

# **Ipswich Family YMCA**

After School Program
Registration Packet
2015-2016

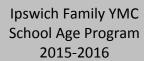




# School Age Enrollment Sheet Child's Face Sheet

Ipswich Family YMC School Age Program 2015-2016

Please circle your child's school: Winthrop	Doyon Grade:	<del></del>
Child's Name:	Eye Color	Skin Color
Home Address:	Hair Color	Height
Telephone:		Weight
Date of Birth:		ge:
Identifying Marks	_ Primary Parent Langu	age:
Is there any additional information you would like us to	be aware of?	
Court order? Restraining Order?	_ If you state, yes, pled	ase provide a copy.
Please include a picture of your child with this applicat	ion.	
PARENT/GUARDIAN INFORMATION:		
Parent/Guardian Name	_ Parent/Guardian Nam	ne
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 workto	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 reac	h 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 a and lead poisoning screening in accordance with public		
X Parent/Guardian Signature	X Date	
For Office Use Only: Date of Admission:		sion:



Date of Birth \_\_\_\_\_

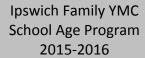


# First Aid and Emergency Medical Care Consent/Release Form

I authorize staff in the child care program who are trained in the ba	sics 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 a	uthorize 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 o	child's physician complete the Individual Health Plan prior		
o 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 Bound (Consider Singulary	<u>X</u>		
Parent/Guardian Signature	Date		



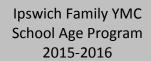
Child's Name:	Date of Birth
My child will arrive to the program by:	
Program bus	
On full day programs my child will arrive by:	
Parent drop off	
Unsupervised walk	
Supervised walk with:	
During the school year and full day program my child will depart	from the program by:
Parent pick up Unsupervised walk	
Supervised walk with:	
Any other transportation requests must be stated in writing and m	naintained 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	<u>X</u>
Parent/Guardian Signature	Date
Offsite & Field Trip Permissions  ENRICHMENT AND OF	
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	
<u>x</u>	x
Parent/Guardian Signature	Date
SWIMMING PERM	MISSION SLIP
I,, give my child,	, permission to go swimming at
the Ipswich Family YMCA on his/her scheduled days. I understar	nd that my son/daughter will be supervised by the child care
staff, as well as, a certified association life guard.	
<u>X</u>	X
X Parent/Guardian Signature	Date





## **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 qu	iiet and product	ive time for all o	our after school p	opulation.
Children who don't have to work on their homework need to be no	n disruptive as t	to accommodate	e learning. The fol	lowing are
alternate materials that will be offered by the YMCA and/or similar	materials may l	oe brought in fro	om home, subject	to staff
approval:				
Silent Reading Crossword Puzzles Word Searches	Puzzles	Coloring		
X	x			
X Parent/Guardian Signature	Date			
MEDIA CONSENT/UNAUTHORIZE	ED ACTIVITY FO	RM		
I,, give my child,	, permission to	participate in th	ne following activi	ties:
☐ Fundraising ☐ Publicity ☐ Media Interviews ☐ Pho	otographs for Ad	dvertisements/E	Brochures	
Photographs for internal use only (hanging pictures on the wall	, newsletters)	☐ Internet Y	Website/Y Faceb	ook
I understand that the activities listed above that are not related to	child care will re	equire a separat	e written consent	
from me.				
x	X			
Parent/Guardian Signature	Date			
TOPICAL OINT	MENTS			
I,, give permission for YMCA educators to	o apply the follo	wing:		
Sunscreen Insect Repellent				
<u>X</u>	x			
Parent/Guardian Signature	Date			





## **Consent Forms Continued**

## **TOOTH BRUSHING POLICY**

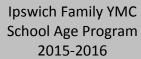
The Ipswich family YMCA of the North Shore, in accordance with the Department of Early Education (EEC), offers the opportunity for children to brush their teeth if they are in the program for more than four (4) hours. Parents/guardians are to read the following policy and complete the form below.

 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 Parent/Guardian Signature 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 ☐ School Adjustment Counselor ☐ Principal ☐ Therapist ☐ 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 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** Medication/Administration Policy Health Care Policy Transportation **Behavior Management** Substance Abuse Termination and Suspension

Parent/Guardian Signature

Date

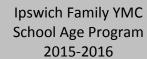
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This form must be completed by Physician for children with physician diagnosed allergies and/or medical conditions.

X	x
Parent/Guardian Signature	Date
ase list child's allergy/medical condition:	
hat are the symptoms your child experiences when	he/she comes into contact with the allergen/is becoming ill?
hat should the YMCA do immediately once they hav	ve been in contact with the allergen/if symptoms are observed?
the YMCA is dispensing medication, what is the reas	son for the medication?
hat consequences occur if the treatment/medication	on is not given?
/hat are the possible side effects from this medicatio	on?
Vhat accommodations does the program need to mal	ke for this child?
C Physician Signature	X Date
Thysician Signature	X
Parent/Guardian Signature	 Date





# **School Age Child Care Fee Schedule**

## After school program:

Registration Fee \$40 per year per child

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

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=	Private (parent/guardian	• •			
$\mathbb{H}$	Access % Awarded (please	e provide copy of card)			
$\forall$	Voucher Basic				
	Supportive				
Sele	ect the days of childcare n	eeded: Minimum of 2 d	lays		
	Monday	Tuesday	Wednesday	Thursday	Friday
cons	e: Because EEC Sliding Fee S numers pay their predetermi nally for basic/access or who	ned weekly fee regardless	s of attendance. Weekly fee		
Fee	Policy:				
•	All payments are due the Fric				
•		must be available for your chi	ee. Your fee pays for direct ope ild. When you enroll, you are re		nacks, materials, and ffing, and provisions for your child
•	On holidays that the YMCA is days.	closed, payment is expected	I. The daily rate is blended to ta	ke into account early releas	e days, days open and closed
•			CA is open, payment is expected		
•	whether or not your child att	ends. For those on ACCESS,	the percentage allotted will be	discounted from the daily ra	chers your daily fee must be paid te.
•		·	rtation fees to all field trips plat payment is expected. This police		th vouchers or Income Eligible
•		_	for full day programs will be tak	en from my account, unless	I submit a separate check
•			otice that will terminate my chi		
•			hedule. I understand that payn y be given a two week notice a		
X			x		
Pare	ent/Guardian Signature		Date		



**Credit Card E-Payment:** 

## **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.

Card Holder Name			Card Holder Address	
City State Zip		Card Holder Phone	Card Holder E-mail	
Credit Card N	lame		Account	Number
Expiration Date CID Num		ID Number**		
		: 3 digit security nu urity number on fr	imber on back of card	
	•	•	credit card expiration date 2 years forwar	d. upon its expiration.
• I (we) au	thorize the YMCA	to draft sufficient		n and/or other related fees which are due and payable. I (we
<ul> <li>Should a paymen</li> </ul>	draft not be hone	ored by my (our) cr	edit card for any reason, I (we) understan	d that the YMCA will automatically resubmit the draft for well as a \$3.50 service charge will be immediately due and
• I (we) ur		•	ts, the YMCA will immediately terminate on the control of the cont	child care until I (we) have brought all payments up to date.  the YMCA a two week written notice.
• I (we) ur	iderstand that ii i	. ,		





### YMCA of the North Shore 245 Cabot Street

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 Date:

## **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

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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:	