Dear Families,

Thank you for your interest in the North Rockland YMCA’s Before School, After School & Full Day Programs for Kindergarten through 8th Grade students. Now that the North Rockland Central School District has announced its proposed reopening plans, we are in the process of transitioning our programs to fit the new needs of families. Along with the NRCSD and our licensing agency, Child Care Resources of Rockland; the YMCA is working on locations, program hours, meals and possible transportation needs. The tuition rates listed on these registration forms are MONTHLY. The cost of care includes: program supplies, equipment, snacks, salaries, NYS insurances and liabilities, NYS required trainings and any added PPEs that our programs will now be required to provide (masks, sanitizer, etc.). If the school plans change and we need to adjust our hours or rates for any reason, we will not charge your card without getting your approval first.

The attached Registration Packet must be returned in order to guarantee your child’s spot in our program. Enrollment is filled on a first come; first serve basis. Applications received after the 1st of the month will be processed for the following month. Once your child’s registration is received, you will receive a confirmation call/email within 48 hours. If your intended program is full, we will contact you and add your child to the waiting list. Please feel free to contact our office with any questions at 845-429-6630.

Juliet Allen                                              John Dillon                                            Lisa Madonna
NR YMCA Programs Director                               Youth & Camp Director                               Assistant Programs Director
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
EMERGENCY RESERVATION FORM

Child’s Full Name:  
Date of Birth:  /  /  
Gender:  

Instructions

• To be completed by parent/guardian prior to emergency reservation.
• A parent/guardian signature is required.

The following questions must be answered:

☐ Yes  ☐ No  Within the last 14 days, has your child traveled to a country that the federal Centers for Disease Control and Prevention said should be avoided for nonessential travel or where travelers should practice enhanced precautions? (China, Iran, Italy, South Korea, Japan)?

☐ Yes  ☐ No  Has your child had contact with any person with known COVID-19 or person under investigation for COVID-19?

☐ Yes  ☐ No  Does your child have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath)?

☐ Yes  ☐ No  Are you or anyone in your home in active quarantine status?

☐ Yes  ☐ No  Is your child enrolled in a school or child care program?

If yes, please provide the name(s) of your child’s school and/or child care program:

☐ Yes  ☐ No  Is your child’s school under mandatory closure due to a confirmed case of COVID-19?

☐ Yes  ☐ No  Is your child’s current program under mandatory closure due to a confirmed case of COVID-19?

Contact Information

Child’s Home Address:  

Parent’s Name and Address (if different than child):  

Parent’s phone contact (home, cell and work):  

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT NAMES/ADDRESSES</th>
<th>AUTHORIZED TO PICK UP CHILD</th>
<th>PRIMARY PHONE NUMBER (     )  -</th>
<th>OTHER PHONE NUMBER/EMAIL (     )  -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Contact:</td>
<td>☐ Yes  ☐ No</td>
<td>☐ ok to text</td>
<td>☐ ok to text</td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td>☐ Yes  ☐ No</td>
<td>☐ ok to text</td>
<td>☐ ok to text</td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td>☐ Yes  ☐ No</td>
<td>☐ ok to text</td>
<td>☐ ok to text</td>
</tr>
</tbody>
</table>
**Health Specifics**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have any allergies? (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is medication regularly taken? (Specify diet and condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a special diet required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any hearing, visual or dental conditions requiring special attention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any medical or developmental conditions requiring special attention?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Child's Healthcare Provider Information**

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Name/Group</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Primary Care Physician's Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's Dental Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agreements**

- I consent to emergency medical treatment for my child. □ Yes □ No
- My child is up to date with required immunizations. □ Yes □ No

**The above information regarding my child’s health is true and accurate. To the best of my knowledge, my child is free from contagious and communicable disease and is able to participate in this program.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>/</td>
</tr>
<tr>
<td>Printed Name</td>
<td></td>
</tr>
</tbody>
</table>

Email Address ________________________________________________________________

I, _________________________________, acknowledge that this checklist (parent/guardian)

will be reviewed daily before sending my child, _________________________________, (child’s full name)

to the YMCA Program. If any of the questions in the first section are responded with YES, exception of whether my child is enrolled in a program, I will not send him/her to the YMCA Program and will contact the Site Supervisor or Director.

Please retain a copy of the questionnaire for your required daily review.
YMCA Before & After School Program Guidelines & Procedures

Drop Off & Pick Up
• will take place at the curbside or entrance of the school building by calling the designated phone number:
  Thiells 845-499-9000
  West Haverstraw 845-596-2505
  Stony Point 845-596-5414
  Haverstraw 845-596-0701
  Willow Grove 845-596-0875
  Farley 845-596-3459
• upon arrival, a YMCA staff person will take your child’s temperature before they enter the building or at the start of the afterschool program
• a YMCA staff person will ask the parent/guardian health screening questions at drop off; parent/guardian will review health screening questions daily and inform YMCA staff if there are any discrepancies before sending to the after school program
• YMCA staff will undergo the same screening as listed above
• if a child or staff person is deemed ill, they will not be permitted to enter the building
• YMCA contact phone number will be used for drop off, pick up and emergencies only

Health & Safety
• is crucial to our childcare program care program
• the program will encourage social distancing as much as possible
• masks are required for staff and children at all times; the exception being stationary and 6 feet apart
• CPR/First Aid certified staff will be available onsite during our hours of operation
• an ill child or staff person will be sent home and this will be up to the discretion of the YMCA
• The areas of use will be disinfected before the start of the day and continually throughout the program hours
• We will be using EPA products specifically approved to fight COVID-19
• All YMCA staff and children will wash their hands: after entering the building, before eating, after blowing their nose or sneezing and after using the bathroom
• If soap and water are not readily available, such as outdoors, hand sanitizer with at least 60% alcohol will be available for use
• the program will omit tactile activities where children share products, such as playdough

Activities
• children will rotate through a daily schedule with groups in a 1:9 staff/child ratio
• areas of access will be specified classrooms, the cafeteria, the gymnasium and outdoor play areas
• indoor activities will include creative art, reading, gym activities that don’t encourage close contact, schoolwork assistance, group movement time
• outdoor activities will include soccer, kickball, nature walks, playground walks and chalk drawing

Personal Belongings
• children will be allowed to bring their chrome books, tablets and other PCs to this program
• all items should be labeled with a permanent marker or adhesive tape

Meals
• children and staff will wash hands thoroughly before and after all meals
• breakfast and lunch will be provided by the North Rockland School District
• an afternoon snack will be provided by the YMCA
• school personnel or YMCA staff will use gloves when dispersing food and all universal safety precautions will be followed
The programs and hours listed below are subject to change, based on the NRCSD reopening plans and enrollment of children.

REGISTRATION FEES—due upon receipt of application
Prior to September 1st—$135 Fee (includes $55 Processing Fee Per Child + $80 YMCA Membership. When registering siblings, only 1 child is required to obtain a Youth Membership.

*Due to Covid-19, we will be honoring the early registration rate through September 1st. Process fee after Sept 1st—$75

MONTHLY TUITION RATE
K through 3rd – held onsite at Thiells, Stony Point & West Haverstraw

<table>
<thead>
<tr>
<th></th>
<th>4-5 days</th>
<th>2-3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Care 7:00 AM-8:30 AM</td>
<td>$200</td>
<td>N/A</td>
</tr>
<tr>
<td>AM Care 8:30 AM-12:30 PM</td>
<td>$500</td>
<td>$330</td>
</tr>
<tr>
<td>PM Care 11:20 AM-3:30 PM</td>
<td>$500</td>
<td>$330</td>
</tr>
<tr>
<td>PM Care 11:20 AM-6:00 PM</td>
<td>$800</td>
<td>$400</td>
</tr>
<tr>
<td>PM Care 3:30 PM-6:00 PM</td>
<td>$330</td>
<td>$180</td>
</tr>
</tbody>
</table>

4th through 8th— held onsite at Haverstraw, Farley & Willow Grove

<table>
<thead>
<tr>
<th></th>
<th>4-5 days</th>
<th>2-3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day Care 8:00 AM-3:00 PM</td>
<td>N/A</td>
<td>$500</td>
</tr>
<tr>
<td>PM 2:45 PM-6:00 PM</td>
<td>$360</td>
<td>$180</td>
</tr>
</tbody>
</table>

DISCOUNTS

- There is a 10% sibling discount. The oldest child receives the discount.
- There is a 10% discount for the children of NRCSD employees. Please attach copy of NRCSD ID to verify employment.

YOU MAY REGISTER BY COMPLETING THE ATTACHED FORMS AND RETURNING THEM WITH PAYMENT TO:

FAX 845-643-3027
E-MAIL Northrocklandyoffice@ymail.com
MAIL NR YMCA Programs Office
41 Franck Road
Stony Point NY, 10980
TUITION CONTRACT

Child Name ________________________________________________________________

Child’s School ____________________________________________________________

Amount Due Per $_______ List Days Per Week_____________ Discounts___________

Please circle the applicable program:

4th-8th Grade

<table>
<thead>
<tr>
<th>Time</th>
<th>AM Care</th>
<th>PM Care AM</th>
<th>PM Care PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM-8:30 AM</td>
<td>$200</td>
<td>N/A</td>
<td>$330</td>
</tr>
<tr>
<td>8:30 AM-12:30 PM</td>
<td>$500</td>
<td>$500</td>
<td>$330</td>
</tr>
<tr>
<td>11:20 AM-3:30 PM</td>
<td>$500</td>
<td>$500</td>
<td>$330</td>
</tr>
<tr>
<td>11:20 AM-6:00 PM</td>
<td>$800</td>
<td>$800</td>
<td>$400</td>
</tr>
<tr>
<td>3:30 PM-6:00 PM</td>
<td>$330</td>
<td>$330</td>
<td>$180</td>
</tr>
</tbody>
</table>

K-3rd Grade

<table>
<thead>
<tr>
<th>Time</th>
<th>AM Care</th>
<th>PM Care AM</th>
<th>PM Care PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM-3:00 PM</td>
<td>N/A</td>
<td>$500</td>
<td>$180</td>
</tr>
<tr>
<td>2:45 PM-6:00 PM</td>
<td>$360</td>
<td>$360</td>
<td>$180</td>
</tr>
</tbody>
</table>

- Registration Fees, along with the First Month’s Tuition are due upon receipt— $55 per child and $80 youth membership for at least 1 child in the household. $75 per child after September 1st.
- Payments will be automatically deducted the 10th of the month PRIOR to care in 2020. Subject to change in 2021.
- Families where more than one party are responsible for payments may be required to complete two separate tuition contracts.

Please complete your Credit or Debit Card information below:

Circle One: VISA         MASTERCARD        AMERICAN EXPRESS       DISCOVER

Name as it appears on card__________________________________________________________

Credit/ Debit Card #_______________________________________________________________

Expiration Date______________________ CVC Code_______________________________

Billing Address_______________________________________________________________

Best Daytime Contact Phone Number_____________________________________________

Email Address_______________________________________________________________
ASSUMPTION OF RISK NOTICE

The Rockland County YMCA will offer YMCA Before School, After School or Full Day Programs for your child in person during the 2020–2021 school year.

The Rockland County YMCA will, at a minimum, follow the guidance issued by the New York State Office of Family & Children Services for providing these programs. We have included a copy of this guidance for your review along with your application. These include mandatory screenings for employees and recommended screening of child members through a parent or guardian, prohibition of any individual exhibiting symptoms into the campus, and facial coverings and other protective items for staff. Other safety measures may be put in place, depending upon various factors, such as location of the program, the profile of the members within the program, and personnel considerations.

Please understand that the YMCA’s priority is the health and safety of students and staff. Balancing that priority with in person services is a challenge for everyone. Please note that while all adults and children in the program(s) and building(s) shall be required to wear facial coverings at all times, it is not required of children when they are outdoors and 6 feet apart. Similarly, while the YMCA programs will strive for social distancing amongst individuals, this may prove to be practical for certain tasks and certain programs.

We want all parents/guardians to be aware that the YMCA will attempt to maximize all protections for children, but cannot guarantee it will succeed in implementing the protections. We ask your cooperation. If your child is complaining of not feeling well, has a fever or other symptoms, to please keep him or her home. If you can discuss with your child the importance of good hygiene, the need for facial coverings, etc., and your child can understand such dialogue, we encourage you to do so.

Ultimately, however, it is your choice to send your child to the YMCA programs. If you choose to do so, you are assuming the risks inherent to having your child exposed to individuals who may possibly be a carrier of the COVID-19 virus. As stated before, the YMCA will use its best effort to keep everyone safe and healthy; however, by this letter, the YMCA is notifying you that it cannot insure your child will not be exposed to the COVID-19 virus while in the YMCA Before School, After School or Full Day Program.

Please confirm you have read and understand this Notice by signing below.

Child’s Name__________________________________________________________

________________________

_______________________

[Signature of Parent or Guardian]