



HRYMCA EARLY LEARNING CENTER ENROLLMENT FORM: 2026/2027

(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: _____

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 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 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 (H):
Parent(s) Name:	Phone (H):

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: _____

_____ Anytime Person Shows Up

Phone #(s): _____

_____ Only When I Call Ahead of Time

Name: _____

_____ Anytime Person Shows Up

Phone #(s): _____

_____ Only When I Call Ahead of Time

Name: _____

_____ Anytime Person Shows Up

Phone #(s): _____

_____ Only When I Call Ahead of Time

Name: _____

_____ Anytime Person Shows Up

Phone #(s): _____

_____ 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: _____

The HRYMCA Early Learning Center is a 5-Day a week, full day program and runs 8:30am-4:30pm

SCHOOL YEAR 2026-2027 RATES:	
Y Member	\$300 / Week
Non Member	\$335 / Week

TUITION OPTIONS (Select one option):

- Weekly:** Drafted each Friday for two weeks in advance
- Monthly:** Drafted on the 15th of the month for the upcoming month
- Annually:** Pay for your entire year upfront

EARLY CARE AND EXTENDED DAY REQUIRE ADDITIONAL FEES:		
Early Care	\$5.00 / Day	\$20.00 / Week
Extended Day	\$5.00 / Day	\$20.00 / Week

Please select which day(s) you want to register your child for the following:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Early Care 8:00am-8:30am					
Extended Day 4:30pm-5:00pm					

Desired Start Date: _____

PAYMENT INFORMATION

Families will pay a \$150 non-refundable deposit to reserve your spot. The first month's payment minus the deposit are due one month prior to the start date.

Sibling Discount: We offer a 5% discount for a second child enrolled in the program.

Tax Credit: The YMCA preschool fee may qualify for a childcare tax credit. Contact your local IRS office for details

BILLING OPTIONS

- Please Choose:**
- CHECKING ACCOUNT DRAFT
 - CREDIT CARD DRAFT

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

You will receive an email notification once your packet has been processed and your child is fully enrolled. Your child is not eligible to start preschool until all of the necessary paperwork has been turned into the program director.

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 according to the payment schedule as indicated by the Parent/Guardian. Payments made after the due date will incur a \$10 late fee. If payment is not received before the due date your child will be suspended from the program until all payments are made. If you cancel your Preschool 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 Preschool program for any additional services or activities during the school day.

**PROGRAM YEAR 2026-2027
CONSENT FOR CHILD TO LEAVE
THE HRYMCA EARLY LEARNING CENTER**

102 CMR 7.09 (3)(B)

PROGRAM'S NAME: HRYMCA EARLY LEARNING CENTER

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: _____

HRYMCA EARLY LEARNING CENTER 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 4:30pm (5:00pm for extended care) and that a \$1.00 late fee per child will be charged to me each minute past the scheduled time, beginning at 4:31 or 5:01pm for extended day. 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 Early Learning Center 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 Early Learning Center's 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.
6. _____ I authorize staff in the HRYMCA Early Learning Center 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.

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

8. _____ 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.
9. _____ I will allow my child to be observed by student interns.
10. _____ I will allow my child to go on a walk accompanied by staff in the immediate area of their site.
11. _____ I authorize my child to use hand sanitizer while at school
12. _____ I authorize sunscreen to be offered or applied while at school, if necessary

Parent/Guardian Signature: _____

Date: _____



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

HRYMCA EARLY LEARNING CENTER 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: _____



HAMPSHIRE REGIONAL YMCA EARLY LEARNING CENTER PAYMENT AGREEMENT FORM 2026-2027

Child's Name: _____ Date: _____

Caregiver Name: _____

Address: _____

Phone: _____ Email: _____

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HAMPSHIRE REGIONAL YMCA EARLY LEARNING CENTER PAYMENT AGREEMENT FORM 2026-2027

BILLING OPTIONS

Please select your billing method below:

- BANK DRAFT:**
- Weekly:** Drafted each Friday for two weeks in advance
 - Monthly:** Drafted on the 15th of the month for the upcoming month
 - Annually:** Pay for your entire year upfront

*Please attach a voided check when submitting this form.

Please initial below:

_____ Should any charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$25.00 service charge applied by the YMCA. This is in addition to the service fee my bank may charge.

_____ Guardians that default on two bank drafts will be ineligible for Bank Draft immediately and will need to pay one month in advance for care.

_____ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my child's care. I understand that I will receive notice at least 30 days prior to any such change.

- CREDIT/DEBIT CARD:**
- Weekly:** Drafted each Friday for two weeks in advance
 - Monthly:** Drafted on the 15th of the month for the upcoming month
 - Annually:** Pay for your entire year upfront

Name on Card:	
Card #:	CVV Code:
Expiration:	

Please let us know if there are any changes to your bank or credit information above

Any changes to your child's schedule must be submitted, approved and processed by the 1st of the month proceeding the month of service. A new payment agreement must be signed for the change. I acknowledge receipt of the above payment plan and understand and agree to the terms states herein. If selected, I authorize Hampshire Regional YMCA to charge my credit/debit card or draft from my bank account the fees stated above. The Authorization remains in effect until I cancel such authority. I understand that if my payment is not received by Hampshire Regional YMCA before the 1st of the month that my child will not be allowed to participate in the program until all fees are paid and current.

Signature: _____ Date: _____