



**SCHOOL AGE ENROLLMENT SHEET  
CHILD'S FACE SHEET/ENROLLMENT SHEET**

**Greater Beverly YMCA**

School's Out \_\_\_\_\_ Kindergarten Enrichment \_\_\_\_\_

Child's Name: \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 Identifying Marks \_\_\_\_\_  
 Allergies/Special Diets/Chronic Health Conditions/Special Limitations \_\_\_\_\_

**If there are no conditions, please indicate by writing "none".**

Child's Physician/Clinic \_\_\_\_\_ Address/Phone \_\_\_\_\_

**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 _____	Hours at work _____
Email Address _____	Email Address _____

**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 \_\_\_\_\_ (Please provide copy)

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

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

\_\_\_\_\_  
Date

**For Office Use Only: Date of Admission:** \_\_\_\_\_

**Age at Admission:** \_\_\_\_\_



**SCHOOL AGE CHILD CARE  
FIRST AID AND EMERGENCY  
MEDICAL CARE CONSENT FORM  
102 CMR 7.09 (3)**

**Greater Beverly YMCA**

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: \_\_\_\_\_

Child's Allergies: **(Please indicate if there are none)** \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Emergency Contacts (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 \_\_\_\_\_

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

\_\_\_\_\_  
Date





**BEVERLY YMCA  
SCHOOL AGE CHILD CARE  
FEE SCHEDULE**

**Greater Beverly YMCA**

**Registration Fee**

\$40.00 per year per child

<u>Before School Care</u>	<u>After School (including Wednesday)</u>	<u>After School (excluding Wednesday)</u>
AM 5 days/\$140.00/month	5 days/\$455.00/month	
AM 4 days/\$115.00/month	4 days/\$375.00/month	4 days/\$320.00/month
AM 3 days/\$90.00/month	3 days/\$295.00/month	3 days/\$243.00/month
AM 2 days/\$75.00/month	2 days/\$220.00/month	2 days/\$162.00/month
AM 1 day/\$40.00/month	1 day/\$165.00/month	1 day/\$85.00/month

**Kindergarten Enrichment (including Wednesday)**

5 days/\$380.00/month  
4 days/\$303.00/month  
3 days/\$212.00/month  
2 days/\$145.00/month  
1 day/\$80.00/month

**Kindergarten Enrichment (excluding Wednesday)**

4 days/\$320.00/month  
3 days/\$243.00/month  
2 days/\$162.00/month  
1 day/\$85.00/month

**Full day programs: (7:00 AM to 6:00 PM)**

\$46.00 per day

**Note: Because EEC Sliding Fee Scale and Child Care Circuit Vouchers have full day programs calculated in their rates, families will pay their predetermined weekly fee regardless of attendance. Weekly fees are reassessed every six months or whenever there is a change in family size or income. Families who receive ACCESS will take their allotted percentage off the program fee. (This includes full program days)**

My child will register for the following days:

Before School \_\_\_\_\_ After School \_\_\_\_\_ Kindergarten Enrichment \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Fee Policy: All payments are due one month prior to services rendered. You may set up EPAY to draft your tuition weekly.**

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. The cost to attend is \$46.00, which includes admission fees to field trips or special events planned for the day. **For those families on EEC sliding fee scale or 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.**
- I understand that if I choose to use YMCA EPAY option, all fees, including those for full day programs, will be taken from my account.
- 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 \$46.00 per day is expected **only if your child registers. This policy does not apply for those who are in state funded slots.**
- Failure to pay monthly tuition in a timely manner will result in termination of child care services.
- All outstanding accounts may go to a collection agency.

**I have read and understand the YMCA's School Age fee schedule. I understand that payment for the program is due one month before services are rendered. I understand that I will provide updated information on credit cards for those on EPAY. I further understand that I need to give the YMCA a two week written notice for any schedule changes and/or termination of care.**

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

\_\_\_\_\_  
Date



**TRANSPORTATION PLAN  
AND AUTHORIZATION  
[7.09 (3) and 7.12 (1)]**

**Greater Beverly YMCA**

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

**MY CHILD WILL ARRIVE AT THE PROGRAM BY:**

\_\_\_\_\_ Transfer Bus from Buker Elementary School and Culter School

\_\_\_\_\_ Supervised walk with School's Out staff Winthrop

**ON FULL DAY PROGRAMS MY CHILD WILL ARRIVE BY:**

\_\_\_\_\_ Parent drop off

**MY CHILD WILL DEPART FROM THE PROGRAM BY:**

\_\_\_\_\_ Parent pick up

\_\_\_\_\_ Unsupervised walk

\_\_\_\_\_ Supervised walk with: \_\_\_\_\_

**ON FULL DAY PROGRAMS MY CHILD WILL DEPART BY:**

\_\_\_\_\_ Parent pick up

\_\_\_\_\_ Other HOW: \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

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

Relationship to child: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**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 one year from signature.**

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

\_\_\_\_\_  
Date



**OFF SITE AND FIELD TRIP PERMISSION  
FORM – SCHOOL AGE PROGRAM  
102 7.09 (3) (a)**

**Greater Beverly YMCA**

**Program Year: 2009 to 2010**

Program: Circle School Below

Buker Elementary School  
1 School Street  
Wenham, MA 01984

Cutler Elementary School  
237 Asbury Street  
Hamilton, MA 01982

Winthrop School  
325 Bay Road  
Hamilton, MA 01982

**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:

- Cabot Street YMCA, 245 Cabot Street Beverly
- Sterling Center YMCA, 254 Essex Street, Beverly
- Douglas Stephens Teen Center, 254 Essex Street, Beverly
- Patton Park, Bay Road, Hamilton

\_\_\_\_\_  
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 Beverly 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

**HOMEWORK/GROUP ENRICHMENT CONTRACT**

Do you expect your child to work on/complete homework while in the program?

**Yes \_\_\_\_\_ No \_\_\_\_\_**

I want my child to participate in YMCA Group Enrichment

**Yes \_\_\_\_\_ No \_\_\_\_\_**

All activities for this portion of the children’s day 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 or who choose not to be involved in our YMCA after school group enrichment activities 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 from home, subject to staff approval.

- Silent Reading
- Books on Tape
- Crossword Puzzles
- Word Searches
- Puzzles
- Coloring

We, \_\_\_\_\_ and \_\_\_\_\_ have read and understand the alternatives and the above signed child will participate only in the approved activities. Children who are disruptive to the learning and activity process during homework and group activity time are subject to disciplinary review.

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

\_\_\_\_\_  
After School Participant Signature

\_\_\_\_\_  
Date



**BEVERLY YMCA  
SCHOOL AGE CHILD CARE  
SIGN OFF SHEETS**



**UNAUTHORIZED ACTIVITIES CONSENT FORM**

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

- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Publicity
- \_\_\_\_\_ Media Interviews
- \_\_\_\_\_ Photographs

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

**PARENT HANDBOOK RECEIPT**

I have received and reviewed the YMCA of the North Shore – School Age Programs Parent Handbook. I understand 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 and Administration Policy | Transportation             | Behavior Management      | Substance Abuse    |
| Homework/Group Activity              | Termination and Suspension |                          |                    |

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

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_, give permission to the Greater Beverly YMCA Staff, to speak to and/or exchange documents concerning  
(Parent/Guardian)

\_\_\_\_\_, with the following person/agency.  
(child)

Check all that apply:

- DCF Worker
- Therapist
- School Adjustment Counselor
- YMCA of the North Shore Case Manager
- School Teacher
- Principal
- Other: \_\_\_\_\_

I, \_\_\_\_\_, give permission to the Greater Beverly YMCA Staff, to receive copies of the following forms that  
(Parent/Guardian)

concern \_\_\_\_\_, from Hamilton and Wenham Public Schools.  
(child)

- |                                      |   |                         |
|--------------------------------------|---|-------------------------|
| School Transcripts                   | MCAS scores/ Copy of ISSP               | Current school schedule |
| Behavior/Social background behaviors | Income eligibility (free/reduced lunch) |                         |

The information obtained is to ensure the well-being of the child and will be held completely confidential.

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

\_\_\_\_\_  
Date

