



Salem YMCA

2011-2012

# School Age Enrollment Sheet Child's Face Sheet/Enrollment Sheet

(Please circle your child's school)

Grade:

**Bates    Bentley    Bowditch    Carlton    Collins    Horace Mann    Saltonstall    Witchcraft**

Child's Name

Eye Color

Skin Color

Home Address

Hair Color

Height and Weight

Phone #

Gender

Date of Birth

Primary Child Language

Identifying Marks

Primary Parent Language

Nick Name

Additional information to be aware of?

## Parent/Guardian Information

Parent/Guardian Name

Parent/Guardian Name

Relationship to child

Relationship to child

Home Address

Home Address

Home #

Cell #

Home #

Cell #

Business Name:

Business Name:

Business Address:

Business Address:

Work #:                      Hours at work: \_\_\_\_\_ to \_\_\_\_\_

Work #:                      Hours at work: \_\_\_\_\_ to \_\_\_\_\_

Email

Email

Preferred Contact \_\_ cell \_\_ home \_\_ work \_\_ email

Preferred Contact \_\_ cell \_\_ home \_\_ work \_\_ email

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.**

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

\_\_\_\_\_  
Date



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# School Age Child Care, 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 #

Child's Dentist

\*Chronic Health Conditions

\*Allergies

\*Special Diet

\*Medications at YMCA or home

\*Any limitations or concerns

Health Insurance Coverage

Policy Number

Subscriber's Name

Subscriber's Date of Birth

\* 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

Home #

Work#

I give permission for my child to be released to this person(s)

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Signature

Date



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## Transportation Plan and Authorization

Child's Name

### My child will arrive at the program by:

- Unsupervised walk to the YMCA program area (Carlton & Bentley)
- YMCA Bus: Bates, Bowditch, Collins, Horace Mann, St. Joseph, Saltonstall, Witchcraft
- Parent drop off

### On full day programs my child will arrive by:

- Parent drop off
- YMCA van (by permission of case manager only)

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

- Parent pick up
- \*Unsupervised walk
- YMCA Van

\*Must have written permission from parent/guardian.

**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.**

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

\_\_\_\_\_  
Date



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# School Age Child Care Fee Schedule

- After School programs:**
- 5 days/\$95
  - 4 days/\$80
  - 3 days/\$63
  - 2 days/\$44
  - \$40.00 per day

- Payment Plan:**
- Access % Awarded (please provide copy of card)
  - Voucher
  - Income Eligible
  - Supportive
  - 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.**

My child will register for the following days: (minimum of two days required) Please note estimated arrival and departure time each day in the space provided below (please circle).

Monday	Tuesday	Wednesday	Thursday	Friday
Child's Name		School		

## Fee Policy:

- All payments are due the Friday prior to the week of services.
- The YMCA cannot deduct days missed from your weekly 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 expected. The daily rate is blended to take into account early release days, days open and closed days.
- On 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. For those families on EEC sliding fee scale, vouchers your daily fee must be paid whether or not your child attends. For those on ACCESS, the percentage allotted will be discounted from the daily rate.
- 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, but payment is expected. This policy does not include those with vouchers or Income Eligible slots.
- I understand that if I chose EPAY, all fees including those for full day programs will be taken from my account, unless I submit a separate check attached to the permission slip.
- If I fail to pay my weekly fee, I may be given a two week notice that will terminate my child care services. If there is a return on my payment from bank or credit card, I understand I will be charged a \$10 fee. Accounts more than two week behind may be sent to a collections agency.
- I have read and understand the YMCA's School Age fee schedule. I understand that payment for the program is due the Friday before services are rendered. If I fail to pay my weekly fee, I understand I may be given a two week notice and lose my child care services.

Parent/Guardian Signature

Date



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# Off Site and Field Trip Permission Form - School Age Program 102 7.09 (3) (a)

## Program Year 2011-2012:

Program: circle site below

**Salem YMCA**  
1 Sewall Street  
Salem, MA 01970  
**Grades 2-8**

**Salem YMCA Children's Museum**  
1 Sewall Street  
Salem, MA 01970  
**Grades K-1**

**Bentley School**  
25 Memorial Drive  
Salem, MA 01970  
**Offsite**

**Carlton School**  
10 Skerry Street  
Salem, MA 01970  
**Offsite**

## 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:

- |                              |                                |                |                           |
|------------------------------|--------------------------------|----------------|---------------------------|
| High Street Park             | Salem YMCA                     | Salem Commons  | Furlong Park              |
| Museum Place Cinema          | Wesley United Methodist Church | Roller Palace  | Lynch Park                |
| Essex Street Pedestrian Mall | Salem Public Library           | Downtown Salem | Harrison's Comic Bookshop |
| Peabody Essex Museum         |                                |                |                           |

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

\_\_\_\_\_  
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.

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

\_\_\_\_\_  
Date

## Swimming Permission Slip

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to go swimming at the Salem YMCA on his/her scheduled days. I understand that my son/daughter will be supervised by the child care staff, as well as, a certified association life guard.

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

\_\_\_\_\_  
Date



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# 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

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

\_\_\_\_\_  
Date

## For Middle School Students Only

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to sign him/herself out of the program and participate in the following activities:

- YMCA Fitness Center
- Open Gym
- Open Swim
- Walk Home

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

\_\_\_\_\_  
Date

## For School Age Children

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

- Enrichment Class
- Swim Lesson
- Extra help with teacher
- Other

Days Permitted: \_\_\_\_\_ Estimated Time to Return: \_\_\_\_\_

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

\_\_\_\_\_  
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.

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

\_\_\_\_\_  
Date



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## Release Forms (cont.)

### Topical Ointments

I, \_\_\_\_\_, give permission for YMCA educators to apply the following:

- Sunscreen       Insect Repellent       Anti Bacterial Hand Sanitizer

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

\_\_\_\_\_  
Date

### Tooth Brushing Policy

The YMCA of the North Shore, in accordance with the Department of Early Education (EEC), offers the opportunity for children to brush their teeth if they are in the program for more than four (4) hours. Parents/guardians are to read the following policy and complete the form below.

Parents/Guardians must complete the Tooth Brushing Policy form. The form will be placed in their child's file. Parents/Guardians may change the status of the form at anytime.

Parents/Guardians will receive a copy of the program's Tooth Brushing Procedures. These procedures will also be posted through out the program area.

Children may bring their own tooth brush and tooth paste if they so desire. The program will provide materials for tooth brushing when needed.

The program will not store personal tooth brushes or tooth paste.

Tooth Brushing in the Child Care Program will be conducted one time after lunch on Full Days and after snack on Early Release Days.

- Yes, I have read the policy and would like my child to brush his/her teeth at the YMCA
- No, I have read the policy and would NOT like my child to brush his/her teeth at the YMCA

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

\_\_\_\_\_  
Date



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## Release Forms (cont.)

### Parent Handbook Receipt

I have received and reviewed the YMCA of the North Shore – School Age Programs Parent Handbook. I understand I may visit the program at any time and agree to abide by the policies that have been established by the YMCA of the North Shore.

**These policies include:**

Attendance Policy

Late Pick Up Policy

Inclement Weather Policy

Health Care Policy

Medication/Administration Policy

Transportation

Child Guidance

Substance Abuse

Termination and Suspension

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Parent/Guardian Signature

---

Date



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# YMCA of the North Shore Child Care Program Electronic Payment (E-Pay) Authorization

## Electronic Payment (E-Pay) Authorization Agreement

I (we) hereby authorize the YMCA of the North Shore to initiate weekly recurring debit entries/credit card charges to the below referenced bank/credit card account. I (we) understand that the weekly debits/charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered. Should any preauthorized withdrawal not be honored by my (our) bank/credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount owed.

Child's Name: \_\_\_\_\_  
\_\_\_\_\_

Program Attending: \_\_\_\_\_  
\_\_\_\_\_

### Bank Account E-Payment

Checking Account     Savings Account

Bank Customer's Name \_\_\_\_\_

Bank Customer's Address \_\_\_\_\_

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

Bank Customer's Phone \_\_\_\_\_

Bank Customer's Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Transit # (nine digits) \_\_\_\_\_

Account # \_\_\_\_\_

\*Please attach a voided check – deposit slips not accepted

### Credit Card E-Payment

Credit/Debit Card Account    Exp. Date \_\_\_\_\_ CID # \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

Card Type     Mastercard     Visa     AmEx     Discover

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

Card Holder's Phone \_\_\_\_\_

Card Holder's Email \_\_\_\_\_

Credit Card Name \_\_\_\_\_

Account # \_\_\_\_\_

\*\*Visa, MasterCard & Discover: 3 digit security number on back of card  
\*\*American Express: 4 digit security number on front of card The YMCA reserves the right to extend the above credit card expiration date, upon its expiration.

- I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular weekly child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may, at its discretion, adjust the debits/charges according to the fees incurred.
- Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPANT DATA**  
**Household Income Limits as of June 1, 2011**

**Subgrantee Agency:** \_\_\_\_\_

All information provided will be kept confidential. This program is funded by the U.S. Dept. of Housing & Urban Development (HUD) through the City of Salem Dept. of Planning & Community Development (DPCD). The DPCD is required to ask the following questions annually in order to comply with federal regulations imposed by HUD. If you have any questions regarding this form, please contact the DPCD at 978-619-5685.

**Participant Name or Assigned#:** \_\_\_\_\_

**Ethnicity:** Hispanic or Latino: Yes \_\_\_\_\_ No: \_\_\_\_\_  
*\*Whether yes or no, you must still check one race category below!*

- Race:**  
*(Check one)*
- White
  - Black/African American
  - Asian
  - Native Hawaiian/Other Pacific Islander
  - American Indian or Alaskan Native
  - Multi Race:
    - American Indian/Alaskan Native & White
    - Asian & White
    - Black/African American & White
    - Am. Indian/Alaskan Native & Black/African Am.
    - Other Multi-Racial

**Household Size:** \_\_\_\_\_

**Household Gross Income (includes all income for household members 18+):** *(Check One)*

*Please provide proof of public assistance (i.e. welfare, SNAP, subsidized housing). If not receiving public assistance, please provide a copy of your most recent Federal Income Tax Return for all household members 18+ (if older than six months, please also attach copies of 8 weeks pay stubs for all household member 18+).*

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| ___ \$20,250 or less  | ___ \$38,151 – 38,550 | ___ \$59,751 – 63,600  |
| ___ \$20,251 – 23,150 | ___ \$38,551 – 43,350 | ___ \$63,601 – 64,200  |
| ___ \$23,151 – 26,050 | ___ \$43,351 – 44,950 | ___ \$64,201 – 69,350  |
| ___ \$26,051 – 28,900 | ___ \$44,951 – 48,150 | ___ \$69,351 – 74,500  |
| ___ \$28,901 – 31,250 | ___ \$48,151 – 51,400 | ___ \$74,501 – 79,650  |
| ___ \$31,251 – 33,550 | ___ \$51,401 – 52,050 | ___ \$79,651 -- 84,750 |
| ___ \$33,551 – 33,750 | ___ \$52,051 – 55,900 | ___ \$84,751 or over   |
| ___ \$33,751 – 35,850 | ___ \$55,901 – 57,800 |                        |
| ___ \$35,851 – 38,150 | ___ \$57,801 – 59,750 |                        |

In signing this form, I/we certify that all of the information provided is true and correct to the best of my/our knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I/we authorize the funding agency and/or the City of Salem to obtain verification from any source I/we provide.

*Name (printed)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*For agency use:* \_\_\_\_\_ *Intake Date:* \_\_\_\_\_  
*Based on household size and income, indicate income category:*

- Very Low Income   
  Low Income   
  Moderate Income   
  High  
 Verified by:   
  Public Assistance Documentation   
  Income Tax Return   
  Pay stubs

**DATOS DEL PARTICIPANTE**  
**Límite de ingresos por hogar a partir del 1ro de Junio del 2011**

**Agencia auxiliar de subsidio:** \_\_\_\_\_

Toda la información se mantendrá totalmente privada. Este programa está financiado por el Departamento de Viviendas y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés) a través del Departamento de Planificación y Desarrollo Comunitario de la Ciudad de Salem (DPCD, por sus siglas en inglés). Las regulaciones federales de HUD exigen que el DPCD haga las siguientes preguntas todos los años. Si usted tiene alguna pregunta respecto a este formulario, por favor llame al DPCD al teléfono número (978) 619-5685.

**Nombre del participante o número asignado:** \_\_\_\_\_

**Grupo Étnico:** ¿Hispano o Latino? Si: \_\_\_\_\_ No: \_\_\_\_\_  
*\*No importa si contesta si o no, ¡debe marcar la raza a que pertenece debajo!*

- Raza:** (Marque uno)
- Blanco
  - Negro/Afro Americano
  - Asiático
  - Hawaiano/De otras islas del Pacífico
  - Indio Americano o nativo de Alaska
- Razas mezcladas:
- Indio Americano/Nativo de Alaska & Blanco
  - Asiático & Blanco
  - Negro/Afro Americano & Blanco
  - Indio americano/nativo de Alaska & Negro/Afro americano.
  - Otras razas mezcladas

**¿Cuántos en el hogar?** \_\_\_\_\_

**Ingresos brutos del hogar (incluya el ingreso de cada miembro de su hogar mayor de 18):** (Marque uno)  
*Por favor suministre prueba de asistencia pública (Ej., welfare, SNAP, subsidio de vivienda). Si no recibe asistencia pública, por favor suministre una copia de la declaración de impuestos federales mas reciente de cada uno de los miembros de su hogar de 18 años o más. Si estos documentos tienen más de seis meses, por favor adjunte las copias del talonario de pago de las últimas 8 semanas de cada uno de los miembros de su hogar mayores de 18 años).*

___ \$20,250 or less	___ \$38,151 – 38,550	___ \$59,751 – 63,600
___ \$20,251 – 23,150	___ \$38,551 – 43,350	___ \$63,601 – 64,200
___ \$23,151 – 26,050	___ \$43,351 – 44,950	___ \$64,201 – 69,350
___ \$26,051 – 28,900	___ \$44,951 – 48,150	___ \$69,351 – 74,500
___ \$28,901 – 31,250	___ \$48,151 – 51,400	___ \$74,501 – 79,650
___ \$31,251 – 33,550	___ \$51,401 – 52,050	___ \$79,651 -- 84,750
___ \$33,551 – 33,750	___ \$52,051 – 55,900	___ \$84,751 or over
___ \$33,751 – 35,850	___ \$55,901 – 57,800	
___ \$35,851 – 38,150	___ \$57,801 – 59,750	

Al firmar este formulario, yo/nosotros certifico/certificamos que toda la información suministrada es verdadera y correcta de acuerdo a mi/nuestro mejor saber y entender y no se ha excluido ninguna información, lo cual podría razonablemente afectar la decisión en cuanto a reunir los requisitos favorables. Yo/nosotros autorizamos a la agencia de subsidio y/o a la ciudad de Salem para que obtengan verificación de cualquier información que he/hayamos suministrado.

Nombre (Imprima) \_\_\_\_\_ Firma \_\_\_\_\_ Fecha: \_\_\_\_\_

Para uso de la agencia Fecha de llegada: \_\_\_\_\_

Basado en el tamaño de la familia y los ingresos, indique la categoría de los ingresos:

- Ingresos muy bajos     
  Ingresos bajos     
  Ingresos moderados     
  Alto  
 Verificado con:     
  Documento de asistencia pública     
  Planilla de declaración de impuestos     
  Talonario de pago

# FY 2011 Income Limits Documentation System

## FY 2011 Income Limits Summary effective June 1, 2011

<u>Median Income</u>	FY 2011 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$96,500	<u>Extremely Low (30%) Income Limits</u>	\$20,250	\$23,150	\$26,050	<i>\$28,900</i>	\$31,250	\$33,550	\$35,850	\$38,150
	<u>Very Low (50%) Income Limits</u>	\$33,750	\$38,550	\$43,350	<i>\$48,150</i>	\$52,050	\$55,900	\$59,750	\$63,600
	<u>Low (80%) Income Limits</u>	\$44,950	\$51,400	\$57,800	<i>\$64,200</i>	\$69,350	\$74,500	\$79,650	\$84,750

NOTE: Salem city is part of the Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area. The Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area contains the following areas: ESSEX COUNTY, MA TOWNS OF Amesbury town, MA ; Beverly city, MA ; Danvers town, MA ; Essex town, MA ; Gloucester city, MA ; Hamilton town, MA ; Ipswich town, MA ; Lynn city, MA ; Lynnfield town, MA ; Manchester-by-the-Sea town, MA ; Marblehead town, MA ; Middleton town, MA ; Nahant town, MA ; Newbury town, MA ; Newburyport city, MA ; Peabody city, MA ; Rockport town, MA ; Rowley town, MA ; Salem city, MA ; Salisbury town, MA ; Saugus town, MA ; Swampscott town, MA ; Topsfield town, MA ; Wenham town, MA ;



# Individual Health Care Plan

Name of Child \_\_\_\_\_

Training of staff should be done by:  Child's Parent  Health Care Professional

This Health Care Plan includes additional information attached:  Yes  No

Medical Condition	Trigger	Symptoms (What Y Staff should watch for)	Treatment (Steps Y Staff should follow)	Side Effects of Treatment	Consequences if not Treated

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician Phone # Date

\_\_\_\_\_  
Signature of Parent/Guardian Phone # Date

\_\_\_\_\_  
Staff Trained Name (Print) Staff Trained Signature Date

**Valid for one year from date of signature**

**Rev. 5-17-2010**