

# HRYMCA SCHOOL AGE CHILD CARE ENROLLMENT FORM: 2018/2019

(Please print clearly and fill in ALL information)

Office use only:	
_____ Date	_____ Initial
_____ FA	_____ Voucher
_____ Entered into CCC	
_____ Entered into M.E.	
_____ Entered into Attendance	
_____ Copied for Site	
Membership #: _____	

## CHILD INFORMATION:

Child's Name:		Eye Color:	Hair Color:
Street Address:		Skin Color:	Height:
City/Zip:			
Telephone:		Sex:	Weight:
Date of Admission (Start Date):		Age:	Grade:
Date of Birth:		Primary Language:	
Allergies/Special Diets:			NONE
<b>**Please attach Individual Health Care Plan (Required by the EEC for students with Epi-Pens and/or Inhalers)**</b> <b>Children cannot start care until the <u>IHCP</u> and <u>properly labeled medications</u> are submitted to Director.</b>			
Medications:			NONE
Identifying Marks:			
School (circle one):	Bridge St.	Jackson St.	Ryan Rd

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
City/Zip	City/Zip
Home Telephone #:	Home Telephone #:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Hours at Work:	Hours at Work:
Cell #:	Cell #:
Email:	Email:

---

Name of HRYMCA Member:

Copies of any custody agreements, court orders, and restraining order pertaining to the child? YES NO

If yes, please attach.

**(\*\*Court custody documents must be submitted to deny release to a parent\*\*)**

---

**MEDICAL INFORMATION:**

**Physician/Clinic:**

---

Address:

Phone:

---

Hospital Preference:

---

**Dentist Name:**

---

Address:

Phone:

---

Individual Education Plan (IEP) or Special Needs Accommodation? YES NO

If yes, please attach

---

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 initials:* \_\_\_\_\_

Additional information we should know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

## Hampshire Regional YMCA School Year 2018/19 Registration

Student's Name \_\_\_\_\_

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

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Please check all of the days and times you plan to attend**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School 7-9					
Before School 8-9					
After School 3-6					

**School Year 2018-2019 Rates: (Monthly rates)**

**Payment Options: Please Choose**

		Two days (T/TH)	Three days (M/W/F)	Five days (M-F)
7:00am – 9:00am	Y Member	\$73	\$108	\$174
	Regular	\$84	\$127	\$201
8:00am – 9:00am	Y Member	\$36	\$55	\$84
	Regular	\$42	\$63	\$97
3:00pm – 6:00pm	Y Member	\$130	\$194	\$318
	Regular	\$152	\$224	\$366

\_\_\_ Bank Draft (Registration Fee Waived)  
Registration Fee - \$0

\_\_\_ Credit Card Draft (Registration Fee  
Registration Fee - \$0 (Waived)

\_\_\_ Monthly Bill –  
Registration Fee – See Below\*

\*If payment method changes from Bank Draft or Credit Card Draft you will be responsible to pay the Registration fee when paying your first month's fee.

We offer a 10% discount for a second child enrolled in the program

Please note that the enrollment process can take up to one week, please plan accordingly

Are you applying for Financial Aid? \_\_\_YES \_\_\_NO      Have a NEFWC Voucher? \_\_\_YES \_\_\_NO

We will process your enrollment when we receive a completed Enrollment Form along with the registration fee and the first month's payment.

Registration Fee \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Total Due \_\_\_\_\_

One time Registration Fees: \$35 Regular, \$30 Returning Family, \$25 Household Members, \$0 Financial Aid Recipients

**\*\*Registration Fee waived if you have automatic monthly Bank Draft or Credit Card Draft\*\***

**Be advised all payments are due by the 20th of the month for the following month's program. Payments made after the 25th will incur a \$10 late fee. If payment is not received before the 1st of the month your child will be suspended from the program until all payments are made.**

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

**\*\*In the event of an emergency, this form will go with your child to the hospital, please fill out completely and clearly!\*\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid and CPR to give my child first aid and/or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention 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 Allergies: \_\_\_\_\_

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

**Emergency Contacts *(Including parents/guardians, in order to be contacted):***

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes      No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes      No

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes      No

Health Insurance Coverage:	Policy #:
----------------------------	-----------

Parent(s) Name:	Phone(w)	Phone (h)
-----------------	----------	-----------

Parent(s) Name:	Phone(w)	Phone (h)
-----------------	----------	-----------

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

\_\_\_\_\_  
Date

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

**CHILD'S NAME:** \_\_\_\_\_

**Before School**

My child will arrive at the Before School Program by:

- \_\_\_ Parent/Guardian Drop off
- \_\_\_ Other (describe \_\_\_\_\_)

My child will depart the Before School Program by:

- \_\_\_ Released to school
- \_\_\_ School Bus
- \_\_\_ Other (describe \_\_\_\_\_)

**After School**

My child will arrive at the After School Program by:

- \_\_\_ Released from school
- \_\_\_ School Bus
- \_\_\_ Other (describe \_\_\_\_\_)

My child will depart the After School Program by:

- \_\_\_ Parent/Guardian Pick Up
- \_\_\_ Other (describe \_\_\_\_\_)

I give permission for my child to be released from the program as stated above.

*In addition to the Parent/Guardians listed on the front of the Enrollment Form, I give my permission to the following people to pick-up my child from the HRYMCA program:*

**1.Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**2.Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**3.Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**4.Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**I do not give permission for my child to be released to the following people:**

**\*\*Court custody documents must be submitted to deny release to a parent\*\***

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**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 for one program year from the date of signature.**

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

\_\_\_\_\_  
Date

This form only needs to be filled out if your child will be leaving the SACC program for any additional services or activities during Before & After School.

Program Year 2018-2019  
Consent for Child to Leave  
The HRYMCA School Age Child Care Program  
102 CMR 7.09 (3)(b)

Program's Name: HRYMCA Before and After School Care

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

\_\_\_\_\_

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to leave the program. This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_.

Activity/Location: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Leave/Return Time: \_\_\_\_\_

Restrictions: \_\_\_\_\_

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the attached contract.

I recognize that my child will not be supervised by staff while s/he is away from the program. I understand I am responsible for my child once s/he leaves the program.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# School Age Child Care Authorization Form

We require authorization for the following items. Please initial that you have read and understand these requirements.

1. \_\_\_\_ I understand that the payment is due in full by the 20<sup>th</sup> of the month for the following months program. A \$10 dollar late fee will be added to my bill after that date.
2. \_\_\_\_ I understand that the program closes at 6:00 pm and that a \$1.00 late fee per child will be charged to me each minute past the scheduled time, beginning at 6:01 pm. Any continued late pick-ups may necessitate termination from the program.
3. \_\_\_\_ I understand that I must give HRYMCA a two (2) week notice of my intent to withdraw my child from the HRYMCA School Age Child Care program, and that I will be responsible for paying for these weeks whether or not my child attends.
4. \_\_\_\_ I have received a copy of the HRYMCA Parent Handbook and I have read and agree to abide by all policies stated therein.
5. \_\_\_\_ I understand that I am responsible to provide a lunch for my child for all full and half day programs.
6. \_\_\_\_ I authorize staff in the School Age Child Care program who are trained in the basics of first aid to give my child first aid when appropriate.
7. \_\_\_\_ In the event of an emergency, I understand that every effort will be made to contact me if medical attention is required for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest hospital or medical care facility to secure necessary and appropriate treatment for my child.
8. \_\_\_\_ I understand that any transportations requests, other than specified in this enrollment package, must be stated in writing.
9. \_\_\_\_ If my child is scheduled to leave the program for any reason, I understand that it is my responsibility to notify the program in writing the specific activity the child will be involved in, the method of transportation or pick-up, whether the child will be returning to the program, and any additional restrictions of such a release. I recognize that my child may not be supervised by SACC staff while s/he is away from the program and that I am responsible for my child once s/he leaves the program.

**The following are optional: Please initial only those you choose:**

10. \_\_\_\_ I will allow the HRYMCA to use my child's pictures in any HRYMCA publicity, and I will allow my child to participate in media promotions.
11. \_\_\_\_ I will allow my child to be observed by student interns.
12. \_\_\_\_ I will allow my child to go on a walk accompanied by staff in the immediate area of their site.

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

Date: \_\_\_\_\_



Hampshire Regional YMCA  
286 Prospect Street  
Northampton, MA 01060  
Tel. No. (413)584-7086 Fax No. (413)586-1912

### SCHOOL AGE CHILDCARE WAIVER OF LIABILITY FORM

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

While it is the aim and responsibility of the Hampshire Regional YMCA to provide your child with a safe and enjoyable experience, you must realize that participation in the Hampshire Regional YMCA programs have some inherent risks. As a result, we require the signing of the release set forth.

I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the Hampshire Regional YMCA, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs, which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by the Hampshire Regional YMCA.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date