



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ipswich Family YMCA

After School Program
Registration Packet
2015-2016



www.northshoreymca.org



School Age Enrollment Sheet Child's Face Sheet

Ipswich Family YMC
School Age Program
2015-2016

Please circle your child's school: Winthrop Doyon Grade: _____

Child's Name: _____ Eye Color _____ Skin Color _____

Home Address: _____ Hair Color _____ Height _____

Telephone: _____ Sex _____ Weight _____

Date of Birth: _____ Primary Child Language: _____

Identifying Marks _____ Primary Parent Language: _____

Is there any additional information you would like us to be aware of? _____

Court order? _____ Restraining Order? _____ *If you state, yes, please provide a copy.*

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone # _____ Home Phone # _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Work # _____ Work # _____

Cell/Pager # _____ Cell/Pager # _____

Hours at work _____ to _____ Hours at work _____ to _____

Email Address _____ Email Address _____

Preferred Contact ___ cell ___ home ___ work ___ Preferred Contact ___ cell ___ home ___ work ___

The best time to reach me is _____ The best time to reach me is _____

Has your child been screened for developmental delays: Yes _____ No _____

Does your child have an Individual Education Plan (IEP) with school? Yes _____ No _____ (Provide copy)

I certify that documentation of physical examination and immunizations in accordance with public schools health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

X _____
Parent/Guardian Signature

For Office Use Only: Date of Admission: _____

X _____
Date

Age at Admission: _____



First Aid and Emergency Medical Care Consent/Release Form

Ipswich Family YMC
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Child's Name _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment 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 Dentist: _____

*Chronic Health Conditions: _____

*Allergies: _____

*Special Diet: _____

*Medications at YMCA or Home: _____

*Any limitations or concerns: _____

Health Insurance Coverage: _____ Policy Number: _____

Subscribers Name: _____ Subscribers DOB: _____

*** If you completed any of these following areas, you must have your child's physician complete the Individual Health Plan prior to enrollment.**

Emergency Contacts/Consent to Release (to be contacted if parents cannot be reached)

1) Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

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

2) Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

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

3) Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

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

X

Parent/Guardian Signature

X

Date



Transportation Plan and Authorization

Ipswich Family YMC
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Child's Name: _____

Date of Birth _____

My child will arrive to the program by:

Program bus

On full day programs my child will arrive by:

Parent drop off

Unsupervised walk

Supervised walk with: _____

During the school year and full day program my child will depart from the program by:

Parent pick up Unsupervised walk

Supervised walk with: _____

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.

X _____
Parent/Guardian Signature

X _____
Date

Offsite & Field Trip Permissions

ENRICHMENT AND OFFSITE ACTIVITIES

I, _____, give my child _____ permission to participate in the following activities at the Ipswich Family YMCA.

- Playground YMCA Gymnasium Fitness Class Rotary Park Sports Class
 Outdoor Trails Low Ropes Other

X _____
Parent/Guardian Signature

X _____
Date

SWIMMING PERMISSION SLIP

I, _____, give my child, _____, permission to go swimming at the Ipswich Family YMCA on his/her scheduled days. I understand that my son/daughter will be supervised by the child care staff, as well as, a certified association life guard.

X _____
Parent/Guardian Signature

X _____
Date



Consent Forms

Ipswich Family YMC
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HOMework/Group Enrichment

Do you expect your child to work on/complete homework while in the program? Yes _____ No _____

All activities for homework time have been chosen to promote a quiet and productive time for all our after school population. Children who don't have to work on their homework need to be non disruptive as to accommodate learning. The following are alternate materials that will be offered by the YMCA and/or similar materials may be brought in from home, subject to staff approval:

- Silent Reading Crossword Puzzles Word Searches Puzzles Coloring

X _____
Parent/Guardian Signature

X _____
Date

Media Consent/Unauthorized Activity Form

I, _____, give my child, _____, permission to participate in the following activities:

- Fundraising Publicity Media Interviews Photographs for Advertisements/Brochures
 Photographs for internal use only (hanging pictures on the wall, newsletters) Internet Y Website/Y Facebook

I understand that the activities listed above that are not related to child care will require a separate written consent from me.

X _____
Parent/Guardian Signature

X _____
Date

Topical Ointments

I, _____, give permission for YMCA educators to apply the following:

- Sunscreen Insect Repellent

X _____
Parent/Guardian Signature

X _____
Date



Consent Forms Continued

TOOTH BRUSHING POLICY

The Ipswich family YMCA of the North Shore, in accordance with the Department of Early Education (EEC), offers the opportunity for children to brush their teeth if they are in the program for more than four (4) hours. Parents/guardians are to read the following policy and complete the form below.

- Parents/Guardians must complete the Tooth Brushing Policy form. The form will be placed in their child’s file.
- Parents/Guardians may change the status of the form at anytime.
- The program uses a one-time pre-pasted toothbrush that is discarded after.
- Tooth Brushing in the Afterschool Program will be conducted one time on full days and early release days

Yes, I have read the policy and would like my child to brush his/her teeth at the YMCA

No, I have read the policy and would NOT like my child to brush his/her teeth at the YMCA

X _____

Parent/Guardian Signature

X _____

Date

RELEASE OF INFORMATION FORM

I give permission to the Ipswich Family YMCA Staff, to speak to and/or exchange documents with the following person/agency.

Check all that apply:

- DCF Worker Therapist School Adjustment Counselor Principal
- YMCA of the North Shore Case Manager School Teacher Other: _____

I give permission to the Ipswich Family YMCA Staff, to receive copies of the following forms from Ipswich Public Schools. School Transcripts, MCAS scores/ Copy of ISSP, Current school schedule, Behavior/Social background behaviors, Income eligibility (free/reduced lunch). The information obtained is to ensure the well-being of the child and will be held completely confidential.

X _____

Parent/Guardian Signature

X _____

Date

PARENT HANDBOOK RECEIPT

I have received and reviewed the YMCA of the North Shore – School Age Programs Parent Handbook. I understand that I may visit the program at any time and agree to abide by the policies that have been established by the YMCA of the North Shore. These policies include:

- | | | |
|---------------------|----------------------------------|----------------------------|
| Attendance Policy | Late Pick Up Policy | Inclement Weather Policy |
| Health Care Policy | Medication/Administration Policy | Transportation |
| Behavior Management | Substance Abuse | Termination and Suspension |

X _____

Parent/Guardian Signature

X _____

Date



Individual Health Plan

Ipswich Family YMC
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2015-2016

This form must be completed by Physician for children with physician diagnosed allergies and/or medical conditions.

My child does not have any known allergies/medical conditions.

X _____
Parent/Guardian Signature

X _____
Date

Please list child's allergy/medical condition: _____

What are the symptoms your child experiences when he/she comes into contact with the allergen/is becoming ill?

What should the YMCA do immediately once they have been in contact with the allergen/if symptoms are observed?

If the YMCA is dispensing medication, what is the reason for the medication? _____

What consequences occur if the treatment/medication is not given? _____

What are the possible side effects from this medication? _____

What accommodations does the program need to make for this child? _____

X _____
Physician Signature

X _____
Date

X _____
Parent/Guardian Signature

X _____
Date



School Age Child Care Fee Schedule

Ipswich Family YMC
School Age Program
2015-2016

After school program:

Registration Fee \$40 per year per child

Days Per Week	Weekly Rate
2	\$53
3	\$73
4	\$93
5	\$113

- Private (parent/guardian pays monthly tuition)
- Access % Awarded (please provide copy of card)
- Voucher
- Basic
- Supportive

Select the days of childcare needed: **Minimum of 2 days**

Monday Tuesday Wednesday Thursday Friday

Note: Because EEC Sliding Fee Scale, Child Care Circuit Vouchers and ACCESS Consumers have full day programs calculated in their rates, consumers pay their predetermined weekly fee regardless of attendance. Weekly fees are reassessed every six months (voucher) or annually for basic/access or whenever there is a change in family size or income.

Fee Policy:

- All payments are due the Friday prior to the week of services.
- The YMCA cannot deduct days missed from your weekly fee. Your fee pays for direct operating costs, such as staff, snacks, materials, and transportation. All of these must be available for your child. When you enroll, you are reserving the time, space, staffing, and provisions for your child whether the child attends or not.
- On holidays that the YMCA is closed, payment is expected. The daily rate is blended to take into account early release days, days open and closed days.
- On holidays and teacher professional days where the YMCA is open, payment is expected for those who register.
- Should your child register and fail to attend, payment is still required. For those families on EEC sliding fee scale, vouchers your daily fee must be paid whether or not your child attends. For those on ACCESS, the percentage allotted will be discounted from the daily rate.
- Vacation week's rates include admission fees and transportation fees to all field trips planned for the week.
- During school vacation weeks, enrollment is optional, but payment is expected. This policy does not include those with vouchers or Income Eligible slots.
- I understand that if I chose EPAY, all fees including those for full day programs will be taken from my account, unless I submit a separate check attached to the permission slip.
- If I fail to pay my weekly fee, I may be given a two week notice that will terminate my child care services. If there is a return on my payment from bank or credit card, I understand I will be charged a \$10 fee. Accounts more than two weeks behind may be sent to a collections agency.
- I have read and understand the YMCA's School Age fee schedule. I understand that payment for the program is due the Friday before services are rendered. If I fail to pay my weekly fee, I understand I may be given a two week notice and lose my child care services.

X _____

Parent/Guardian Signature

X _____

Date



Payment Agreement

Ipswich Family YMC
 School Age Program
 2015-2016

Required Electronic Payment (E-Pay) Authorization Agreement

I (we) hereby authorize the YMCA of the North Shore to initiate recurring credit card charges to the below referenced credit card account. I (we) understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered. Should any preauthorized payment not be honored by my (our) credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount owed.

Credit Card E-Payment:

Visa
 MasterCard
 American Express
 Discover

Card Holder Name Card Holder Address

City State Zip Card Holder Phone Card Holder E-mail

Credit Card Name Account Number

____/____/____

Expiration Date CID Number**

**Visa, MasterCard & Discover: 3 digit security number on back of card
 **American Express: 4 digit security number on front of card
 The YMCA reserves the right to extend the above credit card expiration date 2 years forward, upon its expiration.

- I (we) authorize the YMCA to draft sufficient funds to pay my (our) regular camp tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may, at its discretion, adjust the charges according to the fees incurred.
- Should a draft not be honored by my (our) credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment. If the draft is not honored on the re-submission, the amount of the draft as well as a \$3.50 service charge will be immediately due and payable to the YMCA.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

X _____

Signature

X _____

Date



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YMCA of the North Shore
245 Cabot Street
Beverly, MA 01915
978.922.0990
fax 978.922.7602

Cape Ann YMCA
71 Middle Street
Gloucester, MA 01930
978.283.0470
fax 978.283.3114

Greater Beverly YMCA
254 Essex Street
Beverly, MA 01915
978.927.6855
fax 978.927.6530

Haverhill YMCA
81 Winter Street
Haverhill, MA 01830
978.374.0506
fax 978.373.0710

Ipswich Family YMCA
110 County Road
Ipswich, MA 01938
978.356.9622
fax 978.356.0625

Lynch/van Otterloo YMCA
40 Leggs Hill Road
Marblehead, MA 01945
781.631.9622
fax 781.639.0190

Salem YMCA
One Sewall Street
Salem, MA 01970
978.744.0351
fax 978.740.9168

YMCA of the North Shore EEC Social Media

Date: _____

The YMCA of the North Shore uses social media to promote and market programs, including early education and out of school time licensed programs. These pictures are solely used for this purpose.

The Y operates several "official" social media accounts including Facebook, Twitter, Pinterest, YouTube and Flickr. The Marketing Department is responsible for administering and monitoring accounts, along with professional directors of child care programs. Pages are initiated at the request of the professional director by the Marketing Department and there are only Facebook pages for those who request them, not for all child care programs. Twitter, Pinterest and YouTube are Y association wide accounts, and administrated by the Marketing Department. Flickr is for all Haverhill YMCA programs and services.

Pictures are taken and stored on YMCA of the North Shore electronics (computers or iPod, iPads, camera/media cards) and not on any staff's personal devices. They are only posted to "official" Marketing Department initiated pages and accounts, not on any personal pages or accounts. Only the Marketing team and the professional director of the program have access to post officially on the page.

Pictures will be taken down at any time if a child leaves the program, and/or requests from the parents or legal guardians to do so.

This waiver will be signed annually along with all EEC licensing enrollment paperwork.

By signing this waiver, I approve for the YMCA of the North Shore to use images of my child for official YMCA social media purposes.

Child's Name: _____

Parents' Signature: _____



United Way
Massachusetts Bay
Merrimack Valley
North Shore

www.northshoreymca.org