



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

**Greater Beverly YMCA –  
School's Out**

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 –  
School's Out**

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 –  
School’s Out**

**Registration Fee**

\$40.00 per year per child

<u>After School (including Wed.)/month</u>	<u>After School (excluding Wed.)/month</u>	<u>Kindergarten Enrichment (including Wed.)/month</u>	<u>Kindergarten Enrichment (excluding Wed.)/month</u>
5 days / \$455.00		5 days / \$380.00	
4 days / \$375.00	4 days / \$320.00	4 days / \$303.00	4 days / \$320.00
3 days / \$295.00	3 days / \$243.00	3 days / \$212.00	3 days / \$243.00
2 days / \$220.00	2 days / \$162.00	2 days / \$145.00	2 days / \$162.00
1 day / \$165.00	1 day / \$85.00	1 day / \$80.00	1 day / \$85.00

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

\$48.00 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: (minimum of two days required)

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

Child’s Name \_\_\_\_\_ School: \_\_\_\_\_

**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 \$48.00, 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 \$48.00 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 –  
School’s Out**

Child’s Name: \_\_\_\_\_

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

- \_\_\_\_\_ Transfer School bus from Buker or Cutler to Winthrop and/or supervised walk with YMCA/School’s Out staff to program
- \_\_\_\_\_ Public School Bus

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

- \_\_\_\_\_ Parent pick up
- \_\_\_\_\_ Supervised walk with: \_\_\_\_\_

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

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

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

- \_\_\_\_\_ Parent pick up
- \_\_\_\_\_ Supervised walk with: \_\_\_\_\_

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/FIELD TRIP AUTHORIZATION  
FORM – SCHOOL AGE PROGRAM  
102 7.09 (3) (a)**

**Greater Beverly YMCA –  
School's Out**

**OFF-SITE AUTHORIZATION**

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, South 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

**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 Beverly 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

TOOTHBRUSHING POLICY

The Greater Beverly Afterschool Program, 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.

1. 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.
2. Parents/Guardians will receive a copy of the program’s **Tooth Brushing Procedures**. These procedures will also be posted through out the program area.
3. The program will not store personal tooth brushes or tooth paste.
4. Tooth Brushing in the Afterschool Program will be conducted **one time** after lunch on Full Days and after snack on Half Days.

YES I have read the Policy above and I **DO** give my child permission to brush their teeth at the GBY Afterschool Program.

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

\_\_\_\_\_  
Date

NO I have read the Policy above and I **DO NOT** give my child permission to brush their teeth at the GBY Afterschool Program.

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

\_\_\_\_\_  
Date



**INDIVIDUAL HEALTH CARE PLAN**

**Greater Beverly YMCA –  
School's Out**

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

Training of staff should be done by:  child's parent       a health care professional

This Health Care Plan includes additional information attached       Yes       No

Medical condition: \_\_\_\_\_

Trigger: \_\_\_\_\_

Symptoms (What should the Y staff watch for?): \_\_\_\_\_

\_\_\_\_\_

Treatment (Steps the Y staff should follow): \_\_\_\_\_

\_\_\_\_\_

Side effects of treatment: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

Valid for one year from date of signature

Staff trained:(Print and sign name, print date) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

