



Cape Ann Y School Age Intake Packet Child Information Page

Program Enrollment: Fuller AS East Gloucester AS Rockport AS Rockport BS

Days Attending: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Pick Up Option: Early pick up (4:00pm) ___ Regular Pick up (6:00pm) ___

Child's Name: _____

Eye Color _____ Skin Color _____

Home Address: _____

Hair Color _____ Height _____

Telephone: _____

Sex _____ Weight _____

Date of Birth: _____

Primary Child Language: _____

Identifying Marks: _____

Primary Parent Language: _____

Childs School: _____

Childs Grade: _____

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

Home Phone # _____

Home Phone # _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Work # _____

Work # _____

Cell/Pager # _____

Cell/Pager # _____

Hours at work _____ to _____

Hours at work _____ to _____

Email Address _____

Email Address _____

Preferred Contact ___ cell ___ home ___ work ___ email ___

Preferred Contact ___ cell ___ home ___ work ___ email ___

The best time to reach me is _____

The best time to reach me is _____

Name of school your child will attend: _____

Grade: _____

Has your child been screened for developmental delays? Yes _____ No _____

Does your child have an Individual Education Plan (IEP) with school? Yes _____ No _____ (Provide copy)

I certify that documentation of physical examination and immunizations in accordance with public schools health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

X _____
Parent/Guardian Signature

X _____
Date

For Office Use Only: Date of Admission: _____

Age at Admission: _____



**First Aid and Emergency
Medical Care Consent/Release Form 102 CMR 7.09 (3)**

Child's Name _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone Number: _____

Child's Dentist: _____

*Chronic Health Conditions: _____

*Allergies: _____

*Special Diet: _____

*Medications at YMCA or Home: _____

*Any limitations or concerns: _____

Health Insurance Coverage: _____ Policy Number: _____

Subscribers Name: _____ Subscribers DOB: _____

*** If you completed any of these following areas, you must have your child's physician complete the Individual Health Plan prior to enrollment.**

Emergency Contacts/Consent to Release (to be contacted if parents cannot be reached)

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

X _____
Parent/Guardian Signature

X _____
Date



Individual Transportation Plan

Child's Name: _____

My child will arrive to the program by:

- Supervised walk
- Unsupervised walk to the YMCA program area (Rockport and East Gloucester)
- Gloucester Public School Bus (please check off Unsupervised walk as well)
- Parent drop off

On full day programs my child will arrive by:

- Parent drop off
- Other _____

During the school year and full day program my child will depart from the program by:

- Parent pick up
- Supervised walk (with : _____)

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

X _____
Parent/Guardian Signature

X _____
Date

Is there any additional information you would like us to be aware of? _____

Court order _____ Restraining Order _____

If you state, yes, please provide a legal copy of the documents.

X _____
Parent/Guardian Signature

X _____
Date



Individual Health Plan

Please list child's allergy/medical condition: _____

What are the symptoms your child experiences when he/she comes into contact with the allergen/is becoming ill?

What should the YMCA do immediately once they have been in contact with the allergen/if symptoms are observed?

If the YMCA is dispensing medication, what is the reason for the medication? _____

What consequences occur if the treatment/medication is not given? _____

What are the possible side effects from this medication? _____

What accommodations does the program need to make for this child? _____

X _____
Physician Signature

X _____
Date

X _____
Parent/Guardian Signature

X _____
Date



School Age Fee Schedule

Before School Rates		After School Rates		Early Pick Up-2 hour option	
	Fee		Fee		Fee
1	\$ 12.00	1	\$ 24.00	1	\$ 18.00
2	\$ 22.00	2	\$ 45.00	2	\$ 35.00
3	\$ 30.00	3	\$ 64.50	3	\$ 51.00
4	\$ 36.00	4	\$ 78.00	4	\$ 66.00
5	\$ 42.50	5	\$ 92.50	5	\$ 80.00

Please check which applies:

- Access _____ % Awarded (please provide copy of card)
- Supportive
- Basic
- Voucher
- Private

Note: Because EEC Sliding Fee Scale, Child Care Circuit Vouchers and ACCESS Consumers have full day programs calculated in their rates, consumers pay their predetermined weekly fee regardless of attendance. Weekly fees are reassessed every six months (voucher) or annually for basic/access or whenever there is a change in family size or income.

The YMCA will not deduct days missed from your fee. Your fee pays for direct operating costs, such as staff, snacks, materials and transportation. All of these must be available for your child. When you enroll, you are reserving the time, space, staffing, and provisions for your child whether the child attends or not.

- On holidays that the YMCA is closed, payment is not expected.
- We offer EPAY, an easy way to pay child care expenses that can be drafted directly from your checking, savings, or credit card accounts.
- **Families must choose from one of our two payment options.**
 - We offer weekly E-pay for your convenience and affordability.
 - Those who choose not to enroll in EPAY must forward tuition in advance to the YMCA of the North Shore, in the amount of one month's tuition.
- On early release days, holidays and teacher professional days where the YMCA is open, payment is expected for those who register. Should your child register and fail to attend, payment is still required. The cost to attend is \$40.00 for the full day program and \$30 for the early release day program, which includes admission fees to field trips or special events planned for the day.
- For those families on EEC sliding fee scale, your daily fee must be paid whether or not your child attends. Families on Child Care Circuit vouchers, will be charged your full day voucher rate when you enroll in full day programs. *For those on ACCESS, the percentage allotted will be discounted from the daily rate. Those on EEC slots, vouchers, and ACCESS must go through reassessment every six months.*
- **The YMCA requires a two- week written notification for any change in schedule or termination of services.**
- Those who wish to add additional services (i.e. extra days) to their regular schedule, tuition must be paid in full before such services are added.
- Vacation week's rates include admission fees and transportation fees to all field trips planned for the week. During school vacation weeks, enrollment is optional; therefore a payment of \$40.00 per day is expected only if your child registers. This policy does not apply for those who are in state funded slots.
- Financial Assistance is available to those who qualify. Applications are available at the front desk.
- There will be \$25.00 service fee on all returned checks. The YMCA reserves the right to ask parents to pay with money orders after two or more returned checks.

X
Parent/Guardian Signature

X
Date



Off site and field trip permission form
School age program 102 7.09 (3) (a)

Program Year: 2011-2012
Program: Circle Site Below

Fuller School Age Program

Fuller Elementary School
School House Rd.
Gloucester, MA

Rockport School Age Program

Rockport Elementary School
34 Jerden's Lane
Rockport, MA

East Gloucester School Age

East Gloucester Elementary School
8 Davis Street Extension
Gloucester, Ma

OFF-SITE AUTHORIZATION

Child's Name: _____

I, _____, give permission for my child to participate in all of the regularly scheduled activities, arriving and departing by program vehicle or contracted bus, and acknowledge that at time these activities may take place at the following off-site locations:

- Cape Ann YMCA, Middle St., Gloucester
- Gloucester Cinema, Essex Ave., Gloucester
- Chuck E. Cheese, Endicott St., Danvers
- Cape Ann Lanes, Gloucester Ave., Gloucester
- Roller Palace, Sohler Road, Beverly

X _____
Parent/Guardian Signature

X _____
Date

FIELD TRIP AUTHORIZATION

I, _____, give permission for my child to participate in organized, scheduled and advertised field trips away from the program site. I understand that the program will provide in writing a list of scheduled activities, time of departure and expected time of return.

X _____
Parent/Guardian Signature

X _____
Date

SWIMMING PERMISSION SLIP

I, _____, give my child, _____, permission to go swimming at the Cape Ann YMCA on early release days and full day programs. I understand that my son/daughter will be supervised by the child care staff, as well as a certified association life guard.

X _____
Parent/Guardian Signature

X _____
Date



Release Forms (cont)

HOMEWORK/GROUP ENRICHMENT

Do you expect your child to work on/complete homework while in the program? Yes _____ No _____

All activities for homework time have been chosen to promote a quiet and productive time for all our after school population. Children who don't have to work on their homework need to be non disruptive as to accommodate learning. The following are alternate materials that will be offered by the YMCA and/or similar materials may be brought in from home, subject to staff approval:

Silent Reading Crossword Puzzles Word Searches Puzzles Coloring

X _____
Parent/Guardian Signature

X _____
Date

PERMISSION TO LEAVE THE PROGRAM

I, _____, give my child, _____, permission to participate in the following activities:

Enrichment class Extra help with teacher Walk Home (Middle School Students Only) Other _____

Days Permitted: _____ Estimated Time to Return: _____

X _____
Parent/Guardian Signature

X _____
Date

MEDIA CONSENT/UNAUTHORIZED ACTIVITY FORM

I, _____, give my child, _____, permission to participate in the following activities:

Fundraising Publicity Media Interviews Photographs for Advertisements/Brochures
 Photographs for internal use only (hanging pictures on the wall, newsletters)

I understand that the activities listed above that are not related to child care will require a separate written consent from me.

X _____
Parent/Guardian Signature

X _____
Date



2011/2012 Cape Ann Y After school Intake Packet



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY