

## YMCA OF GREATER SPRINGFIELD 2018- 2019 SCHOOL AGE POLICIES

### Registration Policies:

- A two-week, written notice needs to be provided to the Education Desk when permanently changing your child's schedule or when cancelling from the program.
- Any changes to be made to your child(ren)s registration form must be done in writing. No changes will be made unless proper notification is received.
- All information regarding your education enrollment and payment must go through the YMCA Education Desk. No paperwork or money will be taken on-site at your child's program.

### Tuition & Payment Policies:

- **After school fees are billed for all scheduled program days, including during vacation weeks (regardless of your child's attendance on these days).**
- All payments must be made to our YMCA office by mail with a check, via telephone with credit/debit card or in person at the Education desk. Automatic draft (EFT) is available for 2018/2019 school year.
- You will continue to be billed and are responsible for all fees two weeks from the date we are informed of your child's intended withdrawal from the program.
- The YMCA strives to serve all people regardless of their ability to pay. If you are interested in applying for financial assistance or in arranging a payment plan, please contact the Education Billing Department at (413)206-5505 or (413)206-5709.
- Parents are responsible for renewing their voucher, EEC slot, or financial assistance paperwork in a timely fashion to prevent termination or a gap in services.
- Any child picked up after 6:00pm will be charged a late fee of \$7.00 for the first 15 minutes and \$13.00 for every 15 minutes after 6:15pm.
- Tuition is due every Friday for the following week. You may pay weekly, bi-weekly or monthly (EFT Draft only) as long as your payments are received on time. Please specify when registering, which plan you are choosing.
- Failure to pay tuition for two weeks will result in a termination notice. Failure to respond to the notice within the timeframe given will result in termination from the program.
- Parents are responsible for payment regardless of their child's attendance.
- If a child is terminated from the program due to non-payment of tuition fees, the program may readmit the child for enrollment if all past due fees are paid in full or a re-payment plan is approved and signed.

Children will be expected to follow all rules set forth by YMCA program staff. If children fail to follow the rules, disciplinary action, including termination, may be taken. Please see the YMCA School Age Parent Handbook for a complete description of our Behavior & Disciplinary Action policies. A full copy of the Parent Handbook can be found on our website at [www.springfielddy.org](http://www.springfielddy.org) under the child care tab for Before and After School Programs.

**OFFICE USE ONLY**

UNIT ID #: \_\_\_\_\_ SITE: \_\_\_\_\_ B/S: \_\_\_\_\_ START: \_\_\_\_\_ TRANS: YES/NO PAYMENT: \_\_\_\_\_ TERM: \_\_\_\_\_

**YMCA OF GREATER SPRINGFIELD  
BEFORE & AFTER SCHOOL'S OUT PROGRAM 2018-2019 REGISTRATION FORM**

Child's Name:	Birth date:	Sex: M F T
Home Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	
Who does child live with:		
Age at admission:	Does your child have an IEP/IHP/504/BIP? Yes No	
School attending in 2018-2019 school year:		
Grade for 2018-2019:		
Program registering for:	Before school	After school

I would like my child to start on (Please specify month & day): \_\_\_\_\_

**Please check how many days your child will attend (minimum of 2 days):**

<b>Before School Care:</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>After School Care:</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Telephone #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone #: \_\_\_\_\_  
Hours that you Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Telephone #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone #: \_\_\_\_\_  
Hours that you Work: \_\_\_\_\_

**IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY:**

Name	Address	Relationship to Child	Phone Number

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:**

Name	Address	Relationship to Child	Phone Number

PLEASE LIST **ANY ALLERGIES OR MEDICAL CONDITIONS** WE NEED TO BE AWARE OF FOR PROPER CARE OF YOUR CHILD. PLEASE BE ADVISED THIS INFORMATION IS VERY IMPORTANT IN CASE OF AN EMERGENCY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YMCA OF GREATER SPRINGFIELD 2018-2019 SCHOOL'S OUT PROGRAM  
TRANSPORTATION PLAN AND AUTHORIZATION  
[7.09(3) and 7.12(1)]**

Child's Name: \_\_\_\_\_

**My child will arrive at the before school program by:**

<input type="checkbox"/> Parent Drop Off	<input type="checkbox"/> Other: _____
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**My child will depart from the before school program by:**

<input type="checkbox"/> Bus/Van	<input type="checkbox"/> Released to School
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**My child will arrive at the after-school program by:**

<input type="checkbox"/> Parent Drop Off	<input type="checkbox"/> Bus/Van	<input type="checkbox"/> Other _____
<input type="checkbox"/> Supervised Walk		<input type="checkbox"/> Released from School

**My child will depart from the after-school program by:**

<input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> Other _____
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***Any other transportation requests must be made in writing and maintained in the child's file. This permission is valid for the 2018-2019 School Year.***

Parent/Guardian Signature _____	Date _____
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**2018-2019 FIRST AID AND EMERGENCY MEDICAL CARE CONSENT  
102 CMR 1.09(3)**

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. 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:		
Child's Medications:		
Chronic Health Conditions:		
Identifying Marks		
Special Concerns/Limitations		
Eye Color:	Skin Color:	Hair Color:
Weight:	Height:	Primary Language:

**FIRST AID AND EMERGENCY MEDICAL CARE**

**Health Insurance Coverage:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

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 Signature _____	Date _____
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**YMCA OF GREATER SPRINGFIELD 2018-2019 SCHOOL'S OUT PROGRAM  
AUTHORIZATION FORM**

Child's Name: \_\_\_\_\_

**The Following are optional; please initial those you choose:  
I give permission for:**

\_\_\_\_\_ My child to attend all field trips to locations within walking distance of the center

\_\_\_\_\_ School Administrators or school teaching staff to access any record (enrollment forms, assessments, any medical documentation) from my child's file

\_\_\_\_\_ My child to participate in a supervised YMCA gym program

\_\_\_\_\_ My child to participate in a supervised YMCA swim program

\_\_\_\_\_ My child to be observed and interact with authorized student interns and volunteers

\_\_\_\_\_ My child to complete their homework in the after-school program

\_\_\_\_\_ The YMCA to use my child's picture in the YMCA publicity and media promotions

\_\_\_\_\_ The YMCA to use my child's picture inside the school building

\_\_\_\_\_ The YMCA to communicate with my child's school any information that is relevant to the success of my child in both school and the YMCA School's Out program.

\_\_\_\_\_ The YMCA staff to apply sunscreen and /or bug repellent as needed on exposed skin if no broken skin is readily apparent. I will supply above items(s), labeled with my child's name.

I authorize \_\_\_\_\_, \_\_\_\_\_, and

\_\_\_\_\_ to sign/and/or review any child care documents in my absence.

**Payment Schedule:** (Please Circle)

I agree to make payments to the YMCA of Greater Springfield on the following schedule:

Weekly                      Bi-Weekly                      Monthly (EFT Draft Only)

Parent/Guardian Signature _____ Date _____
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**Child's ethnic and racial identities:**

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Race:**

- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

**Notes For Staff :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YMCA OF GREATER SPRINGFIELD 2018-2019 SCHOOL'S OUT PROGRAM  
PAYMENT & REGISTRATION CONTRACT**

Parents enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the Center's policies, and support of the program.

**Please initial your understanding and agreement to all of the following:**

\_\_\_\_ I understand all schedule changes require one week's advanced written notice to the Youth Desk.

\_\_\_\_ I understand that an administrative charge of \$25 will be added to my bill if I have more than **ONE** change relating to my child's schedule.

\_\_\_\_ I understand that a two-week written Notice of Withdrawal from the before or after school Programs is required to the Youth Desk prior to my child's last day.

\_\_\_\_ I understand I will continued to be billed and are responsible for all fees two weeks from the date the YMCA is informed of my child's intended withdrawal from the program.

\_\_\_\_ I understand I am required to provide a lunch on no school days'/vacation weeks. If not, I understand a \$6 lunch fee must be paid at the time of Drop-Off.

\_\_\_\_ I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the YMCA.

\_\_\_\_ I understand that I am responsible for payments regardless of my child's attendance.

\_\_\_\_ I understand that tuition is due every Friday for the following week unless an alternate payment schedule has been set up and approved by the Education Billing Department.

\_\_\_\_ I understand that failure to pay tuition for two weeks will result in a termination notice.

\_\_\_\_ I understand that failure to respond to a termination notice within the given time frame will result in termination from all YMCA programs.

\_\_\_\_ I understand that all monies must be paid on my account for my child to be readmitted to a YMCA program.

\_\_\_\_ I received a copy of the YMCA of Greater Springfield School Age Policies & Procedures.

**Waiver of Liability:** While it is the aim and the responsibility of the YMCA of the Greater Springfield to provide your child with a safe and enjoyable experience, you must realize that participation in the YMCA programs has some inherent risks. I hereby release for myself and my child, our heirs, executors and administrator, and forever discharge the YMCA of Greater Springfield, 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 YMCA of Greater Springfield.

Parent/Guardian Signature _____	Date _____
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