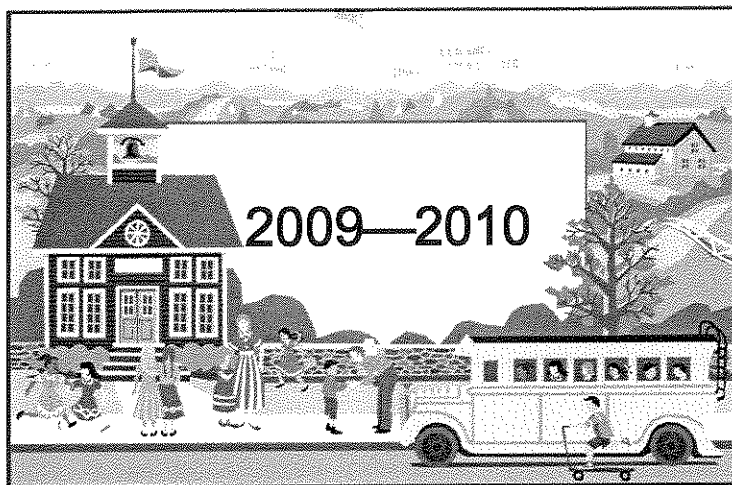


Intake Packet

Cape Ann YMCA

Before and After School Programs



YSCHOOL AGE™

We build strong kids, strong families, strong communities.



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

Cape Ann YMCA

Gloucester Before School _____ Gloucester After School _____ Rockport Before School _____ Rockport After School _____
 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".

Parent/Guardian Name _____
 Relationship to child _____
 Home Address _____
 Home Phone # _____
 Business Name _____
 Business Address _____
 Work # _____
 Cell # _____
 Hours at work _____
 Email Address _____

Parent/Guardian Name _____
 Relationship to child _____
 Home Address _____
 Home Phone # _____
 Business Name _____
 Business Address _____
 Work # _____
 Cell # _____
 Hours at work _____
 Email Address _____

Name of school your child will (or does) 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)**

Cape Ann 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



**CAPE ANN YMCA
SCHOOL AGE CHILD CARE
FEE SCHEDULE**



	<u>Afterschool only</u>	<u>Gloucester (until 3:30pm)</u>	<u>Before School</u>
1 day per week	\$22.00	\$16.00	\$9.00
2 days per week	\$42.00	\$30.00	\$18.00
3 days per week	\$60.00	\$45.00	\$25.00
4 days per week	\$70.00	\$56.00	\$30.00
5 days per week	\$85.00	\$65.00	\$35.00

	<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

Note: Because DEEC 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. 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:

After School until 6:00 PM:_____ After School until 3:30 PM (Gloucester Only):_____ Before School:_____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Child's Name _____ Rockport or Gloucester Program _____

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 not 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 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 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)]**

Cape Ann YMCA

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- _____ Supervised walk, by whom _____
- _____ Unsupervised walk
- _____ Gloucester Public School Bus (Please check Unsupervised walk as well)
- _____ Parent Drop Off
- _____ Other, please be specific _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- _____ Parent pick up
- _____ Unsupervised walk (For After School Participants please discuss specifics with Program Director)
- _____ Gloucester Public School Bus (Before School Program only)
- _____ Other, please be specific _____

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)**



Program Year: 2009 - 2010

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 contracted bus, and acknowledge that at times 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

Parent/Guardian Signature

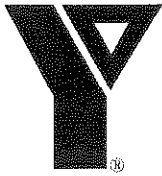
Date

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 Cape Ann YMCA on some early release and full day program days. I understand that my son/daughter will be supervised by the child care staff as well as a certified association life guard.

Parent Signature

Date

HOMEWORK/GROUP ENRICHMENT CONTRACT

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

I have read and understand the alternatives and my 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

Date



CAPE ANN 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

Name of Child: _____

I, _____, give permission to the Cape Ann YMCA Staff, to speak to and/or exchange documents with the following person/agency in regards to my child, _____.

Check all that apply:

- DSS Worker Therapist School Adjustment Counselor
- School Teacher Principal Other: _____

I, _____, give permission to the Cape Ann YMCA Staff, to receive copies of the following forms that concern _____, from my child's school.

- 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.

Signature of Parent/Guardian

Date

Allergy/Medical Condition Information

Please list your child's allergy/medical condition: _____

What are the symptoms that your child experiences when he/she comes into contact with the allergen? _____

What should the YMCA do immediately once they have been in contact with the allergen? _____

If the YMCA is dispensing medication, what is the reason for the medication? _____

What are the possible side effects from this medication? _____

Signature of Parent/Guardian

Date



Cape Ann YMCA
71 Middle Street
Gloucester, MA 01930
978.283.0470
fax: 978.283.3114

**Greater Beverly
YMCA**
254 Essex Street
Beverly, MA 01915
978.927.6855
fax: 978.927.6530

Haverhill YMCA
81 Winter Street
Haverhill, MA 01830
978.374.0506
fax: 978.373.0710

**Ipswich Family
YMCA**
110 County Road
Ipswich, MA 01938
978.356.9622
fax: 978.356.0625

**Marblehead/
Swampscott YMCA**
94 Pleasant Street
Marblehead, MA 01945
781.631.0670
fax: 781.639.0190

Salem YMCA
One Sewall Street
Salem, MA 01970
978.744.0351
fax: 978.740.9168

**YMCA of the
North Shore**
245 Cabot Street
Beverly, MA 01915
978.922.0990
fax: 978.922.7602



United Way
Massachusetts Bay
Herrimack Valley
North Shore

Dear Parents,

Thank you for your interest in the Cape Ann YMCA's School Age Child Care Program. In an effort to help families with affordable payment options we are strongly encouraging all families to utilize the YMCA's E-Pay option for child care payments. The necessary form is attached to this letter. Parents not choosing the E-Pay option will be required to pay their child care fees 4 weeks in advance.

The YMCA's E-Pay option is a weekly deduction of your child care fees from either a checking account or a credit card. It's an easy way to manage tuition payments that is safe, reliable and convenient.

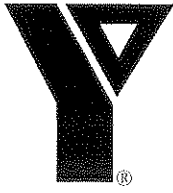
We are strongly encouraging families to use the YMCA's E-Pay option as an alternative to the advance payment requirement.

Please do not hesitate to contact me with any questions.

Sincerely,

Cheryl Smith

www.northshoreymca.org



**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 Savings

Bank Customer Name _____

Bank Customer Address _____

City _____ State _____ Zip _____

Bank Customer Phone _____

Bank Customer E-mail _____

Bank Name _____

Routing Transit Number (nine digits) _____

Account Number* _____

*Please attach a voided check – deposit slips not accepted

Credit Card E-Payment:

Visa MasterCard
 American Express Discover

Card Holder Name _____

Card Holder Address _____

City _____ State _____ Zip _____

Card Holder Phone _____

Card Holder E-mail _____

Credit Card Name _____

Account Number _____

_____/_____/_____ CVV Number**

**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 _____