



Tioga County Branch YMCA
NCA Schools Out Club
2021-2022

- Location:** Our program is located in the New Covenant Academy School. The site is not a licensed child care program.
- Hours:** The program runs from dismissal until 6:00pm daily. Our program follows the Southern Tioga School District calendar. **Our program does NOT operate on holidays, in-service days, snow days, early dismissals due to inclement weather and scheduled early dismissals.** However the YMCA is offering Full day Schools Out Club at the YMCA branch during holiday school closures.
- Fees:** The cost of the program is \$48.00 per week per child. We also offer a drop-in fee of \$12.00 per day. Parents **MUST** complete a fee agreement before their child can start the program. There is an additional fee if children are not picked up BY 6:00pm. (\$20.00 for every 15 minutes past the hour).
- Reduced Fees:** Due to donations from our community and the many friends of the Y, partial scholarships may be available for those who cannot afford YMCA fees. Please ask for a scholarship application. If you wish to attend before scholarship paperwork is processed, you must make full payment. Scholarships cannot be completed without ALL the necessary documents. Must be completed and fully processed prior to start.
- Meals:** Our program provides a nutritious snack after school. If your child(ren) have special dietary needs, additional paperwork is required. Contact the YMCA for further instructions.
- Sign IN/OUT:** It is a state requirement that the adult responsible for drop-off and pick-up of your child(ren), sign them IN and OUT of the program DAILY.
- Curriculum:** In order to enhance your child(ren)'s experience while attending our program, YMCA Staff has implemented a curriculum that focuses on the following areas: Arts and Humanities, Character Development, Health, Wellness & Fitness, Literacy, Homework Support, Service Learning, Science and Technology, and Social Competence and Conflict Resolution.
- Questions:** It is our desire to provide a program that meets the needs of parent and most importantly, the child. Please take the opportunity to ask questions and share concerns with the Program Staff, or Program Director.

packets with missing information will NOT be accepted.

Parent Signature: _____

Date: _____



Tioga County
 40 Besanceney Drive
 Mansfield, PA 16933
 570-662-2999
 chelseas@rvymca.org
 School-Age Child Care

**FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY**

Check here for new family _____			APPLICANT INFORMATION		
Applicant Date:		Enrollment Date:		Termination Date:	
1st Parent/Guardian		Date of Birth:		Relationship to Child:	
Address:			Email Address:		
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell Phone:	
Place of Employment/School:					
2nd Parent/Guardian:		Date of Birth:		Relationship to Child:	
Address:			Email Address:		
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell Phone:	
Place of Employment/School:					

FAMILY INFORMATION				
Children in Family (please PRINT below)				
Name:	<u>Sex</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Site or Classroom</u>
Name:				
Name:				
Name:				
Name:				
Total family size:		CACFP Code:		Funding Code:

Parent Signature _____

Date _____

YMCA Signature _____

Date _____



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_____ FF _____ UW
 _____ XX/AO _____ LHA

**YMCA SCHOOLS OUT CLUB
 PROGRAMS Fee Agreement**

I. I UNDERSTAND and AGREE to the terms and conditions below in exchange for the provision of child care services:

Name of Parent: _____ Home Phone: _____

Address of Parent: _____ Work Phone: _____

 Signature of Parent Date Signature of Director Date

The following child(ren) will attend a YMCA Child Care/School-Age Program:

Child's Name	Effective Date	Site	Weekly Fee/Co-pay
		YMCA MCA	\$48.00 per child
		Total Weekly Fee /Co-pay:	

- II. The CONTRACTED FEE is due payable in advance no later than the 1st day of the service week the children are in care. The total fee is due regardless of attendance, YMCA observed holidays or emergency closings – parents may not adjust their payments.
- III. The AGREEMENT and the CONTRACTED FEE FOR SERVICE will remain in effect until the YMCA is notified of the child's last day (**two week advance notice is required**) or until a new agreement changing the type of service is completed.
- IV. This CO-PAY will remain in effect until the YMCA is notified of the child's last day (**two week advance notice**) or until CCIS notifies us of an adjustment to this co-pay (increase/decrease).
- V. I understand in the event funding is lost, applicant is responsible for the FULL FEE the Agency charges for the type of care being used.
- VI. **CLOSING TIME:** Failure to pick your child(ren) up by closing time will result in late charges being assessed at the rate of \$20.00 per child for every 15 minutes, beginning at 6:00pm. Any fee for lateness must be paid before the child(ren) can return to care.
- VII. DELINQUENT FEES, in excess of one (1) week, will result in the suspension of service until the account is current. CCIS funded families will be reported to CCIS for non-payment of services.
- VIII. All parents that receive outside funding (ELRC, Americorp, Employer paid, etc) will be responsible for any unpaid absences that are incurred. The absences are determined by the source and the fee will be our daily fee.
- IX. YMCA Schools Out Club Program reserves the right to close any site or program that does not maintain adequate enrollment.
- X. If you have any payment questions or concerns, please call Melissa Sentiff at 570-662-2999 or email at melissas@rvrymca.org



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YMCA SCHOOLS OUT CLUB PROGRAM AUTOMATIC FUNDS TRANSFER FORM

Authorization of EFTs or Credit Card Drafts only

ATTACH VOIDED CHECK HERE

AUTHORIZATION OF THE YMCA: I have given my authority to the above named bank/credit card company to honor preauthorized EFT/Charge drawn by the YMCA on my account for the childcare payments as indicated above. It is understood that the YMCA's transmission of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that the payment will be collected electronically as well as a \$25.00 NSF service fee.

I understand that the weekly drafts will need to be renewed with each new program enrollment.

I choose to utilize the EFT option for Weekly payment (direct debit from Checking Savingsaccount)

BankName _____

Routing/Transit Number _____

Authorized Signature _____

Name on Account _____

AccountNumber _____

Date _____

I choose to utilize the Credit Card Payment option for my Weekly payment (automatic direct charge to credit card)

Credit Card Type Visa MasterCard

AccountNumber _____

Authorized Signature _____

CardHolder Name _____

ExpirationDate _____

Date _____



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**Authorization for
Emergency Hospital or Medical Treatment**

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize The Tioga County Branch YMCA to send my child to the nearest hospital: _____ **(Please list preference).**

I agree to meet the YMCA staff at the hospital as soon as possible after being notified.

I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.

In the event of a minor injury, I authorize the Tioga County Branch YMCA staff to administer basic First Aid to my child.

Parent/Guardian's Signature: _____ Date: _____

Relationship to Child: _____

Name of Child: _____



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Late Fee Policy

Dear Parents:

Our center's closing time is 6:00pm. When your child(ren) are here past our closing time, it causes many issues and is an unacceptable practice. Our Late Pick Up Policy is as follows: A late fee of \$20.00 per 15 minutes beginning at the 6:00pm closing time will be charged PER child. Promptly at 6:00pm all doors will be locked, if you arrive to find a locked door the late fee policy is in effect.

The clock located in the **classroom** will be used for timekeeping. Here is an example: You arrive at 6:20pm to pick up your 2 children. The doors to the center are locked. You will be charged a \$40 for the first fifteen minutes (\$20 for each child) and an additional \$40 for the second fifteen minutes (\$20 for each child) for a total charge of \$80. If a child remains in care until 7:00pm the local authorities will be called which will include the police and Children and Youth Services.

Children will not be permitted to return to care until the late charge is paid in full. 3 occurrences of a late charge being assessed will result in termination of care from any of the YMCA programs within the Tioga County Area.

We would ask that you sign the bottom of this letter acknowledging your understanding of this policy. Please let us know if you have any questions or concerns.

Sincerely,

Chelsea Smith
Child Care Director

Parent Signature of Acknowledgement

Date