KIDS WORLD 2019 WRAP AROUND
AFTER COHESION PROGRAM
Six Week Program Session
Begins Monday, July 8 through Friday August 16, 2019

Program Locations:
Elmira City School District: Hendy
Horseheads School District: Ridge Road School, Gardner Road School

Hours: 2:00 pm – 5:30 pm
Ages 5-12

The attached application packet contains registration information for the Kids World After Cohesion Programs. Please fill out one registration per child, the Parent Handbook Sign-Off Sheet and your program schedule. Registration is on a first-come first-served basis. Please return the completed forms to the YWCA as soon as possible.

2019 After Cohesion 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.
• By Credit Card: Please fill out attached form or Weekly payments can be made by credit card by calling the YWCA at 607-733-5575.
• Direct Debit: Please fill out attached form
• 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.
KIDS WORLD 2019 AFTER COHESION PROGRAM SCHEDULE

Program Session: Monday, July 8– Friday, August 16, 2019

Parent/Guardian Name: __________________________________________________

Name of Child (ren): ____________________________________________________

Please check the wrap around site you will be using:

___ Hendy ___Ridge Road ___Gardner Road

Please mark the weeks you will need our service.

July 8 - July 12
M__ T__ W__ TH__ F__

July 29– Aug 2
M__ T__ W__ TH__ F__

July 15 - July 19
M__ T__ W__ TH__ F__

Aug 5 - Aug 9
M__ T__ W__ TH__ F__

July 22 - July 26
M__ T__ W__ TH__ F__

Aug 12- Aug 16
M__ T__ W__ TH__ F__

I understand that I/we will pay each week, by Friday. Payments may be mailed to or paid in person at the YWCA, 211 Lake Street, Elmira, NY 14901

__________________________________________            ____________________
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 Wrap at ___Hendy ___Ridge Road ___Gardner Road

____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 health records. □ Yes □ No

Child’s Physician: __________________________________________

Address: ___________________________________________________

Phone No: __________________________________________________

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 _________

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: ________________________________
KIDS WORLD AFTER COHESION
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 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.

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.

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 101F 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.

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.

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. Redirect Child
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

**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**
Your child will only be released to the individuals on your child’s registration form. A parent/legal guardian or individuals on your child’s registration will be responsible for signing out your child from the program every day. A sign out sheet will be available for each person to sign their name and the time they are picking up the child. Only the child’s parent or legal guardian is allowed to add or remove names from your child’s pickup list. All persons picking your child must be at least 18 years of age and have proper Identification. All children must be properly signed out.

**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.

ALCOHOL POLICY
If a parent or designated pick-up person comes to pick up a child with alcohol on their breath, THE
CHILD WILL NOT BE ALLOWED TO GO WITH THAT PERSON. The parent will be asked to provide
another pick-up person for their child.

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 PREPAREDNESS PLAN
Staff members are trained in basic emergency procedures. Necessary responses to issues regarding
natural disasters (floods, tornados, hurricanes, etc.) and fire escape routes are addressed in staff
training. Monthly fire drills and periodic evacuation drills are conducted at sites. The YWCA has a plan in
place for how to handle and respond to a hostile or dangerous situations. At all times, we will place an
emphasis on keeping your child safe. If the weather begins to worsen during the day, we will ask you to
pick up your child as soon as possible so you and our staff may get home safely.

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.

eliminating racism
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ywca
Attached is the 2019 KIDS WORLD AFTER COHESION PARENT HANDBOOK.
Please acknowledge by signing below and return this sheet with your child's registration form. Thank you.

Child/ren's Name: _______________________________________________________

Summer Site:
(Please check one)

___ Hendy ___ Ridge Road ___ Gardner Road

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

  Program Description
  Registration Policy
  Weekly Fees
  Personal Property
  Payments/Late Fees
  Payment Assistance
  Authorized Persons
  Custody/Protection Orders
  Sick Child Policy
  Medications
  Food Service Arrangements
  Guidance and Discipline
  Severe Clause-Zero Tolerance
  Conduct Policy
  Child Abuse Procedures
  Sign-out Procedures
  Pick-up Policy
  Alcohol Policy
  Emergency Policy
  Emergency Preparedness 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 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 JULY 16, 2019**

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/Guardian Name: _______________________________________________________

Child’s Name: _______________________________________________________________

Date ______________________       Signature ________________________________________

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE
AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR 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 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: _____________