



HRYMCA SCHOOL AGED CHILD CARE ENROLLMENT FORM: 2024/2025

(Please print clearly and fill in ALL information)

Office use only:	
_____ Date _____	Initial
_____ FA _____	Voucher
_____ Entered into ME	
_____ Registered in CORE	
_____ Copied for Site	
Member	Non-Member

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Grade: _____

Child's Home Address(es): _____

Home Phone Number: _____ Primary Language: _____

Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Gender: _____ Height: _____ Weight: _____ Pronouns: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to Child:	Relationship to Child:
Home Address:	Home Address:
Cellphone Number:	Cellphone Number:
Email:	Email:
Place of Work:	Place of Work:
Address:	Address:
Phone Number:	Phone Number:

NAME OF YMCA MEMBER: _____

SCHOOL (PLEASE SELECT ONE): Bridge Street Jackson Street Ryan Road

HEALTHCARE INFORMATION

Child's Physician: _____

Address: _____ Phone Number: _____

Hospital Preference: _____

Dentist Name: _____

Address: _____ Phone Number: _____

Allergies/Conditions: _____

If an allergy and/or chronic medical condition exists, please fill out the Individual Healthcare Plan attached.

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

Dietary notes: _____

Special limitations or concerns: _____

Individual Education Plan (IEP)? _____ (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.

Initial here: _____

I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid 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 secure necessary medical treatment.

Initial here: _____

Child's Name: _____

**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.

ADDITIONAL EMERGENCY CONTACTS

Name 1: _____ Release child to? (yes/no) _____

Relation: _____ Phone #(s): _____

Name 2: _____ Release child to? (yes/no) _____

Relation: _____ Phone #(s): _____

Name 3: _____ Release child to? (yes/no) _____

Relation: _____ Phone #(s): _____

<u>Health Insurance Coverage:</u>		<u>Policy #:</u>
Parent(s) Name:	Phone (W):	Phone (H):
Parent(s) Name:	Phone (W):	Phone (H):

TRANSPORTATION PLAN

Program Arrival:

- Walk from classroom
- Parent Drop-Off
- Bus/Van
- OTHER _____

Program Departure:

- Parent Pick-Up
- Unsupervised Walk (additional permission slip required)
- Bus/Van
- OTHER _____

I give permission to the following people to pick my child up from the program:

First time pick-ups should bring photo ID.

Please provide a copy of any agreement or legal order pertaining to child pick-up.

Name: _____

Phone #(s): _____

- Anytime Person Shows Up
- Only When I Call Ahead of Time

Name: _____

Phone #(s): _____

- Anytime Person Shows Up
- Only When I Call Ahead of Time

Name: _____

Phone #(s): _____

- Anytime Person Shows Up
- Only When I Call Ahead of Time

Name: _____

Phone #(s): _____

- Anytime Person Shows Up
- Only When I Call Ahead of Time

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: _____

Please check the days you plan to attend:

	Tuesdays/Thursdays	Mondays/Wednesdays/Fridays	Monday-Friday
After School 2:10pm-6:00 pm			

SCHOOL YEAR 2024-2025 RATES: (MONTHLY RATES)

		2 DAYS TUE/THU	3 DAYS MON/WED/FRI	5 DAYS MON-FRI
2:10PM – 6:00PM	Y Member	\$184.00	\$263.00	\$447.00
	Non Member	\$212.00	\$302.00	\$514.00

NEW! HALF DAY ADD-ON (OPTIONAL FOR MONTHLY DRAFT)

If a child is withdrawn from the program before the end of the school year we will calculate if there is a balance due for the half days that have occurred or if we need to credit their account. Failure to attend a half day will not result in a credit on account.

	2 DAYS TUE/THU (covers 5 half days)	3 DAYS MON/WED/FRI (covers 8 half days)	5 DAYS MON-FRI (covers 13 half days)
Y Member	\$12.80/month	\$20.40/month	\$33.20/month
Non Member	\$14.70/month	\$23.50/month	\$38.20/month

Payment Options:

Please Choose: CHECKING ACCOUNT DRAFT: _____
CREDIT CARD DRAFT: _____

We offer a 5% discount for a second child enrolled in the program

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

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

Are you applying for Financial Aid? YES NO Have a SEVENHILLS Voucher? YES NO

Monthly Payment _____ Total Due at Time of Registration _____

Be advised all payments are due by the 1st of the month for the current month's program. Payments made after the 1st will incur a \$10 late fee. If payment is not received before the 5th of the month your child will be suspended from the program until all payments are made. If you cancel your SACC enrollment PRIOR to the first day of the current school year start date, you will be charged a \$50.00 administration fee.

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

**PROGRAM YEAR 2024-2025
CONSENT FOR CHILD TO LEAVE
THE HRYMCA SCHOOL AGE CHILD CARE PROGRAM**

102 CMR 7.09 (3)(B)

PROGRAM'S NAME: HRYMCA 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 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 1st of the month for the current month's 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.
13. _____ I authorize my child to use hand sanitizer while at After School Care
14. _____ I authorize sunscreen to be offered or applied while at After School Care, if necessary

Parent/Guardian Signature: _____

Date: _____



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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: _____