



# YMCA of Saratoga

## Babysitting PARENT INFORMATION

### HOURS OF OPERATION (BASED ON PRE-REGISTRATION)

All morning reservations and cancellations must be made the night before by 7:30 pm.

All evening reservations and cancellations must be made by 12pm the day of your reservation.

BABYSITTING IS LIMITED TO TWO HOUR CONSECUTIVE BLOCKS. CHILDREN MUST BE REMOVED FROM THE ROOM FOR AT LEAST ONE HOUR BEFORE THEY CAN RETURN.

**Reservations at the Saratoga Springs Branch should be made at the reservation boards. Reservations can be made by calling the phone numbers listed below for the Malta and Wilton Branches during hours of operation.**

**Saratoga Springs Branch**  
**583-9622 \*124**

**Mon.-Fri.-8:45am-2:00pm**  
**4:00pm-7:30pm**  
**Sat.-Sun.-8:45am-12:30 pm**

**\*Hours subject to change**

**Ages-(8wks- 10 yrs.)**

**Wilton Branch**  
**587-3000 \*157**

**Mon. & Wed. –**  
**9:00am-3:00pm**  
**5:00pm-8:00pm**  
**Tues., Thurs. & Fri. –**  
**9:00am-2:00pm**  
**5:00pm-8:00pm**  
**Saturday-9:00am-12:00pm**

**\*Hours subject to change**

**Ages (8wks.-11yrs.)**

**Malta Branch**  
**583-9623**

**Mon.-Fri. - 8:30am-12:00pm**  
**4:30pm-8:00pm**  
**Saturday- 8:00-12:00pm**

**\*Hours subject to change**

**Ages-(8wks.-11yrs.)**

**#Policies may differ slightly from branch to branch. Be sure to verify with Babysitting Staff.**



## **YMCA MISSION STATEMENT**

The mission of the YMCA of Saratoga is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA welcomes men, women, and children of all ages, incomes, abilities, races and religions.

## **PHILOSOPHY**

The purpose of the YMCA of Saratoga Babysitting program is to provide quality care in a safe and supportive environment, which fosters the physical, emotional, and social growth of children, while supporting and strengthening families.

## **PARENT HANDBOOK**

The purpose of the YMCA of Saratoga Babysitting parent handbook is to provide parents/guardians with information on our Babysitting services. This handbook does not in anyway, constitute a contract between the parent, guardian or other responsible persons and the YMCA relating to Babysitting services

Thank you, for registering your child for the YMCA of Saratoga Babysitting Program. We are happy to provide this service. Our goal is to provide your child with a fun and safe environment filled with activity while you enjoy the facility.

Your support is needed to help make babysitting a positive and safe experience for both you and your child. The following information will ease your child's transition into the Babysitting Room.

For questions or comments regarding the program please call babysitting.

**Parents must scan membership card at front desk.**

## **Registration & Orientation**

A **Registration Form** and **Medical Authorization** are to be filled out for each child; the required forms are available at the Babysitting Room. To complete the form you will need the information from your child's immunization record including tetanus and medical insurance coverage information; prior to your child attending the program. We will review the completed forms, answer any questions you have and explain the reservation procedure.

A copy of your child's immunization report must accompany his/her registration form.

### **Communication**

Staff will communicate directly with the parents, reporting the activities in which your child engaged, any bumps, falls, or crying episodes and basic information about your child's interactions with others in the room. If an emergency arises, a child becomes ill or is having difficulty adjusting while in the program, the staff will page for the parent to return to Babysitting.

### **Safety**

A name label will be placed on your child when they enter Babysitting and should be removed as they leave the room. Also, for additional security reasons, parents will receive a numbered wristband that they will need to wear. The corresponding number will be written on the child's name label. When picking up your child, the number on the wristband will be matched up. Please return the bracelet when you pick up your child.

Aggressive behavior is not accepted. Parent/Guardians will be informed of the "incidents" of behavior. Staff will work with the parents and child to prevent further incidents. Repeated and/or patterned aggressive behavior will result in your child being unable to join us in the Babysitting Room.

Please label everything that comes into the Babysitting Room with your child's name. This includes diaper bags, cups, bottles, toys, etc.

### **Snack Policy**

Due to the high number of food allergies and in order to provide the best care while your child is in the Babysitting Room, parents are not allowed to bring snacks for the children to eat while in the Babysitting Room. Parents can bring in drinks for their children, in a labeled cup or juice box. Please be sure the juice was not made in a place with nut products since it is a nut free environment. This is a safety precaution that we feel we need to take in order to make sure all our children are in the safest environment while they are in our care. We appreciate your cooperation and understanding with this policy.

### **Health**

For health reasons we are not permitted to administer medication. If your child is ill with a communicable illness, diarrhea, cold, or fever, please keep him/her at home.

If your child develops a communicable illness, it is important to notify the Babysitting staff immediately so we can notify other parents. Please remember to call and cancel your reservation if this should occur.

We do change diapers. Have your child arrive in a clean diaper. You will need to supply your own diapers, wipes and a change of clothes if you think it will be necessary.

### **Reservation Procedure**

Advance reservations are strongly encouraged for visits to the Babysitting Room. Reservations can be made in advance. Reservations are first come first serve. This is a 2 hour service. Children must be removed from the room for at least one hour before they can return.

To best accommodate all members, parent/guardian promptness is important when dropping off and picking up your child. **Reservations will be given away 20 minutes after you fail to appear for your scheduled reservation start time.**

Staff will ask each of you to legibly sign your child in and out each day. Please fill in your child's name, and time of arrival. When picking up your child please sign out with your full name and time. **This is for the safety of your child and is very important!** Please be sure to do so each time you are here.

When making reservations please be careful to fill in all columns, especially your phone number. If we need to cancel we must have your phone number to notify you.

### **Cancellation Procedure**

**There is limited availability per ½ hour time space.** It is very important that you let us know if you cannot keep a reservation so that we may give your time space to another member.

If you do not cancel by the times listed, we will charge you for the time you had reserved. Any no-call/no-shows will automatically be charged to your YMCA account.

### **Payment**

Payment for babysitting services can be made in advance by purchasing a card at the front desk. We would prefer that all parents use this method. The fee is \$2.00/hour. Cards come in \$6.00, \$12.00, and \$24.00 amounts. Cards will be marked when the children are picked up. **Please allow only babysitting staff to mark your card.**

WE LOOK FORWARD TO WORKING WITH YOUR FAMILY  
TO CREATE A SAFE AND ENJOYABLE ENVIRONMENT FOR YOUR CHILDREN.

**YMCA OF SARATOGA BABYSITTING ENROLLMENT INFORMATION FORM**

Child's Name \_\_\_\_\_ Today's date: \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_/\_\_/\_\_ Male\_\_ Female\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Sibling's Names \_\_\_\_\_ Ages \_\_\_\_\_

Parent/Guardian#1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

**Note: Court orders are needed if a parent is denied access to a child**

**Medical (Please include a copy of your child's immunization records with the completed enrollment form)**

Medications child is presently taking \_\_\_\_\_

Allergies \_\_\_\_\_

In case of an allergic reaction, what action should be taken? \_\_\_\_\_

Date of Child's last Tetanus shot: \_\_/\_\_/\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Does your child have any disabilities?  Hearing  Speech  Vision  Seizures  other (please describe below)

Physical Handicaps \_\_\_\_\_

**EMERGENCY CONSENT TO RELEASE STATEMENT**

I give permission for my child to be released from the YMCA Babysitting program with the following people in the event of an emergency. I further understand that the people listed below must show identification for my child to be released. Parents/Guardians must remain on the premises or with a YMCA staff led program throughout the duration of your child's stay in Babysitting Room.

**EMERGENCY CONTACTS (If parents/guardians can not be reached)**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell/pager \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell/pager \_\_\_\_\_