



SACC Registration Form 2019-2020

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IN ORDER TO REGISTER YOUR CHILD FOR SACC, THE FOLLOWING INFORMATION MUST BE COMPLETE AND SUBMITTED

CHILD'S

NAME: _____

School Attending: _____ **Grade:** _____

Date of Birth: _____ Age: _____ MALE / FEMALE

PARENT/GUARDIAN

1. Name: _____ Cell: _____

Relationship to child: _____ Home: _____

Address: _____ Work: _____

City/State/Zip: _____ Employer: _____

E-Mail: _____

2. Name: _____ Cell: _____

Relationship to child: _____ Home: _____

Address: _____ Work: _____

City/State/Zip: _____ Employer: _____

EMERGENCY CONTACTS and PICK-UP AUTHORIZATIONS: (Other than parents/guardian)

Name: _____ **Name:** _____

Cell: _____ Cell: _____

Home: _____ Home: _____

The following are **NOT** allowed to pick up my child:

*Court orders **MUST** be provided to SACC Director.

CHILD'S DOCTOR:

Name: _____ Address: _____ Phone: _____

Staff Only Notes

MONTHLY	AM	PM	BOTH AM/PM
5 DAYS/WEEK	\$120	\$169	\$234
4 DAYS/WEEK	\$104	\$142	\$211
3 DAYS/WEEK	\$86	\$114	\$178
2 DAYS/WEEK	\$62	\$84	\$135
VACATION Days (Schools out!)	\$32	SCHEDULED VACATION DAYS	
HALF DAYS	\$22	EACH TIME YOUR CHLD ATTENDS THE PROGRAM	
REGISTRATION FEE/PER CHILD	\$20	OSWEGO YMCA FAMILY MEMBER - FEE WAIVED	
DELAYS	No extra fee		

* Check days being used *

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 AM PM Both

- Payment is due by the 1st of each month. \$10.00 late fee will be applied if payment is not made by the 5th of the month
- Late pick up will result in \$5.00 for the first 5 minutes, per child. \$2.00 per minute per child thereafter. These charges must be paid within one day of the date your child was picked up late. Your child CANNOT return to the SACC program until this fee is paid.
- Anyone receiving assistance, late fees are not covered by any agencies.
- Fees must be paid and kept current to use the SACC program.
- Please register for the days that you will be using, as you will be charged for them whether you use them or not.

Parent/Guardian Signature _____

Print _____ Date: _____

Staff Only Notes

HEALTH FORM

ALL FORMS MUST BE COMPLETED AND TURNED IN BEFORE YOUR CHILD IS ABLE TO ATTEND THE SACC PROGRAM

Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below.

****Medications****

State Regulations require parents to notify us if a child takes medicine within 2 hours prior to entering the program.

NO prescription or over-the-counter medications will be administered by the YMCA SACC Program. The only exceptions are Epi-pens or inhalers, which will be administered in emergency situations only. Should your child need medication during the program, you must make arrangements to come and administer it.

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	Recent Surgery (Type) _____
<input type="checkbox"/>	<input type="checkbox"/>	Poison Ivy	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Insect Stings	Serious Injury (Type) _____
<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	★ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Drugs	Allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	Ear Infection	★ _____
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	Food Allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Other conditions or details of above _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vision	_____
<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabilities	_____
<input type="checkbox"/>	<input type="checkbox"/>	Behavior Problems	_____

Please list any restrictions placed on child while attending the SACC program.

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

_____ Is your child able to successfully participate in a program with 1 adult per group of 10 children?

_____ Does your child receive any special education services at school? **(IEP or behavior plan must be on file if applicable)**

- The health history is correct so far as I know and the person here- in described has permission to engage in all SACC activities except noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Oswego YMCA Director or SACC Director to hospitalize and secure proper treatment for and to order injection, anesthesia or surgery for my child as named as above.
- I agree to notify the Oswego YMCA immediately in writing of any changes in address, phone numbers, emergency contacts, medical information, etc. I understand that not providing the above may put my child's health and safety at risk.
- I give consent for my child to take part in field trips or excursions off the Oswego YMCA property under proper supervision, and with prior notice.
- I give consent that the Oswego YMCA may use any photographs or videotapes of my child for promotional purposes, including website material and SACC advertising.

I agree to abide by all policies. I understand, if my child does not adhere to SACC rules, my child is subject to dismissal without refund.

Please initial every line.



OSWEGO YMCA SCHOOL AGE CHILD CARE PROGRAM PARENT CONTRACT AGREEMENT

Child's Name: _____

Parent's Name: _____

As a parent of one or more children enrolled in the Oswego YMCA SACC program, I acknowledge the parental responsibility to follow the policies set forth by the YMCA to provide the best possible care for my child or children. By initialing the following statements, I agree to:

- _____ Read the provided Parent Handbook which lists policies, times, rates, etc.
- _____ Provide safe, reliable, and punctual transportation to and from the program.
- _____ Respect the obligation of the Oswego YMCA staff to act as mandated reporters and any Instances of suspected child abuse, neglect, or endangerment of the welfare of a child to the proper authorities.
- _____ Notify the Oswego YMCA in writing of any changes of address, phone numbers, medical, or otherwise critical information.
- _____ Keep my account current. I also acknowledge that my child may be suspended from the program for failure to keep my account current.
- _____ Encourage the open communication between myself and the Oswego YMCA Staff responsible for the care of my child.
- _____ Immediately address any issue or concerns regarding the behavior of my child or other children with the staff directly involved and or the SACC Director.

Parent Print Name

Parent Signature

Date

Deborah Yesensky
SACC Director
Oswego YMCA
315-342-6082