

YMCA OF GREATER SPRINGFIELD 2019-2020 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 made to your child(ren)s registration form must be done in writing. No changes will be made unless proper notification is received.
- A \$25 administrative fee will be charged for changes made to a current registration after the first change.
- IEP/504/BIP plans must be submitted and reviewed before a child is registered for the program.
- 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.
- A Physical and Immunization record MUST be submitted along with the registration.

Tuition & Payment Policies:

- **School Age program fees are billed for all scheduled program days, including during vacation weeks (regardless of your child's attendance on these days).**
- **Automatic draft (EFT) is mandatory for the 2019/2020 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, a gap in services or full rate charges.
- 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 must be drafted by Thursday for the following week of service. You may select EFT on a weekly, bi-weekly or monthly basis. Please specify when registering which plan you are choosing. Payments for the chosen pay period will be drafted in advanced; for example, if monthly EFT is chosen, the entire month of service will be drafted in advance of the month in question.
- 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 re-admit 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 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: _____

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OFFICE USE ONLY

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

**YMCA OF GREATER SPRINGFIELD
BEFORE & AFTER SCHOOL'S OUT PROGRAM 2019-2020 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 2019-2020 school year:		
Grade for 2019-2020:		
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):

Before School Care:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Care:	<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 2019-2020 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 2019-2020 School Year.

Parent/Guardian Signature _____	Date _____
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**2019-2020 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 2019-2020 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.
- _____ My child to watch movies of a rating no higher than PG.
- _____ 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 begin their homework while at the program, but understand that they may not complete all of their homework during programming hours.
- _____ 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.

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; including extended, full and vacation week programming if it falls on a day your child is normally scheduled.

Weekly

Bi-Weekly

Monthly

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 2019-2020 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 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; including extended days, full days ad vacation week programming.

____ I understand that tuition is due every Thursday 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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