

# YMCA OF THE TWIN TIERS

## Olean Family YMCA

1101 Wayne Street

Olean, NY 14760

716.373.2400



A SMALL CAMP WITH A BIG IMPACT

The Y: We're for youth development, healthy living and social responsibility.

Dann Deckman-Hadden  
*School-Age Child Care Director*  
DannD@TwinTiersYMCA.org  
716.373.2400 ext 162

Heather Crowner  
*School-Age Child Care Director*  
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716.373.2400 ext 114

[twintiersymca.org](http://twintiersymca.org)

Camper Name: \_\_\_\_\_

DOB: \_\_\_\_\_



# OLEAN DAY CAMP ENROLLMENT PACKET

## Welcome to Camp!

We are so excited to have you as part of the YMCA family. Our staff is planning some amazing and extraordinary summer activities for your camper to experience!

This completed Camper Enrollment Packet must be submitted in its entirety to attend camp. Without this completed step, we cannot accept your child into care. Please complete this packet and turn it in as soon as possible to ensure your enrollment is finalized.

Once completed, paperwork should be turned in at the Olean YMCA or via email to DannD@TwinTiersYMCA.org or HeatherC@TwinTiersYMCA.org. There will be a packet drop-off location at or near the front desk.

All lines on the Emergency Contact/Parent Consent form must be completed or the packet will be returned for corrections. If a particular line does not apply, please ensure it is marked **N/A. "Same as above" or "Same" cannot be used on the forms. All information, including duplicate information, must be filled in per state regulations.**

There are only eight (8) weeks of camp this year. Camp starts the first week of July (closed on July 4th) and runs until August 23rd. The last full week of August we are closed due to our annual shutdown.

Dann or Heather are available Monday through Friday to assist you with any questions. Please feel free to contact one of us at 716.373.2400 or you can send us an email.

We look forward to sharing the best summer ever with you and your camper!

Handwritten signatures of Dann and Heather, with a plus sign between them.

For a better us.

YMCA OF THE TWIN TIERS  
Olean Family YMCA  
1101 Wayne Street  
Olean, NY 14760  
716.373.2400

twintiersymca.org

# 1. CHILD INFO & EMERGENCY CONTACT FORM

Every field in this form is mandatory. If a field does not apply to your child, you must mark N/A. District only Pre-K going into kindergarten students can attend.

CHILD'S NAME:		BIRTHDATE:	GRADE IN THE FALL:
STREET ADDRESS:		CITY:	STATE: ZIP:
PARENT/LEGAL GUARDIAN - PRIMARY		RELATIONSHIP:	BIRTHDATE:
STREET ADDRESS:		CITY:	STATE: ZIP:
CELL PHONE:	HOME PHONE:	EMAIL ADDRESS:	
EMPLOYER:		WORK PHONE:	
PARENT/LEGAL GUARDIAN - SECONDARY		RELATIONSHIP:	BIRTHDATE:
STREET ADDRESS:		CITY:	STATE: ZIP:
CELL PHONE:	HOME PHONE:	EMAIL ADDRESS:	
EMPLOYER:		WORK PHONE:	

EMERGENCY CONTACT #1:	TELEPHONE NUMBER WHEN CHILD IS IN CARE
EMERGENCY CONTACT #2:	TELEPHONE NUMBER WHEN CHILD IS IN CARE
EMERGENCY CONTACT #3:	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PLEASE NOTE, THOSE WHO AREN'T ON THE AUTHORIZED LIST, OTHER THAN PARENTS, CANNOT PICK-UP YOUR CHILD WITHOUT THE PARENT UPDATING THE FORM.

AUTHORIZED PICK-UP #1 (OTHER THAN PARENT/EMERGENCY)	TELEPHONE NUMBER WHEN CHILD IS IN CARE
AUTHORIZED PICK-UP #2 (OTHER THAN PARENT/EMERGENCY)	TELEPHONE NUMBER WHEN CHILD IS IN CARE
AUTHORIZED PICK-UP #3 (OTHER THAN PARENT/EMERGENCY)	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PLEASE LIST BELOW THOSE WHO DO NOT HAVE PERMISSION TO PICK-UP YOUR CHILD (I.E. CUSTODIAL AGREEMENT - PLEASE PROVIDE A COPY OF COURT DOCUMENTATION)

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\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



## 2. MEDICAL, BEHAVIOR, AND MENTAL HEALTH INFORMATION

Does your child have doctor diagnosed allergies, medical conditions, or mental health issues that we need to know about?  Y  N

Elaborate if yes: \_\_\_\_\_

Does your child take medication during the school day?  Y  N If yes: \_\_\_\_\_

\*\*\*ANY CHILD THAT TAKES MEDICATION DURING THE DAY (I.E. RESCUE INHALER OR EPIPEN) WILL NEED TO HAVE MEDICAL FORMS FILLED OUT AND SIGNED BY THEIR DOCTOR/PHYSICIAN BEFORE THEY CAN ATTEND. PLEASE CONTACT US IF YOU NEED THESE FORMS\*\*\*

Do you give the Olean Family YMCA and its School-Age Program staff permission to use Sunscreen and Bug Spray (provided by the parent) to use on your child?  Y  N PLEASE INITIAL: \_\_\_\_\_

Is there any information that we need to know about your child?  Y  N  
Elaborate if yes: \_\_\_\_\_

## 3. WAIVER OF LIABILITY & SPECIAL PERMISSIONS

In case of an emergency, I give the Olean YMCA permission to act on my behalf and take legal responsibility for my child if I cannot be reached. I also authorize EMT's and all hospital medical personnel to medically treat my child until I can be contacted.  Y  N

PLEASE INITIAL: \_\_\_\_\_

I hereby grant permission for my child to be recorded/photographed for YMCA use, United Way use, and newspaper promotional use.  Y  N

PLEASE INITIAL: \_\_\_\_\_

I hereby grant permission for the YMCA staff to take my child off the premises for walking field-trips.  Y  N

PLEASE INITIAL: \_\_\_\_\_

## 4. ATTENDANCE, RACIAL, & ETHNIC INFORMATION

My child will be in attendance on the following days:  
 Monday  Tuesday  Wednesday  Thursday  Friday

My child's racial and ethnic background:  
 American Indian/Alaskan Native  Black or African American  Hispanic or Latino  
 Asian  Caucasian  Native American/Pacific Islander  Two or more races  Other

## 5. PARTICIPANT AGREEMENT & CODE OF CONDUCT

THE YMCA OF THE TWIN TIERS IS A YOUTH-SERVING COMMUNITY-BASED MEMBERSHIP ORGANIZATION DEDICATED TO PROVIDED PROGRAMS THAT BUILDING HEALTH **SPIRIT, MIND, AND BODY FOR ALL. PARTICIPATION IN THE ORGANIZATION'S PROGRAMS IS SUBJECT TO THE OBSERVANCE OF THE ORGANIZATION'S RULES AND PROCEDURES.** SEVER BEHAVIOR THAT COULD CAUSE INJURY TO THEMSELVES AND/OR OTHERS OF ANY FORM IS STRICTLY PROHIBITED. BULLYING OF ANY FORM AND INAPPROPRIATE TOUCH IS STRICTLY PROHIBITED. ANY PROGRAM MEMBER (CHILD OR PARENT/GUARDIAN) WHO VIOLATES THIS CODE, IS SUBJECT TO TERMINATION OF SERVICES THROUGH THE YMCA OF THE TWIN TIERS.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



## 7. MISCELLANEOUS INFORMATION

I understand that my child is responsible for their own behavior, clothing, and their belongings? Y N

I provided information on my child's special needs to assist in the safety of my child? Y N

I agree to review and update and needed information whenever a change occurs? Y N

I understand that information regarding my child's special learning needs will be shared by my child's school from the school year on a need-to-know basis for my child's educational development? Y N

**If at any time I change my mind about my child's participation (any or all aspects), I will contact the supervisor? Y N**

I understand that the day camp packet (if not Plan C) needs to be completed every summer? Y N

## 8. ENROLLMENT AGREEMENT

I REVIEWED THE REGISTRATION FORM AND UNDERSTAND THE PAYMENT SCHEDULE AND MY ACCOUNT WILL BE CHARGED ACCORDINGLY. I **UNDERSTAND THAT MY ACCOUNT CANNOT BE MORE THAN TWO (2) WEEKS PAST DUE OR MY CHILD'S ENROLLMENT WILL BE PUT ON HOLD UNTIL PAYMENT IS PAID IN FULL OR SCHEDULED OUT.**

I UNDERSTAND THAT PAYMENTS ARE DRAWN THE FRIDAY BEFORE CARE AND IF THE FEE BOUNCES, THERE WILL BE AN ADDITIONAL CHARGE OF \$25.00 PER TRANSACTION

I UNDERSTAND THAT MY ACCOUNT CANNOT AND WILL NOT BE PRO-RATED FOR ATTENDANCE PURPOSES SUCH AS ILLNESS OR VACATION I UNDERSTAND THAT THE RATE PROVIDED IS A SET RATE FOR THE YEAR.

I UNDERSTAND THAT THE ONLY AUTHORIZED INDIVIDUALS ON THE ENROLLMENT FORM ARE ALLOWED TO PICK UP MY CHILD FROM PROGRAM WITHOUT MY PERMISSION.

I UNDERSTAND THAT IF THERE IS A BALANCE ON MY ACCOUNT BEFORE THE LICENSED PROGRAM BEGINS, MY CHILD WILL NOT BE ENROLLED IN ANY YMCA PROGRAM UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT I NEED TO PROVIDE A COPY OF COURT DOCUMENTATION IF THERE IS A CUSTODIAL AGREEMENT.

I GIVE PERMISSION TO THE OLEAN FAMILY YMCA TO ALLOW MY CHILDREN TO GO INTO THE POOL, GO ON WALKING FIELD TRIPS TO A PARK **OR RECREATION AREA THAT IS WITHIN WALKING DISTANCE FROM THE OLEAN YMCA OR IT'S SACC PROGRAMS AND I ALSO GIVE PERMISSION FOR MY CHILD TO RIDE IN A NYS DOT REGISTERED DOT VEHICLE FOR FIELD TRIPS, ACTIVITIES, AND (IF NECESSARY) AN EMERGENCY SITUATION.**

I REVIEWED, THOROUGHLY READ, UNDERSTOOD, AND SIGNED THE BEHAVIOR CONTRACT INCASE AN ISSUE SHOULD ARISE.

I UNDERSTAND THAT MY CHILD IS RESPONSIBLE FOR THEIR ACTIONS AND ACKNOWLEDGE THAT SEVERE INFRACTIONS WILL RESULT IN A DAILY OR WEEKLY DISMISSAL OR TERMINATION OF SERVICES FOR CHILD CARE.

I, the undersigned, agree to the terms of the enrollment agreement.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



# 2024 DAY CAMP PAYMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

CHILD'S SCHEDULE: \_\_\_\_\_AM TO \_\_\_\_\_PM

## DAY CAMP PAYMENT SCHEDULE

PLEASE THOROUGHLY READ THE INFORMATION BELOW, LET US KNOW IF YOU HAVE ANY QUESTIONS.

Check each week enrolled Please note  
Camp starts 7/1/24 and ends 8/23/24.

Select Dates:

- 7/1 - 7/5: Independence Celebration
- 7/8 - 7/12: Fairytales & Folklore
- 7/15 - 7/19: Winter Wonderland
- 7/22 - 7/26: Superheroes & Sidekicks
- 7/29 - 8/2: Y-Lympics
- 8/5 - 8/9: Color Wars
- 8/12 - 8/16: Battle of the Decades
- 8/19 - 8/23: Game Show

Payment price associated with each week

Member	Non
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00
\$196.00	\$245.00

### IMPORTANT INFORMATION

Credit/debit card or bank draft information to be used for automatic payment is required for day camp. Fees will be automatically drafted the Friday before each week of camp. A \$25 return/late fee will be applied to all returned payments.

Late Pick Up Fee per child is \$15 for 1-15 minutes, \$30 for 16-30 minutes and so on. Fees are charged for each child picked up after the close of the program day. Those on DSS will have these fees applied to their Family Share.

YMCA Financial Assistance is based on total household income. Families unable to qualify for tuition subsidy through the typical third party systems may apply for YMCA Financial Assistance by first applying for DSS. Once the family has received a DSS denial letter, the letter, along with the household's most recent tax return or two month of paystubs, may be submitted.

## PAYMENT AUTHORIZATION AGREEMENT

The YMCA of Twin Tiers requires all child care and day camp tuition to be paid via bank draft, credit card draft, or debit card. Payments for standard tuition plans are deducted each Friday the week before care. We can also schedule them on dates when parents get paid.

## BANK (EFT) & CREDIT CARD INFORMATION

Bank: _____	Name on Card: _____
Name on Account: _____	Card Number: _____
Account Number: _____	Exp. Date: _____ CVC: _____
Routing Number: _____	( ) VISA ( ) MASTERCARD ( ) DISCOVER

( ) CHECK HERE IF YOU RECEIVE CHILD CARE SUBSIDY FROM THE DEPT. OF SOCIAL SERVICES

### PLEASE ATTACH A VOIDED CHECK FOR BANK WITHDRAWAL

I understand I am responsible for the payment schedule my automatic payment date to allow for the automatic deduction. Should a payment bounce, I'm aware that I'm responsible for the payment and a bounced fee of \$25.00 per transaction. This is in addition to any fee my bank may charge. I am also responsible for notifying the YMCA of any changes made to my drafting information, including credit card expirations, checking account charges, card number changes, etc.

**I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 30 days after they first appear on my financial statements. After 30 days, I waive my right to dispute such discrepancies.**

I understand that it is my responsibility to ensure my account remains in good standing and will not fall behind on payments passed two (2) weeks or services will be put on hold until paid in full or scheduled out.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

# CACFP INCOME ELIGIBILITY FORM

This form is required to be filled out by ALL day camp participants.

NEW YORK STATE DEPARTMENT OF HEALTH  
Child and Adult Care Food Program

**Income Eligibility Form**  
for Child Care Centers

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** OLEAN YMCA DAY CAMP

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## DIRECTIONS

### Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**\*BENEFIT SIDE SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR SPONSOR USE ONLY

CACFP Agreement # 1505

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Date of Determination \_\_\_\_\_

Signature of Center Staff DDH

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**NO STATE SECTION B BENEFIT SIDE\***

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.