________________________________   ____________________________________

First Name                     Last Name

Amount to be charged: $___________________________

Credit Card:  □ Visa     □ MasterCard     □ Discover

Credit Card Number: ___________________________________Expiration Date: __________________

Cardholder’s Name: ______________________________ _____________________________________

First Name         Last Name

Mailing Address: ___________________________________    _________________________________

Street                 City              State                Zip

Phone Number:

________________________________   ____________________________   ______________________

Home#          Work#               Cell #

Cardholder Signature: _______________________________________ Date: _____________