



## 2025–2026 After School Program

# Application for Enrollment

**Please note that immunizations are required.**

### GENEVA FAMILY YMCA

**For Youth Development. For Healthy Living. For Social Responsibility.**

**Please complete one application per child  
and *keep the last page for reference.***

**Learn more about our programs for Youth + Teens at [GenevaFamilyYMCA.org](https://GenevaFamilyYMCA.org)  
399 W William St., Geneva, NY 14456 | 315.789.1616**

**2024–25 participants enjoy priority enrollment.  
New applications are processed in the order they are received.**

## REGISTRATION & PAYMENT

Current membership in Geneva Family YMCA is required for a child to be registered and participate in our After School Program. The membership can be in the child's name (a youth membership with the responsible adult listed as a contact) or the child can be the member of any "unit" as described at GenevaFamilyYMCA.org under FAQ & Code.

Payment is required in advance. Payments can be made monthly, or bi-weekly. A non-refundable registration fee (\$20/child or \$30/family) is due at registration.

Monthly payments are due by the 5th.

Bi-weekly payments are due on the 1st and 15th. We can store credit card details and automate your payments for your convenience.

## FINANCIAL ASSISTANCE

If you need help paying for childcare, please ask for a Financial Assistance Application at the Front Desk.

Complete the document and return it with the required documentation to be considered for assistance.



## PARENT HANDBOOK

Our Parent Handbook is available at GenevaFamilyYMCA.org, under the Youth + Teens tab, among other downloadable "Helpful Documents"

## TYPICAL DAILY SCHEDULE

The program day ends at 6:00pm.

Parents should contact the YMCA by phone at 315-789-1616 if they will be delayed (please no texting, emailing or social media messaging). Please note that youth in program after 6:00pm may incur a late fee.

## TYPICAL CONTENT

Activities may include table games, gym and outdoor games, swimming, seasonal crafts, and a healthy snack.

Care is available on normal school days and most school holidays. Please (and keep) see the last page of this application for Kids Club dates and fees.

## QUESTIONS?

Questions about our After School Program, Kids Club and other programs for school age youth should be directed to Amy Wood, Director of Early Childhood Education, at 315-789-1616, or via email at [ece@genevafamilyymca.org](mailto:ece@genevafamilyymca.org)

# YMCA Emergency Information Sheet

Child's Full 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: (   )   -		Address of Person Enrolling Child:	
Email Address:			
EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -

<b>Check boxes below to indicate if your child has any special needs/services:</b> <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 (list) _____ <input type="checkbox"/> Other _____	
Child's Primary Care Physician's Name/ Group:	Phone Number: (   )   -
Preferred Hospital:	Phone Number: (   )   -
Child's Dentist:	Phone Number: (   )   -
<b>Child health insurance information is available by calling toll-free 1-800-698-4543 or          The NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>	
<b>AGREEMENTS</b> I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • 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 • I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I've 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 • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs or at least once a year..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

# YMCA Parent Authorizations

## Over-the-Counter Medication

I authorize the YMCA After School Program staff to administer over-the-counter topical ointments such as sunscreen, first-aid creams, itch reliever and topically applied insect repellant to my child when needed.

\_\_\_\_\_  
Parent Initial

## Emergency Transportation

In the unlikely event of accident or illness, I authorize Geneva Family YMCA to contact 911 to make arrangements for transportation to appropriate medical care. Further, I understand and acknowledge that I accept legal and financial responsibility for said transportation. Further, I understand my child may become ill or injured while participating in the program. I do not and shall not hold the YMCA or its employees responsible for any injury or illness my child may sustain while participating in the program.

\_\_\_\_\_  
Parent Initial

## Financial Agreement

I agree to abide by the payment terms of the program, including prompt payment (monthly by the 5th or bi-monthly by the 1st and 15th), and sustained YMCA membership for the enrolled child. I understand that if my payments are more than 14 days overdue, I will be asked to withdraw my child from the program, unless other arrangements have been made with the Director of Early Childhood Education.

\_\_\_\_\_  
Parent Initial

## Promotion Agreement

YMCA staff may take photos or record videos during the program. These photos and videos may be used on the YMCA's social media pages, on the agency's website, and in printed promotional materials. I authorize the YMCA to capture photos and videos that include my child while they participate in this program, and to use these images publicly.

\_\_\_\_\_  
Parent Initial

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /

*For Program Use Only*

*Date of Enrollment:*     /     /

*Date of Disenrollment:*     /     /

*Program Enrolled in :* \_\_\_\_\_



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative mm  
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year / / Result: mcg/dL ☐ Venous ☐ Capillary  
2 years / / Result: mcg/dL ☐ Venous ☐ Capillary

**Most recent date of lead screening (if different from above):**

/ / Result: mcg/dL ☐ Venous ☐ Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*

**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	(     )     -     /     / Phone     Date

# BILLING AND PAYMENT INFO

PLEASE PRINT CLEARLY



2025-2026

CHILD'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## PRIMARY SPONSOR INFO:

NAME: \_\_\_\_\_ SHARE %: \_\_\_\_\_

ADDR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ [ ] cell [ ] landline

## SECONDARY SPONSOR INFO, IF ANY:

NAME: \_\_\_\_\_ SHARE %: \_\_\_\_\_

ADDR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ [ ] cell [ ] landline

Fees for our After School program are \$285 per month, regardless of the number of program days.

Kids Club is available on some days when public school is closed for a whole or half day. The schedule is on the last page of this packet; please keep it for your reference. The fee for whole days is \$50. Half days are included.

YMCA Membership is required for the child/ren for the duration of their enrollment in our After School Program. (See "Fees and Terms" on the last page of this packet).

## PRIMARY SPONSOR BILLING INFO:

PAYMENT TERM: [ ] MONTHLY [ ] BI-WEEKLY

PAYMENT METHOD: [ ] CASH [ ] CHECK [ ] CARD

CARD NO: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXP: \_\_\_\_\_ CCV: \_\_\_\_\_

## SECOND SPONSOR BILLING INFO FOR , IF ANY:

PAYMENT TERM: [ ] MONTHLY [ ] BI-WEEKLY

PAYMENT METHOD: [ ] CASH [ ] CHECK [ ] CARD

CARD NO: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXP: \_\_\_\_\_ CCV: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

As a parent or guardian of the child enrolled in the After School Program I understand and agree to the following:

- It is my responsibility to advise the YMCA by phone in advance of my child's planned absence
- Kids Club days are not included in my monthly fee
- If payment dates fall on weekends or holidays, my account will be charged the next business day
- Late payments may be subject to a late fee of up to \$50. Accounts in default may be sent to collections
- Any changes to this agreement, my child's registration, or to their attendance schedule, must be made in writing using approved forms

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# KEEP THIS PAGE

**2025–2026 Terms, Dates and Fees**

**After School and Kids Club at Geneva Family YMCA**

**GenevaFamilyYMCA.org | 315.789.1616**

## FEES & TERMS

The fee for a youth to participate in our After School Program is \$285 per month, regardless of the number of school days in a particular month.

Current membership in Geneva Family YMCA is required for a child to be registered and maintain participation in our After School Program. The membership can be in the child's name (a youth membership with the responsible adult listed as a contact) or the child can be the member of any qualifying "unit" as described in FAQ & Code, linked at the bottom of each page at GenevaFamilyYMCA.org

Monthly payments—made by cash, check, debit card or credit card—are processed by the 5th day of each month during which the child is registered. Biweekly payments are processed on the 1st and 15th. Partial payments are not accepted.

Younger siblings co-enrolled enjoy a 10% discount on registration.

Financial Assistance may be available for families in need. Applications for assistance are available at the Front Desk. Applications are treated as confidential.

## KIDS CLUB

On half-days of school, Kids Club is no extra fee for enrolled children. When school is closed for an entire day, the fee is \$50 per child (less 10% for any younger siblings).

Planned dates for the 2025–2026 School Year include:

Friday, 10/10	Monday, 10/13	Tuesday, 11/11	Wednesday, 11/26
Monday, 12/22	Tuesday, 12/23	Friday, 12/26	Monday, 12/29
Tuesday, 12/30	Friday, 1/2	Monday, 1/9	Monday, 2/16
Tuesday, 2/17	Wednesday, 2/18	Thursday 2/19	Friday, 2/20
Friday, 3/13	Monday, 3/30	Tuesday, 3/31	Wednesday, 4/1
Thursday, 4/2	Friday, 4/3	Friday, 6/19	Call 315.789.1616 with questions