



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Welcome to the **Clay County YMCA School Age Child Care (SACC) Program!**

We are looking forward to another exciting school year and we hope that you will consider being part of the YMCA experience. The SACC program is based on the mission and the four core values of the YMCA. We are committed to helping instill in your child the values of Caring, Honesty, Respect, and Responsibility. Our qualified, experienced staff will provide a safe and caring environment where your child will make new friends, enjoy new experiences and have fun. Our program runs Monday through Friday from the end of the school day to 6pm. We offer a snack, homework time, arts and crafts, active games, outside time and much more!

Enclosed you will find all the information that you need in order to prepare your child and yourself for the SACC program. Please read over all of the information included in the packet. You can return page number 3 and 4 with the registration fee of \$5.00 per child to the Clay County YMCA at 225 East Kruzan Street, Brazil IN 47834. Please return page number 5 and 6 if you are opting to use a draft from checking, savings or a credit card for child care payments. If you have any questions or concerns, please feel free to contact us any time. Thank you for considering our services!

Sincerely,

Nicole Fry, Executive Branch Director  
Phone (812) 442-6761, fax (812) 446-0943  
Email: [nfry@ymcaswv.org](mailto:nfry@ymcaswv.org)  
Website: [www.claycountyyymca.org](http://www.claycountyyymca.org)



## SACC LOCATIONS!

### In Clay County

Forest Park Elementary:

Serving Eastside Elem, Forest Park Elem, Meridian Elem and North Clay MS

Jackson Township Elementary:

Serving Jackson Township Elementary and the Clay City shuttle bus

Staunton Elementary:

Serving Staunton Elementary and North Clay Middle School

**\* Please contact your transportation office about bus service from your school to our site.**

### In Putnam County

North Putnam Middle School:

Serving Roachdale, Bainbridge and North Putnam MS

Ridpath Primary:

Serving Deer Meadow, Ridpath, Tzouanakis (TZ) and Greencastle MS

**\* Please contact your transportation office about bus service from your school to our site.**

### Inside this packet

SACC Fees	2
Registration Form	3
Payments	4
EFT Agreement	5/6
Membership	7
Scholarship	7
Rules/Discipline	8

## General Information:

To register:

1. Complete the family registration form in its entirety (page #3).
2. Choose a payment option: Select either the part-time (1-2 days per wk) or the full time (3-5 days per wk).  
We ask that you pay for child care in advance. These are your options:
  - Pay by check or cash no later than Wednesday prior to each week of child care.
  - Pay by weekly EFT draft (checking, savings or credit card) on each Wednesday before each week of child care.
  - Monthly EFT draft (from checking, savings or credit card) on the 1st or 15th of Aug, Sept, Oct, Nov, Dec, Jan, Feb, March, April and May
  - Or pay the total balance due by the first day of each semester.
3. Complete the School Age Child Care Payment Agreement in its entirety (page #4). Pay the \$5 per child nonrefundable registration fee to save a spot for the school year. (Outstanding balances from other YMCA programs must be paid prior to SACC registration.)

## School Age Child Care Fees

### **Full time**

You can use the program 3 to 5 days per week.

#### Total Balance Due for each semester:

Members \$477.00 first child  
Members \$387.00 each additional child  
Nonmembers \$568.00 first child  
Nonmembers \$477.00 each additional child

#### Monthly Payment or Draft (5 times each semester):

Members \$97.00 first child  
Members \$79.00 each additional child  
Nonmembers \$115.00 first child  
Nonmembers \$97.00 each additional child

#### Weekly Fee: (this will be 18 payments each semester)

Members \$30.00 first child  
Members \$25.00 each additional child  
Nonmembers \$35.00 first child  
Nonmembers \$30.00 each additional child

### **Part-time**

You can use the program 1 or 2 days per week.

#### Total Balance Due for each semester:

Members \$297.00 first child  
Members \$261.00 each additional child  
Nonmembers \$387.00 first child  
Nonmembers \$297.00 each additional child

#### Monthly Payment of Draft (5 times each semester):

Members \$61.00 first child  
Members \$54.00 each additional child  
Nonmembers \$79.00 first child  
Nonmembers \$61.00 each additional child

#### Weekly Fee: (this will be 18 payments each semester)

Members \$19.00 first child  
Members \$17.00 each additional child  
Nonmembers \$24.00 first child  
Nonmembers \$19.00 each additional child

**\*If these options don't meet your family needs, please contact the YMCA.**

#### Payment notes:

- You are committing to child care at the above rates for the **Fall 2014 and Spring 2015** semesters. If your child care needs change due to relocation, job changes etc. **contact your site director to complete required paperwork or the charges will continue to accumulate.** If you fall behind on payments, your child may be removed from the program.
- Full pay or monthly pay options do provide a savings over the weekly pay option.
- With the weekly pay option, if you don't need care for a full week during the semester, you can notify us in writing by the Wednesday before that week and we can waive that week's fee. This allows us to adjust staff if needed.
- Please consider getting a membership for your child or family! Check out the Y Membership section on page 7.
- Scholarships are available for 50% or 75% of SACC fees. For details see the scholarship section on page 7.
- We do not participate in the CASY voucher program.

# 2014-15 SCHOOL AGE CHILD CARE REGISTRATION FORM

1st Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entering Grade \_\_\_\_ Sex \_\_\_\_  
2nd Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entering Grade \_\_\_\_ Sex \_\_\_\_  
3rd Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entering Grade \_\_\_\_ Sex \_\_\_\_  
4th Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Entering Grade \_\_\_\_ Sex \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Parent/Guardian E-mail Address \_\_\_\_\_

## **AUTHORIZED PICK UP AND EMERGENCY CONTACT INFORMATION**

Please list the names of those authorized to pick up your child/children or make an emergency decision in the event you cannot be reached. Our staff is instructed to never release your child/children to anyone not listed on this form. They may ask to see id. The onsite Camp Director must be informed of any special **custody issues** and documentation must be provided.

1. Name/Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
2. Name/Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
3. Name/Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
4. Name/Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**HEALTH HISTORY** Please complete. If you have more than 1 child on the registration form please include child's name with any check or explanation.

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Have or subject to (check if yes):  
\_\_\_\_\_ Asthma      \_\_\_\_\_ Fainting spells      \_\_\_\_\_ Convulsions  
\_\_\_\_\_ Heart Trouble      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Bleeding Disorders  
\_\_\_\_\_ Allergies      \_\_\_\_\_ Special Diet      \_\_\_\_\_ Medications

Explain any and all checks: \_\_\_\_\_

Have difficulty with (Check if yes):  
\_\_\_\_\_ Nose or Throat      \_\_\_\_\_ Eyes      \_\_\_\_\_ Lungs  
\_\_\_\_\_ Sleep Walking      \_\_\_\_\_ Ears      \_\_\_\_\_ Bed-wetting

Any condition now requiring regular medication? \_\_\_\_\_ Name of Medication \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_ Explain: \_\_\_\_\_

Are there any other special needs that we need to be aware of to care for your child? \_\_\_\_\_

## **PARENT AUTHORIZATION**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCAs of the Wabash Valley Inc or any YMCA employees liable. I give the YMCAs of the Wabash Valley Inc permission to use my child's photo or video image for promotional purposes.

\_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Registration Fee (\$5 per child): Date \_\_\_\_\_ Amount \_\_\_\_\_ Receipt Given Yes No Staff \_\_\_\_\_

# **School Age Child Care Payment Agreement**

**Please complete the following survey to indicate how you plan to make payment for your 2014 Fall/Spring 2015 School Age Child Care program fees:**

Name of Child(ren): \_\_\_\_\_

Name of Parent: \_\_\_\_\_

**Is your child a member of the YMCA of Clay County? Yes (Expiration date \_\_\_\_\_ ) No**

## **Fall 2014**

**Please choose the site your child(ren) will be attending:**

- \_\_\_\_\_ Forest Park Elementary SACC
- \_\_\_\_\_ Jackson Township Elementary SACC
- \_\_\_\_\_ North Putnam SACC
- \_\_\_\_\_ Ridpath Primary SACC
- \_\_\_\_\_ Staunton Elementary SACC

**Please choose how you plan to utilize the SACC services:**

- \_\_\_\_\_ Full time (3-5 days per week)
- \_\_\_\_\_ Part time (1 or 2 days a week)

**Please choose how frequently you will be making payment:**

- \_\_\_\_\_ Weekly (Due on Wednesday prior to each week of child care)
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ One Time Full payment (By the first day of school)

**Please choose your method of payment:**

- \_\_\_\_\_ Check or cash at the SACC site or the Clay County Y
- \_\_\_\_\_ EFT draft from Checking
- \_\_\_\_\_ EFT draft from Savings
- \_\_\_\_\_ Charge to your Credit Card

## **Spring 2015**

**Please choose the site your child(ren) will be attending:**

- \_\_\_\_\_ Forest Park Elementary SACC
- \_\_\_\_\_ Jackson Township Elementary SACC
- \_\_\_\_\_ North Putnam SACC
- \_\_\_\_\_ Ridpath Primary SACC
- \_\_\_\_\_ Staunton Elementary SACC

**Please choose how you plan to utilize the SACC services:**

- \_\_\_\_\_ Full time (3-5 days per week)
- \_\_\_\_\_ Part time (1 or 2 days a week)

**Please choose how frequently you will be making payment:**

- \_\_\_\_\_ Weekly (Due on Wednesday prior to each week of child care)
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ One Time Full payment (By the first day of school)

**Please choose your method of payment:**

- \_\_\_\_\_ Check or cash at the SACC site or the Clay County Y
- \_\_\_\_\_ EFT draft from Checking
- \_\_\_\_\_ EFT draft from Savings
- \_\_\_\_\_ Charge to your Credit Card

Please note that additional fees will be charged for part-time participants that attend more than 2 days per week.

Additional fees will also be assessed if checks, EFT drafts or credit card charges are returned due to insufficient funds, closed accounts, etc.

Please alert the Y staff if either parent is employed by the Clay Community Schools, Greencastle Community Schools or North Putnam Community Schools. There is a 50% discount for school employees.

I understand the payment policy and agree to adhere to the payment plan outlined above. I also understand that not adhering to this payment plan may result in my child(ren)'s removal from the YMCA School Age Child Care program.

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

## Fall School Age Child Care EFT Agreement

I (we) hereby authorize the YMCAs of the Wabash Valley Inc., hereinafter called the YMCA, to initiate debit entries to my (our)

Please circle one:      Checking Account\*                      Savings Account\*                      Credit card

From the following depository bank, hereinafter called the Depository, to debit the same such account.

Depository Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

OR: Credit card: MasterCard or Visa (Circle one) # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

I (We) request that the following amount be debited

Please circle one:    Eighteen Weekly payment on Fridays beginning \_\_\_\_\_ and ending \_\_\_\_\_

Five payments monthly on the 1st of August, September, October, November and December 2014

Five payments monthly on the 15th of August, September, October, November and December 2014

One payment on \_\_\_\_\_

Amount to debit \$ \_\_\_\_\_

I (we) authorize the YMCAs of the Wabash Valley Inc. to initiate debit entries to the account identified above and authorize the depository financial institution to post such entries to my (our) account. Adjusting entries to correct errors are also authorized. This authority is to remain in full force for the remainder of the SACC program OR until the YMCA receives written notice from me (or either of us) one week in advance of cancellation to afford reasonable opportunity for the YMCA to act on the request. I (we) understand that changes or cancellations cannot be made by telephone. I (we) understand that if funds are not available at the time of a scheduled withdrawal, funds will be collected electronically when available. It will be my responsibility to alert the YMCA of changes in my bank account or credit card information. A \$20.00 fee will be assessed for non-sufficient funds, closed accounts, stopped payments, etc. This fee will be collected by eCash Flow when funds are available in your checking or savings account. I (we) do not have any questions regarding this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* A voided check or savings withdrawal slip is required with all new bank draft applications.

## Spring School Age Child Care EFT Agreement

I (we) hereby authorize the YMCAs of the Wabash Valley Inc., hereinafter called the YMCA, to initiate debit entries to my (our)

Please circle one:      Checking Account\*                      Savings Account\*                      Credit card

From the following depository bank, hereinafter called the Depository, to debit the same such account.

Depository Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

OR: Credit card: MasterCard or Visa (Circle one) # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

I (We) request that the following amount be debited

Please circle one:    Eighteen Weekly payment on Fridays beginning \_\_\_\_\_ and ending \_\_\_\_\_

Five payments monthly on January 1, February 1, March 1, April 1 and May 1, 2015

Five payments monthly on January 15, February 15, March 15, April 15 and May 15, 2015

One payment on \_\_\_\_\_

Amount to debit \$ \_\_\_\_\_

I (we) authorize the YMCAs of the Wabash Valley Inc. to initiate debit entries to the account identified above and authorize the depository financial institution to post such entries to my (our) account. Adjusting entries to correct errors are also authorized. This authority is to remain in full force for the remainder of the SACC program OR until the YMCA receives written notice from me (or either of us) one week in advance of cancellation to afford reasonable opportunity for the YMCA to act on the request. I (we) understand that changes or cancellations cannot be made by telephone. I (we) understand that if funds are not available at the time of a scheduled withdrawal, funds will be collected electronically when available. It will be my responsibility to alert the YMCA of changes in my bank account or credit card information. A \$20.00 fee will be assessed for non-sufficient funds, closed accounts, stopped payments, etc. This fee will be collected by eCash Flow when funds are available in your checking or savings account. I (we) do not have any questions regarding this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* A voided check or savings withdrawal slip is required with all new bank draft applications.

# YMCA Membership Information 2014!

The YMCA does offer many different options for memberships! Member rates are subject to change January 1st, 2015.

**Youth memberships** are for kids ages 18 years and younger. A year long membership is \$120.00 per child plus a \$10 joiners fee. You can pay for this at one time or you can pay the \$10 joiners fee and then have \$10.00 a month drafted from a checking or savings account.

**1 Adult Plus Household memberships** Adult from 19 to 61 and any children living in the household under 19 or full time students related to the adult who are under 26. A year long membership is \$360.00 plus a \$20. You can pay for this at one time or you can pay the \$20 joiners fee and then have \$30.00 a month drafted from a checking or savings account.

**2 Adults Plus Household memberships** Two Adults from 19 to 61 and any children living in the household under 19 and/or full time students related to the adult who are under 26. A year long membership is \$432.00 plus a \$20 joiners fee. You can pay for this at one time or you can pay the \$20 joiners fee and then have \$36.00 a month drafted from a checking or savings account.

In order to receive the member rates for child care, the child has to be a member of the Clay County YMCA at the time of registration and throughout the time of participation in the program. If the child's membership expires during the program, the nonmember rates will immediately be applied.

If you sign up for membership after you register for SACC, please alert the site director at your SACC program so your child care fees can be adjusted.

## YMCA Financial Assistance Program

The Clay County YMCA does offer financial assistance for families that qualify.

- All families must apply for SACC financial assistance even if you have had SACC or Summer Day Camp, membership or sports assistance in the past.
- Applications can be requested from the YMCA Membership services desk, SACC sites, website or camp sites.
- Preference will be given to those families who have adults who are working or attending school.
- The completed Financial Assistance application and requested documentation of the family's household income must be submitted to the YMCA Director by **July 14th, 2014** for first consideration. The YMCA staff will copy documents for you if needed.
- Financial Assistance recipients will be notified by July 29th, 2013.
- Our assistance program provides for either a 50% or 75% reduction in the SACC fees. It will be the family's responsibility to arrange for regular payment of the remaining fees. When you are notified that you are granted assistance you will also be asked to submit the \$5 registration fee per Child and the first week's child care fees for your family as a way of indicating that you do plan to accept the financial assistance.
- Additional applications received after July 14th will be considered based on available funds.
- Financial Assistance is also available for memberships.
- See the Financial Assistance application for more details.
- If you have any questions, please contact us at (812) 442-6761.

# YMCA School Age Child Care Rules and Discipline Policy

## **YMCA Program Rules:**

1. Always be respectful to your counselors and other children.
2. Always ask for permission before leaving a counselor.
3. Keep your hands to yourself. Hands are for helping, not hurting.
4. Use words that are acceptable at school. Profane and vulgar language will not be tolerated.
5. Use an inside voice when inside and an outside voice at the playground.
6. Walk when inside to avoid accidents and injury.
7. Play nicely with others, fighting and wrestling causes injuries.
8. Hand things to others, throwing objects may hurt someone.
9. Stealing from the YMCA or damaging the camp site is unacceptable behavior.
10. Refusing to follow program rules, acting in an inappropriate manner, and endangering the health and safety of the SACC staff and children will not be tolerated.

**The Site Director will implement our progressive discipline policy whenever behavior expectations are not met.**

Rules are in place for the safety of everyone involved in the program. Disciplinary action will be taken when rules are not followed. When rules are broken, it will result in the following consequences:

- Immediate disciplinary action from Y staff will redirect the child's behavior by removing them from the environment which caused the behavior. Examples of the following immediate discipline actions will be taken: time out, appropriate time lost of group play, loss of toys, etc. Strong communication between Y staff and parents is the key to successful redirection. Please notify staff of ways we can stay consistent with home and classroom procedures.
- Parents will be notified in writing of their child's behavior.
- Behavior plans will be implemented when repeated negative behaviors are present and rules are broken.
- The YMCA reserves the right to suspend or expel any child who endangers themselves, other campers or program staff/volunteers.
- The YMCA reserves that right to suspend or expel any child who's behavior consistently disrupts the camp experience.

**If your child has a one-on-one aid during the school year, please let the Site Director know so we can make the most out of your child's experience at camp.**



# **Frequently Asked Questions**

## **What are the hours of the SACC (School Age Child Care) program?**

Our staff are on site from the time school lets out until 6pm.

## **What are your rates?**

We have full time (3-5 days a week) and part time (1-2 days a week) rates available which are mentioned earlier in the packet on page 2. We also have drop in rates of \$10 daily available as well as part time extra days for \$8 (member rate) or \$10 (non member rate).

## **Why would I purchase a membership if I don't plan on using the facility?**

An Annual Youth Membership can be purchased for \$130.00. Often times a family can save money by purchasing a Youth Membership and paying member rates over the course of a school year. We encourage you to do the math on your own and see if this works for your family.

## **What are the staff to child ratios?**

We provide 1 child care employee for no more than 10 children attending the program.

## **Can just anyone pick up my child?**

On page 3 of this packet we request that you provide us with authorized people who can pick up your child. We will check ID's with the registration form to verify identification of the person picking up children in our care. If there is an emergency and you need to add someone to the form you may do so in person or contacting the site director and giving verbal permission.

## **What if we cannot afford these rates?**

The YMCA provides financial assistance to families who qualify. We can provide up to 75% off of our rates.

## **What if we register and then do not need care for a few weeks?**

Families who register to pay weekly have the option of waiving weeks if they are not going to need our services. A request to waive fees form must be filled out the Wednesday prior to the week of absence and submitted to the site director in order for the fees to be waived. Families who pay for the semester in full or monthly do not have this option.

## **What about school breaks, will the Y provide care?**

We will investigate the option of providing care during breaks such as Christmas and Spring Break. If there are enough families to support the program, available staff and an appropriate location will offer care.

## **What about snow day's or when school is canceled?**

In the event school is dismissed early due to weather related circumstances the YMCA Afterschool program will be closed. If school is canceled due to weather, the Y will not be providing care for families. We encourage you to make your backup plans now so you are prepared in advance.

# Clay County YMCA

225 East Kruzan Street  
Brazil IN 47834



@ClayCountyY

---

## Goals and Objectives

The purpose of the Clay County YMCA School Age Child Care Program is to provide quality care in a safe and supportive environment that encourages the physical, emotional, intellectual and social growth of the children, while supporting and strengthening families. The SACC Program promotes the character values of Caring, Honesty, Respect, and Responsibility. The program will meet the needs of children at the different stages of development by creating an environment that is structured, but encourages independence, cooperation and self-control among the children who participate. The daily schedule is structured so that it allows a wide range of developmentally appropriate activity, balances active and quiet times, and provides opportunities for children to pursue particular interests and develop individual abilities. Children are encouraged to participate in the daily operation of the program, especially in formulating behavioral expectations. We believe that the success of our program lies in the quality of our staff. Our staff members are selected based on experience, education, character, talents and interpersonal skills. The YMCA SACC Program is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status, or sexual orientation. All information in your child's record is privileged and confidential and cannot be released without your written consent. We have established rules that are designed to protect the children from any type of child abuse. Children are not to leave a group without first informing a counselor and then taking a buddy with them. Counselors are not to be alone with only one child. If we are off site, a counselor will check the area and then stand in the door way until the children are finished in the restroom. We will discuss safety issues like strangers, fires, tornados, good touch and bad touch, etc. Parents are welcomed to visit the program at any time. Volunteers are screened prior to being involved with our program. We welcome questions, concerns and feedback by phone (812) 442-6761 or email [nfry@ymcaswv.org](mailto:nfry@ymcaswv.org)

---