



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

Cape Ann YMCA 2010-2011

Please circle your child's school

Beeman East Gloucester Plum Cove Veteran's Memorial West Parish O'Maley Rockport

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: _____

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: _____



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

Cape Ann YMCA 2010-2011

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



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 CHILD CARE
FEE SCHEDULE**

Cape Ann YMCA 2010-2011

Afterschool Afterschool until 3:30 Before School (Rockport only)

1 day per week	\$22.00	\$16.00	\$10.00
2 days per week	\$42.00	\$30.00	\$18.00
3 days per week	\$63.00	\$45.00	\$27.00
4 days per week	\$74.00	\$56.00	\$32.00
5 days per week	\$87.00	\$65.00	\$38.00

	<u>Member of After School</u>	<u>Y member</u>	<u>Non-member</u>
Vacation Day/Holiday Program	\$40.00	\$50.00	\$65.00
Early Release Day	\$30.00	\$40.00	\$55.00

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.

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.

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 fess 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.

X _____
Parent/Guardian Signature

X _____
Date



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

Cape Ann YMCA 2010-2011

Program Year: 2010 - 2011
Program: Circle Site Below

Gloucester School Age Program
Fuller School
School House Rd.
Gloucester, MA

Rockport School Age Program
Rockport Elementary School
34 Jerden's Lane
Rockport, 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, Sohier 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



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



TOPICAL OINTMENTS

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

- Sunscreen
- Insect Repellent

X _____

Parent/Guardian Signature

X _____

Date

TOOTH BRUSHING POLICY

The Cape Ann YMCA, 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.

Any child in the program longer than four hours or who consumes a meal at the center will brush his or her teeth assisted and/or supervised by a staff person. Tooth brushing will be done with all children unless a parent notifies us in writing that they do not want their child to brush at the program.

- Children will be given a disposable "Wisp" toothbrush
- Children will be encouraged to spend two minutes brushing teeth, tongue, and gums.

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

X _____

Parent/Guardian Signature

X _____

Date

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 |
| Behavior Management | Substance Abuse | Termination and Suspension |

X _____

Parent/Guardian Signature

X _____

Date

