

# New Program Policies

## **Violation of Policies (Subject to Change]**

**Important:** Given the current global pandemic, we must do our best to ensure that everyone is kept safe. To maintain that environment, we need the cooperation of parents, families, and caregivers. We fully expect everyone to follow our policies; violations of our policy will result in strict responsive measures, including but not limited to suspension from programs and facilities, termination, no trespass order, and legal action. Please take time to become familiarized with the New Program Policy below as well as the Parent Handbook.

## **New Program Hours**

Based on the decision released by HWRSD, the YMCA of Greater Springfield will provide Before and After School on a Hybrid schedule. There will also be a Remote Full day option on the day's children do not attend school in person.

## **Academic Assistance**

The YMCA staff will do their best to assist each participant during their asynchronous (independent) lessons; however, Parents/Guardians are encouraged to check their child's work every evening and communicate their academic progress with their Springfield Public School teacher. Our staff will read & re-read directions, assist with technological issues, such as signing in, gaining access to the learning platform, and redirecting as needed to limit disruptions.

## **Technology**

All participants are required to bring an electronic device (i.e. laptop, chrome book, etc.), along with a pair of headphones to minimize distraction for synchronous (live) lessons within the room. We ask that the device be fully charged to ensure there are no disruptions during their academic time.

## **Department of Early Education and Care (EEC)**

Our programs must adhere to all EEC policies and guidelines. The Y will also abide by the CDC guidelines for action during the pandemic. This may include, changing, adding, subtracting, suspending, any part of the programs described in this brochure at any time without notice.

## **Communication**

All program related questions must be made over the phone to 413-739-6955. Our office hours are Monday thru Friday 7:00 a.m. - 5:30 p.m. Registration and all necessary documents should be turned in one of three ways: mail to the YMCA of Greater Springfield PO Box 16329 Springfield, MA 01115-5329, email to [schoolagereg@springfielddy.org](mailto:schoolagereg@springfielddy.org) or drop off to Scantic Valley YMCA Welcome Desk: 45 Post Office Park, Wilbraham AM 01095. Registration is not complete until a confirmation email has been received.

## **Sanitation**

Our program space will be cleaned and sanitized daily by our internal staff. All staff and participants will be required to wear a mask unless they are eating or drinking.

## **Drop Off & Pick Up**

The YMCA full day program will only have curbside drop off and pick up. Parents may not get out of the vehicle for any reason, unless instructed by our staff. Parents are required to wear a mask during drop off and pick up to ensure the safety of our staff and themselves. Please allow for 5 minutes during drop off to complete the required daily health screening.

## **Social Distancing**

For the safety of our participants and staff, we have created an environment that follows the social distancing guidelines provided by CDC. We ask that all participants be sensitive to these guidelines to ensure a welcoming and pleasurable experience for all. We expect continual cooperation, until the social distancing guidelines have been lifted.

## **Illness/Sickness**

Participants who are sick are required to stay home. If a participant becomes ill throughout the program day, the parent/guardian will be notified, and will be required to pick up immediately upon notification.

## YMCA OF GREATER SPRINGFIELD 2020-2021 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:

- **Program fees are billed for all scheduled program days regardless of your child's attendance on these days.**
- **Automatic draft (EFT) is mandatory and required for every registration regardless of parent fee.**
- 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 5:30pm will be charged a late fee of \$7.00 for the first 15 minutes and \$13.00 for every 15 minutes after 5:45pm.
- Tuition will be drafted on Friday for the following week of service. EFT's will be drafted on a weekly basis.
- Any payments that are returned will be subject to a \$15.00 return fee from the YMCA of Greater Springfield.
- Any additional fees (i.e. meals, late, or return fees) will be deducted automatically through (EFT) on the next draft date.
- 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.

Participants will be expected to follow all rules set forth by YMCA program staff. If Participants 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.springfieldy.org](http://www.springfieldy.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  
SCHOOL AGE REGISTRATION FORM K-5<sup>TH</sup> GRADE**

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 2020-2021 school year: \_\_\_\_\_

Grade for 2020-2021: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Cohort A**

- Before School:** Monday & Tuesday
- After School:** Monday & Tuesday
- Remote Full Day (8am-6pm):**  
Wednesday, Thursday & Friday

**Cohort B**

- Before School:** Thursday & Friday
- After School:** Thursday & Friday
- Remote Full Day (8am-6pm):**  
Monday, Tuesday & Wednesday

**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

Notes for staff: Please add any additional information that will assist staff in caring for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**2020-2021 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 **BAYSTATE OR MERCY** (please circle one), and to secure necessary medical treatment for my child.

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

**Child's Physician Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Child's Allergies:** \_\_\_\_\_

**Child's Medications:** \_\_\_\_\_

**Chronic Health Conditions:** \_\_\_\_\_

**Identifying Marks** \_\_\_\_\_

**Special Concerns/Limitations** \_\_\_\_\_

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<b>Eye Color:</b> _____	<b>Skin Color:</b> _____	<b>Hair Color:</b> _____
<b>Weight:</b> _____	<b>Height:</b> _____	<b>Primary Language:</b> _____

**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.

<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> ____/____/____
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**YMCA OF GREATER SPRINGFIELD 2020-2021 SCHOOL AGE  
TRANSPORTATION PLAN AND AUTHORIZATION [7.09(3) and 7.12(1)]**

***Any other transportation requests must be made in writing and maintained in the child's file. This permission is valid for the Duration of the program.***

My child will arrive to the Before School program by:

- Parent drop off
- Other \_\_\_\_\_
- N/A

My child will depart from the Before School program by:

- bus
- Other \_\_\_\_\_

My child will arrive to the After-School Program by:

- bus
- Other \_\_\_\_\_
- N/A

My child will depart from the After-School program by:

- Parent pick up
- Other \_\_\_\_\_
- N/A

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**YMCA OF GREATER SPRINGFIELD 2020-2021 SCHOOL AGE PROGRAM AUTHORIZATION FORM**

The Following are optional; please **INITIAL** those you choose:

**I give permission for:**

- \_\_\_\_\_ My child to use hand sanitizer as needed when handwashing is not available.
- \_\_\_\_\_ 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
- \_\_\_\_\_ 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 program.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**YMCA OF GREATER SPRINGFIELD 2020-2021 SCHOOL AGE 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 I am responsible for having a current automatic draft (EFT) on file regardless of parent fee.
- \_\_\_\_\_ 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 all school age 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 that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for childcare 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 and vacation week programming.

\_\_\_\_ 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 acknowledge that a copy of the YMCA of Greater Springfield School Age Parent Handbook can be found at [www.springfieldy.org](http://www.springfieldy.org) or I may request one with the Front Desk.

### **Payment Schedule:**

I agree to make payments to the YMCA of Greater Springfield through automatic draft (EFT) on a weekly basis. I understand that any payments that are returned will result in a \$15.00 return payment fee beginning September 11, 2020. After 2 returned payments, I will be responsible to provide an updated EFT form with new banking information. Excessive returned payment fees can result in termination from the program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **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:** \_\_\_\_/\_\_\_\_/\_\_\_\_



ELECTRONIC FUNDS TRANSFER (EFT)  
RELEASE FORM

I give permission for the YMCA of Greater Springfield to automatically withdraw payments for my Child Care Services from the financial account listed below:

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

Child's date of Birth: \_\_\_\_\_

Printed Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account type (please circle)    Checking            Savings

Child Care payments are due the Friday prior to each new week.

By signing this agreement, you acknowledge that using a bank account may take up to three business days to post to your account. You acknowledge that weekly payments must be paid prior to services rendered. Terminations are subject to two-week notices in which you are responsible for payment.

**\*I understand and agree to the forms and policies stated above. I understand that if my EFT payment is returned, I will be subject to a \$15 return fee.**

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_