



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

Baker _____ Cutler _____ Winthrop _____ 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)**

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**

Registration Fee

\$40.00 per year per child

School's Out

<u>Including Weds./monthly rate</u>	<u>excluding Weds.</u>
5 days / \$469.00	
4 days / \$386.00	4 days / \$330.00
3 days / \$304.00	3 days / \$250.00
2 days / \$227.00	2 days / \$167.00
1 day / \$170.00	1 day / \$88.00

Kindergarten Enrichment

<u>Including Weds./month rate</u>	<u>excluding Weds.</u>
5 days / \$391.00	
4 days / \$312.00	4 days / \$330.00
3 days / \$318.00	3 days / \$250.00
2 days / \$149.00	2 days / \$167.00
1 day / \$82.00	1 day / \$88.00

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)

School's Out _____ 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 and materials. 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.
- 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)]**

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- _____ Transfer bus from Buker or Culter to Winthrop School and/or supervised walk with School's Out staff to program
- _____ Public School bus

ON FULL DAY PROGRAMS MY CHILD WILL ARRIVE BY:

- _____ Parent drop off
- _____ Supervised walk with: _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

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

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

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
Winthrop School, 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



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

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.

I understand that I will sign an additional permission slip prior to my child swimming with all session dates listed.

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 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



**BEVERLY YMCA
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 throughout the program area.
3. The program will not store personal tooth brushes or tooth paste. All toothbrushes are disposable.
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

Name of Child: _____

Training of staff should be done by: child's parent/guardian 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)_____
