



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Classroom Connections Pricing Information

Classroom Connections fees are on a weekly basis. Please see below for pricing and billing information.

FULLY REMOTE (Attends the Y 5 days/week)

	HRY Household Members:	Non-Members:
Before School Care (7am-9am)	\$25	\$30
Full Day (9am-3pm)	\$225	\$245
After School Care (3pm-5pm)	\$50	\$60
Bundle (Before, Full, After)	\$250	\$300

COHORT A (Attends the Y on Wednesday/Thursday/Friday)

	HRY Household Members:	Non-Members:
Before School Care (7am-9am)	\$15	\$18
Full Day (9am-3pm)	\$135	\$147
After School Care (3pm-5pm)	\$30	\$36

COHORT B (Attends the Y on Monday/Tuesday/Wednesday)

	HRY Household Members:	Non-Members:
Before School Care (7am-9am)	\$15	\$18
Full Day (9am-3pm)	\$135	\$147
After School Care (3pm-5pm)	\$30	\$36

Please note the following days, where care is not offered or additional registration is required:

November 25 th	Half Day (End of day @ 12pm)
November 26 th and 27 th	NO CARE (Thanksgiving Break)
December 24 th and 25 th	NO CARE (Holiday Break)
December 28 th - January 31 st	DAYS OUT (Separate Registration Required)
January 18 th	NO CARE
January 28 th	NO CARE

The Friday before the upcoming session, you will be automatically billed for the upcoming week. If you choose not to enroll in automatic billing, you must pay in-person prior to the upcoming week, or your spot will not be held.

We require a 2 week notice for cancellation, in order to stop the billing cycle properly.

YMCA cohorts will be determined based on students enrolling at the Y on similar days. Cohort A and Cohort B will be together on Wednesday, with no more than 13 students in a Cohort. Masks will be required at all times for both children and staff, with time and spacing for breaks throughout the day. The HRYMCA and Classroom Connections follow CDC, EEC, and local DPH COVID-19 guidelines.

Circle One: POD A

POD B

REMOTE

Office use only:	
<input type="checkbox"/> Date	<input type="checkbox"/> Initial
<input type="checkbox"/> FA	<input type="checkbox"/> Voucher
<input type="checkbox"/> Entered into CCC	
<input type="checkbox"/> Entered into M.E.	
<input type="checkbox"/> Entered into Attendance	
<input type="checkbox"/> Copied for Site	
Membership #: _____	

CLASSROOM CONNECTIONS

(Please print clearly and fill in ALL information)

Child's Name:	Gender:	Preferred Pronouns:
Street Address:	Age:	Grade:
City/Zip:		
Telephone:	Date of Birth:	
Email Address(es):		

Allergies/Special Diets: **NONE**

Medications: **NONE**

***Please attach Individual Health Care Plan (Required by EEC for students with Epi-Pens and/or Inhalers) **
Children cannot start care until the IHCP and properly labeled medications are submitted to Director.*

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
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:

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:

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:* _____

LEARNING SUPPORT INFORMATION

Additional information we should know about your child:

Does your child have a current IEP/504? YES NO (If yes, we need a copy on file)

Health Insurance Coverage:	Policy #:	
Parent(s) Name:	Phone(w)	Phone (h)
Parent(s) Name:	Phone(w)	Phone (h)

**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



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

Please initial the 6 items below and sign and date the bottom

School Age Child Care Authorization and Liability Waiver Form

Child: _____

Date of Birth: _____

____ 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.

____ I understand that I am responsible to provide a lunch for my child for all full and half day programs.

____ 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.

____ 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.

____ 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.

____ I will allow my child to go on a walk accompanied by staff in the immediate area of their site.

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.

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Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



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HRYMCA – Classroom Connections Charge Authorization Form

Students Name _____ Member / Non Member

Cardholder Information

please circle one

Name _____

Address _____

Card # _____ Exp date _____

Security Code: _____

I _____ authorize Hampshire Regional YMCA to charge my credit/debit

card for the upcoming session week. I understand I must provide 2 weeks' notice for cancellation.

Cardholder Signature _____