



Smith College Families,

Thank you for entrusting the Hampshire Regional YMCA in supporting your family during the Remote Learning period. Our staff are eager to support your children as they navigate this school year as “virtual learners”.

The purpose of this program is to give your children a safe space to engage in their online schooling, while being supervised by our qualified staff members. We are here to assist with technical difficulties, questions, and general support. Our staff want to support and supervise your child in the best way that we can. Thank you for allowing us to do so!

Care Options:

<u>7am-4pm</u> <i>Extended Care: 4pm-5:30pm</i>	<u>7:30am-4:30pm</u> <i>Extended Care: 4:30pm- 5:30pm</i>	<u>8am-5pm</u> <i>Extended Care: 7am- 8am</i>	<u>8:30am-5:30pm</u> <i>Extended Care: 7am-8:30am</i>
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Enrollment Packet:

Please fill out the **entire *Enrollment Packet: Charge Authorization Form and Google Enrollment Form***, fully and completely, to ensure your child is registered. Spots will not be secured unless all forms are submitted on time, and payment is processed. The required forms can be downloaded and signed, then brought to the HRYMCA Welcome Center, in person.

Charge Authorization Form:

Encompassed in our Enrollment Packet is the **Charge Authorization Form**, which has the option to authorize automatic weekly drafts, should you want to sign up for multiple weeks of care.

*****The Charge Authorization Form must be brought to the HRY in person, along with the first week's payment, in order to secure a spot in the program.***

Classroom Connections @ Smith College
HRYMCA School Age Child Care
Enrollment Packet

Payment Information

Payment for the first week of care ONLY, must be paid in full, at the HRYMCA Welcome Center, prior to your child attending the program.

Payment Options *(payment is due IN FULL each Friday, for the following week of care):*

1. **Charge Authorization Form:** authorization for automatic weekly payments via debit or credit.
2. **In-Person/Phone Payments:** This option requires you to call or visit the HRYMCA to make payment prior to each upcoming week. Cash, check, debit, and credit are accepted.

Registration

Please bring the following items to the HRYMCA, in order to properly register your child for the program:

- Charge Authorization Form
- Enrollment Form (and all Waivers)
- First Week's Payment, minimum

Kim Allore
Senior Program Director
kim.allore@hrymca.org
413-584-7086 x107

Mackenzie Sullivan
School Age Child Care Assistant Director
mackenzie.sullivan@hrymca.org
413-584-7086 x112

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7am-4pm

Extended Care: 4pm-5:30pm

7:30am-4:30pm

Extended Care: 4:30pm-5:30pm

8am-5pm

Extended Care: 7am-8am

8:30am-5:30pm

Extended Care: 7am-8:30am

October 2020

Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Fees
19	20	21	22	23	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$225/\$245)
WEEK 4					
26	27	28	29	30	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$225/\$245)
WEEK 5					

November 2020

Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Fees
2	3	4	5	6	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$225/\$245)
WEEK 6					
9	10	11 <i>NO CARE</i>	12	13	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$180/\$196)
WEEK 7					
16	17	18	19	20	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$225/\$245)
WEEK 8					
23	24	25 <i>NO PM CARE</i>	26 <i>NO CARE</i>	27 <i>NO CARE</i>	<input type="checkbox"/> Extended Care (\$50/\$60) <input type="checkbox"/> Full Day (\$90/\$98)
WEEK 9					

Classroom Connections @ Smith College
 HRYMCA School Age Child Care
 Enrollment Packet

Classroom Connections at Smith College: Charge Authorization Form

Students Name _____ Member / Non Member

Cardholder Information _____ please circle one

Name _____

Address _____

Card # _____ Exp date _____

Security Code on back: _____

I, _____, authorize Hampshire Regional YMCA to charge my credit/debit card for the amount and on the dates listed below for Classroom Connections fees.

Cardholder Signature _____

Wk	Dates of Service	Days of care	Weekly Notes	Payment due Friday prior to week of care	
				Amount	Charge Date
1	10/19-10/23	5 days			10/16/2020
2	10/26-10/30	5 days			10/23/2020
3	11/2-11/6	5 days	11/3: Election Day (Care Included)		10/30/2020
4	11/9-11/13	4 days	11/11: Veteran's Day (NO CARE)		11/6/2020
5	11/16-11/20	5 days			11/13/2020
6	11/23-11/25	2.5 days	11/25: Half Day, No PM Care 11/26 & 11/27: No School; No Care		11/20/2020

OFFICE USE ONLY

Date:

Received By:

Enrollment Form (Including Waivers)

Charge Authorization Form

Voucher # _____

Voucher Amount _____