

# LEARN & GROW AT THE



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## NEW!! AN ENRICHED LEARNING EXPERIENCE AT THE AUBURN YMCA-WEIU

As schools resume on a modified schedule, working parents are left wondering who will assist with their children's school work. Your Y is coming to the rescue! This program will provide children with a designated time and place to complete coursework, whether on their device, paper, or reading, as well as an active, engaging program. Learn & Grow will be offered daily during the school calendar.

### PROGRAM START DATE:

September 14

AGES: KINDERGARTEN—6TH GRADE

### HOURS:

MONDAY—FRIDAY 7AM—5:30PM

DAILY FEE: \$30/PER CHILD

### WHAT TO BRING DAILY:

- Lunch, swimsuit and towel
- Computer or tablet and charger
- Any materials needed to complete

We accept Dept of Social Services assistance. Parent must Provide documentation at registration. Program Scholarship



### PROGRAM LOCATION:

Auburn YMCA-WEIU  
27 William Street

### FOR MORE INFORMATION CONTACT:

Melissa Cartner, Camp and Family Director,  
Melissa@auburnymca.net or 315-253-5304  
ext. 1005



# Learn and Grow at the Auburn YMCA

## FAQs:

Will Y staff assist my child with their assignments?

Learn & Grow is designed to provide your child the time and space to complete their virtual coursework. Our staff may be able to provide some guidance, but we will not be responsible for teaching lessons or monitoring individual progress. Please review all assignments and teacher communication channels with your child prior to the start of the program. The staff will be trained in Google Classroom.

What will my child need to bring each day?

- Their own device and charger (tablet/computer)
- Headphones/Ear Buds
- Physical supplies for assignment ( markers, construction paper, etc.)
- Water Bottle
- Lunch
- Swimsuit and towel
- Sneakers

Will you be able to print for my child?

Unfortunately, due to the volume of campers and potential volume of printed materials, we will not be able to print assignments for your child. Please print assignments and bring to program.

What if my child doesn't complete their work/or completes their work early?

Our Learn & Grow schedule will provide time for completing assignments and studying. If a student has not completed their work, they will still participate in the rest of the program and will need to complete assignments at home.

If a student finishes early, they may use the remaining time for independent reading, educational games and activities.

# Learn & Grow

## At the Y

### Sample Daily Schedule\*

**7:00 - 8:30**

Drop off, Breakfast available,  
Free time available for games etc.

**8:30 - 9:00** Art

**9:00—10:00** Class Work Time

**10:00 - 10:45** Gym

**11:00 - 12:00** Class Work Time

**12:00 -12:30** Lunch

**12:30 - 1:00** Free Time

**1:00 -2 :00** Class Work Time

**2:00 - 2:30** Clean Up/Swim Prep

**2:30 - 3:30** Swim

**3:45 - 4:30** Snack, Group Games

**4:30 - 5:30** Free Gym Time



# 2020 /2021 Auburn YMCA-WEIU School Age Child Care Registration Form

- 1. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_
- 2. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_
- 3. Child's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

\* Child must be registered in Kindergarten to attend. My child/children attend/s school.

Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Persons authorized to pick up your child (other than parents):

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please note that ALL pick up persons (including PARENTS) will be required to show photo ID.

Children will not be released to persons refusing to produce identification. Thank you for your understanding and cooperation.

In the event of an emergency, I understand that the Program Director will make the effort to contact the parent/guardian. I authorize him/her to act for me according to his/her judgment in an emergency requiring medical or surgical treatment and transportation to an emergency care facility. I agree to be responsible for all medical bills resulting from illness or injury during my child's attendance at the School Age Child Care program.

- My Child may leave the YMCA for short walks.  Yes  No
- My Child may be photographed/recorded (video/audio) for publicity and classroom use.  Yes  No
- My Child has permission to participate in free swim at the Auburn Y.  Yes  No

**Liability Statement: I the undersigned, as the parent/guardian of the said child/children listed, give permission for the YMCA Child Care staff to apply sunscreen to my child/children,  Yes  No, give permission for my child/children to participate in the Auburn YMCA-WEIU SACC Program and assume full responsibility for all risk of injury which may result from my child/children's participation in \_\_\_\_\_ activities during the School Age Child Care Program.**

→Signature: \_\_\_\_\_ Date: \_\_\_\_\_



2020/2021 Auburn YMCA-WEIU  
School Age Child Care Program and Parent Contract Agreement

Child's Name: \_\_\_\_\_

Child's Name:

Child's Name: \_\_\_\_\_

Child's Name:

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name:

As a parent of one or more children enrolled in the Auburn 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/that:

\_\_\_\_\_ I have read the Parent Handbook which lists policies, times, rates, etc.

\_\_\_\_\_ My child and I have read, understood, and agree to comply with the Behavior Policy. Behavior policy will be enforced and children may be removed for program. Please review carefully.

\_\_\_\_\_ I am aware that I must register separately for vacation and early dismissal days in order to use them. I am aware that I am responsible for payment of these days even if my child doesn't attend.\*A No Show on School's Out/E-Camp days, will not result in a refund. If this happens 2 times, I will no longer be able to utilize the program.

\_\_\_\_\_ Respect the obligation of the Auburn 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 Auburn YMCA in writing of any changes of address, e-mail, 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

New York State  
Office of Children and Family Services

Photo of Child optional	Program Name: Auburn YMCA-WEIU		Address: 27 William Street, Auburn NY 13021		Phone Number: 315-253-5304	
	Child's Full Name: Preferred Name/Nickname:				Date of Birth: / /	Gender:
	Child's Home Address:					
	Name of Person Enrolling Child:				Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	
Phone Number (s) Of Person Enrolling Child: <input type="checkbox"/> OK to Text (   )			Address of Person Enrolling Child (if different than child).			
Email Address:						
Emergency Contact Names/Addresses			Authorized to Pick up Child	Primary Phone Number:	Other Phone Number/Email	
Emergency	Primary Contact:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text	
<b>For Program use only...Date of Enrollment</b>			<b>For Program use only...Date of Disenrollment</b>			

Child's Full Name:		Date of Birth
Check Boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please List): _____ <input type="checkbox"/> Other: _____ Please provide information here AND discuss with your child care provider: _____		
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateof.org">https://nystateof.org</a>		
AGREEMENTS: <ul style="list-style-type: none"> <li>• I consent to emergency medical treatment for my child.....<input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the program under proper supervision.....<input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips.....<input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I provided information on my child's special needs to the program to assist in caring for my child.....<input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I understand the program must give parents, at the time of enrollment of a child, a written policy</li> </ul>		
Signature/Parent or Person (s) Legally Responsible:		Date: