

**NORTH TONAWANDA CITY SCHOOL DISTRICT**  
**OFFICE OF THE SUPERINTENDENT**  
176 Walck Rd.  
North Tonawanda, New York 14120-4097  
[716] 807-3500 ◊ FAX [716] 807-3525



**Gregory J. Woytila**  
Superintendent of Schools

Dear Parent and Caregivers,

Thank you for your interest in Emergency Child Care at the Ken-ton YMCA. The North Tonawanda City School District is providing free care for children currently enrolled in the North Tonawanda City School District, Kindergarten - age 12 for caregivers who are a first responder or medical worker.

For any child currently enrolled in the YMCA School Age Child Care program, the registration form will be reviewed at the time of registration. For new enrollment, a child care registration form must be completed prior to attendance.

Please return the attached registration forms along with your work ID or proof of employment as a medical/first responder. Please return your materials as soon as possible to secure your spot, space is limited. The forms can be emailed to [ktfrontdesk@ymcabn.org](mailto:ktfrontdesk@ymcabn.org), faxed to 716-874-5054 or dropped off at the KenTon Family YMCA Branch at 535 Belmont Ave. Kenmore, NY 14223, Monday-Friday, between the hours of 8am-5pm. A few items to be aware of before your first day:

Program Location: Ken Ton Family YMCA – 535 Belmont Avenue, Kenmore NY 14223  
Program Hours: 7am-6pm. Monday through Friday. We will be providing lunch and snack to all participants. The pool is currently being cleaned, we will let you know when it will be reopened and the children will be able to swim. Please be sure the participants have sneakers and/or appropriate foot wear and clothing to be able to play outside, open-toed or open-backed shoes are not allowed

We are taking precaution to ensure the safety of the children and staff in the program. We will be reducing group and room capacity sizes and ensuring sanitation and hand washing. To help us keep everyone safe, we are requiring that children with any signs or symptoms of illness to stay at home. Parents will only be allowed in the lobby to help minimize interactions. We are not allowing children to bring any unnecessary items from home (toys, stuffed animals, electronics, etc.).

When you or an authorized person pick up your child from program, you must provide current and valid photo ID. If you need to add someone to the approved pick-up list, there are forms available at the branch. When you drop off or pick up your child, you will need to enter the branch and physically sign your child in or out.

Please contact the Y in advance if your child requires Emergency Medications (Inhalers or Epi pen/Benadryl). Please contact our office Monday through Friday between the hours of 8am-5pm at 716-874-5051 with any additional questions.

Thank you!



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA BUFFALO NIAGARA SACC ENROLLMENT FORM

Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

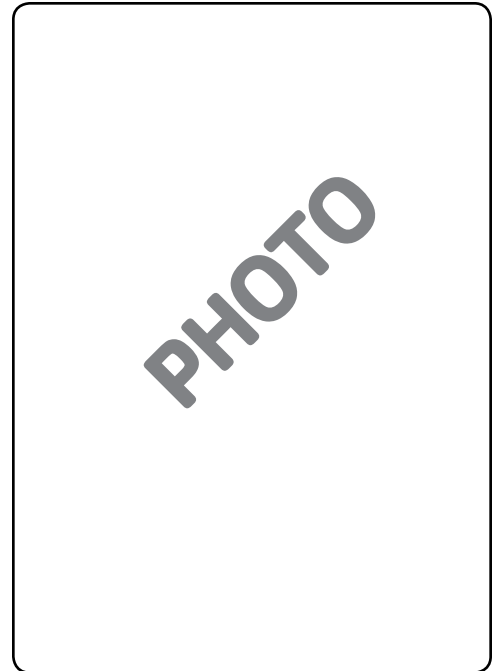
Age \_\_\_\_\_

Site \_\_\_\_\_

Start Date \_\_\_\_\_

AM Program

PM Program



### ALLERGIES/MEDICATION

Will your child require prescription medications while in the program?  
(\* if yes please complete an Individual Health Care plan)

Yes\*  No

Does your child have allergies?  
(\* if yes please describe in detail inside)

Yes\*  No

### BEHAVIOR MANAGEMENT POLICY

The safety and well-being of each child in our care is our number one priority. When behavior expectations are not met, YMCA staff will implement our behavior management policy to help correct the undesired behavior. Listed below are the steps utilized by our staff :

- a. Verbal warning given: explain why behavior is inappropriate.
- b. Time out - time to refocus and redirect.
- c. Verbal communication between parent and site coordinator.
- d. Parent conference with site coordinator and program director, followed by a written summary of meeting. Child, parent and site coordinator sign a written contract agreeing to acceptable behavior and alternative solutions.
- e. If inappropriate behavior continues, child may be suspended from program for up to one week.
- f. Prolonged disruptive and inappropriate behavior will result in dismissal from the SACC program.

#### Extreme Behavior Issues

In extreme cases, a child's behavior may warrant immediate suspension or expulsion from the program. Such cases include the use of profane or abusive language or any aggressive behavior which threatens or causes physical harm to other participants or staff.

**CHILD INFORMATION**

Name \_\_\_\_\_ Nick Name \_\_\_\_\_  Male  Female  
Grade in Fall \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT INFORMATION**

Name of person applying for child \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Day Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

In case of an emergency, notify: (List contact information for hours during Day Care - for example work address and phone if at work)

Mother \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician or Medical Svc \_\_\_\_\_ Address \_\_\_\_\_ (p) \_\_\_\_\_

**Names of individuals authorized to pick up child who are NOT listed above:**

Name \_\_\_\_\_ Address \_\_\_\_\_ (p) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ (p) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ (p) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ (p) \_\_\_\_\_

**HEALTH INFORMATION**

The following information must be filled in by the parent/guardian. The intent of this information is to provide staff the background to provide appropriate care. Provide complete information so that we can be aware of your child's needs.

Allergies	Describe reaction and management of the reaction
• Medications (e.g., penicillin) _____	_____
• Food (e.g., eggs, dairy) _____	_____
• Other (e.g., insect stings, hay fever) _____	_____

**Medications**

Medications require a separate form. Please contact the Child Care Program Director for more information.

**Insurance**

Is participant covered by family medical/hospital insurance?  Yes  No Carrier/plan name \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to child \_\_\_\_\_

Policy holder SS# or insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_ Carrier Address \_\_\_\_\_

**Health History**

Any activities that child cannot participate in or needs one-on-one assistance?  Yes  No

If yes, please explain \_\_\_\_\_

Is your child currently being treated or followed by a medical professional for any of the following:

- |                   |                              |                             |                       |                              |                             |
|-------------------|------------------------------|-----------------------------|-----------------------|------------------------------|-----------------------------|
| Asthma            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diarrhea/constipation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sickle Cell Trait | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sickle Cell Disease   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seizures/Convulsions  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any "YES" answers \_\_\_\_\_

Any additional information about the child's behavior and physical, emotional or mental health the staff should be aware of?

Special Information – AFO's, walkers, wheelchairs, assistance with toileting, behavior issues, Diets, habits, etc.

**Publicity Photographs**

May we use your child in publicity photographs?  Yes  No

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to discuss my child's medical  
(Mother, Father, Guardian) (Health care provider)  
information, diagnosis and treatment, including medications with a representative of the YMCA's School Age Child Care program.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider's phone \_\_\_\_\_ Fax \_\_\_\_\_



As the Y is for youth development, we would like to know why you chose the YMCA. (Ex: I wanted my child to improve his or her social skills. I wanted to help my child stay healthy by being more physically active. I wanted my child to improve his or her academic performance.)

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**AGREEMENT**

- **Enrollment:** I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding fees (late fee of \$20/child), transportation and the services provided by the facility and the New York State Department of Social Services regulations under which it operates.
- **Field Trips and Transportation:** My child  is  is NOT permitted to take part in field trips or excursions away from the facility under proper supervision, including transportation provided by or arranged for by the School Age Child Care program.
- **Swimming:** My child  is  is NOT permitted to participate in swimming activities from September to June. All children are swim tested and only approved swimmers are permitted in the deep end.
- **Homework:** Do you wish your child to work on his/her homework each day while in the program?  Yes  No  
Although, the YMCA assists children with homework daily, time limitations may not allow for completion of all work.
- **Emergency Medical Care:** I agree that in the case of accident or injury, emergency medical care may be given in the event I or the person(s) designated cannot be reached.
- **Correct Information provided:** I have provided special information on this registration to assist the facility in caring for this child (diet, habits, allergies, medical issues, etc)
- **Parent Handbook:** I accept the policies and procedures contained in the School Age Child Care parent handbook. I have read and fully understand all policies and procedures contained within and agree to abide by them. I further understand that failure to abide by the policies and procedures contained in this handbook could result in dismissal from the program.

Signature of Parent/person(s) legally responsible: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
_____	Received Parent Handbook
_____	Program Director notified of allergies & medication
_____	Form is complete (check boxes, allergy/medications)