



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y'S KIDS SCHOOL YEAR
ENROLLMENT PACKET
FOR 2018-2019 SCHOOL YEAR

SCHOOL: _____
AM/PM (PLEASE CIRCLE ONE)



BEFORE YOUR CHILD MAY ATTEND, YOU NEED TO

- **Complete and return this packet to the Reception Desk
With first week's payment**
- **Receive a parent handbook**

YMCA of Greater Westfield
67 Court Street
Westfield, MA 01085
(413) 568-8631 fax (413) 572-3995
www.westfieldymca.org

**YMCA of Greater Westfield Child's Enrollment Form 2018-2019
School Year**

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____



Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

Parent/Guardian Signature

Date

**YMCA of Greater Westfield 2018-2019 School year
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

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 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: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

| | |
|---------------------------------|------------------------|
| Health Insurance Coverage _____ | Policy # _____ |
| Parent/Guardian Name: _____ | Phone _____ Cell _____ |
| Parent/Guardian Name: _____ | Phone _____ Cell _____ |

Parent /Guardian Signature

Date (valid for one year)

Y'S KIDS 2018-2019 SCHOOL YEAR

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

(Parent/Guardian Signature) (Date)

PROCEDURES FOR Y'S KIDS 2018-2019

Child's Name: _____

Date of Birth: _____

I authorize staff in the 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.

In exercising her discretion under the guidelines above, the Youth Development Director may request the child and/or the child's parents or guardians to attend conferences with the program personnel regarding matters that potentially warrant termination. The child's parents or guardians may also request a conference with the Youth Development Director or Asst. Youth Development Director regarding policies or matters potentially warranting termination.

The Youth Development Director shall have the sole right and responsibility to determine any disputed factual matters regarding termination of the agreement.

I agree to cooperate with the general policies of the program as outlined in the Parent Handbook and herein, to perform the obligations of parents and guardians set forth in this agreement, and to abide by the rules, regulations and manuals promulgated and provided by the program. My signature below indicates that I have read the terms of the Agreement and that I have read and understand the rules and policies of the program.

Parent/Guardian Signature: _____ Date: _____

I give permission for my child _____ to be transported from his/her school to the YMCA Child Care Center. I have read and understand the attached policies for child behavior on the bus and driver management and have discussed these with my child. I understand that transportation will be through 5 Star Bus Co. and that program staff will be riding the bus.

Parent/Guardian Signature: _____ Date: _____

I give my permission for photographs of my child to be used in any promotional materials for the YMCA, including print in newspapers and videos made by the children and staff for projects.

Parent/Guardian Signature: _____ Date: _____

I give permission for my child _____ to attend any walking field trips and/or participate in planned activities that would be within walking distance of the Child Care Center.

Parent/Guardian Signature: _____ Date: _____

YMCA OF GREATER WESTFIELD TRANSPORTATION POLICY
2018-2019 School Year

TO THE PROGRAM: Transportation is provided by the YMCA to the Child Care Center through 5 Star Buses from all Westfield Public Schools.

Teachers dismiss children riding the 5 Star buses to the Child Care Center into lines. On the bus, children are responsible for their own behavior, or stand the chance of losing bus privileges (see policy attached).

Children coming from any other school must provide their own transportation.

FROM THE PROGRAM: All children must be picked up by a parent or authorized adult as indicated on the child's information form. No transportation is provided at the end of the program day.

Walkers-A child may be released from the program to walk home only if written authorization is given by the parent and they are 10 years of age or older.

Field Trips-Any field trip will require a parent to sign a permission slip indicating the means of transportation, whether walking or bus. No child may attend a field trip without permission.

BUSSING POLICIES
YMCA AFTER SCHOOL PROGRAM/ 5 STAR

The following policies describe the expected behavior for children riding the YMCA/5 Star for fieldtrips to our after school programs and the acceptable steps for any 5 Star driver/ bus monitor to take if a child does not follow those guidelines. Each child riding the bus, their parent, and any driver for the program must review these policies and sign to indicate their acceptance of the guidelines.

EXPECTED BEHAVIOR OF CHILDREN:

1. Stay in your seats.
2. Keep hands to yourself-not out the window or on other children.
3. Keep voices and noise level low in order to not distract the driver.
4. Throwing objects, inappropriate language, or disrespectful treatment of anyone on the bus will not be tolerated.

APPROPRIATE STEPS FOR THE DRIVER TO MAINTAIN SAFETY AND ENFORCE BEHAVIOR EXPECTATIONS:

1. The first time a child exhibits inappropriate behavior, the driver should issue a verbal warning.
2. At the second offense, the driver should notify the Site Director at the Child Care Center, and let the child know that the Director will be calling their parents to discuss the problem. The driver should then issue a written warning.
3. A third offense will lead to official probation of at least two weeks. If at any time a child breaks the policy on the bus they will be asked to find other transportation.
4. When a child has accumulated 3 written warnings, it will result in transportation privileges being revoked.

The driver must agree to: Not put any child in physical danger, not use their hands or bodies in any way against a child, not use inappropriate language, not threaten, demean or in any way verbally abuse a child. The driver's role is to maintain safety through reminders to the children about the rules, but not through discipline beyond what is listed here. The staff at the program and the parent will be the primary disciplining adults.

Parent/ Guardian Signature _____ *Date* _____

Y'S KIDS 2018 -2019 School Year

Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



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Permission for use of on-site swimming pool for Y's Kids 2018 -2019 School Year

I hereby give the YMCA of Greater Westfield Y's Kids permission to allow my child _____ who is _____ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent's / Guardians Signature

Date:

Y's Kids Child Care Agreement

I understand that the Y's Kids Child Care program runs for the entire school year. Weeks are not prorated based on attendance. Payments are due the Friday before each week, past balances will result in termination from the before and after school programs.

Parent's/ Guardians Signature

Date:

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Confidentiality agreement:

I _____ have read and understand the Commonwealth of Massachusetts Policy regarding child and family confidentiality. I understand that the teachers and program staff of the YMCA of Greater Westfield are prohibited from interaction with parents and guardians of children attending any YMCA programs on any online network, such as but not limited to Instagram, Facebook, Twitter.

Signature & Date

Pick up List:

MY child is _____

I _____ give the following listed people permission to pick up my child/children from Y's Kids 2018-2019
School Year

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I also understand that anyone who picks up my child must have an ID with them and sign the child out by seeing the Director first. And someone who is not on my list is not able to pick up my child/children.

Parent Signature:

Date:

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Y's Kids Weekly E-Pay Form



| | |
|----------------------|----------------|
| Member's Name | E-Mail |
| Address | Phone # |

Weekly E-Pay Authorization Agreement

I (we) hereby authorize the YMCA of Greater Westfield to debit my (our) bank/credit card account for the amount owed by me, by initiating debt entries to my (our) account indicated below, and I (we) authorize and request my bank or credit card company to accept any debit entries initiated by the YMCA of Greater Westfield to my (our) account and to charge the same to such account, without responsibility for the correctness thereof:

I have given authority to _____ (Debit/Credit Card Name) preauthorized withdrawal by you on my account for child care payments as indicated below. It is understood that your sending of this preauthorized withdrawal to the credit card company as payment becomes due shall constitute valid notice of such payment due on this membership. When the credit card company honors the preauthorized withdrawal by charging my (our) account, such withdrawal shall constitute my (our) receipt for the payment. Should any preauthorized withdrawal 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 of said payment.

Partners with Youth

I would like to make a tax deductible contribution to the YMCA in support of its financial assistance program through my monthly bank or credit draft.

I give the YMCA permission to draft my account \$ _____ per week.

Credit/Debit Card Account

Card Holder Name _____

Card Number _____

Card Type: MasterCard Visa AmEx Discover

Expiration Date ____/____/____

Signature of Cardholder _____

Monthly E-Pay Amount \$ _____

- The credit card draft is a **continuous plan**. I understand that my (our) child care payments will remain in effect permanently or until I (we) initiate its termination.
- I understand that if I (we) wish to terminate or change my (our) child care status in any way, I must give the YMCA a **30 day written notice** in order to stop or change the draft in any way.
- The YMCA may, at its discretion, adjust the monthly rate it charges for my (our) child care. I understand that I will receive at least 30 days notice prior to any such change.
- Should a draft not be honored by my (our) bank for any reason, I 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 \$25 service charge will be immediately due and payable to the YMCA.
- I understand that after two unpaid drafts, the YMCA will immediately terminate my (our) membership until I (we) have brought all payments up to date.

Member's Signature

_____/_____/_____
Today's Date

Staff Initials

YMCA of Greater Westfield – School Age Child Care – School Year 2018-2019

 2 Day: _____ (List Days) 3 Day: _____ (List Days) 5 Day: M-F

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth / / School _____ Grade _____

Guardian's Name _____ Phone # _____ / _____ / _____
Home Work Cell

Guardian's Name _____ Phone # _____ / _____ / _____
Home Work Cell

I hereby give permission for my child, named above, to participate in all activities; including swimming, field trips, sports, etc. I give permission to the YMCA to allow my child to be observed, and to participate in field work conducted by student interns. I give permission for my child to receive first aid on site and to be transported to the hospital if YMCA personnel deem it necessary. I hereby give permission to the physician selected to order X-rays, run necessary tests, and to provide treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for and to order injection, anesthesia, and/or surgery for my child.

I agree to pay the weekly fee, in full the Friday before each week attended. I understand that no refunds are made due to absence. It is understood that if payments are 2 weeks past due the child shall be withdrawn until payments are made current.

Parent/Guardian Signature _____
Date

YMCA of Greater Westfield – School Age Child Care School Year 2018-2019

 2 Day: _____ (List Days) 3 Day: _____ (List Days) 5 Day: M-F

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth / / School _____ Grade _____

Guardian's Name _____ Phone # _____ / _____ / _____
Home Work Cell

Guardian's Name _____ Phone # _____ / _____ / _____

I hereby give permission for my child, named above, to participate in all activities; including swimming, field trips, sports, etc. I give permission to the YMCA to allow my child to be observed, and to participate in field work conducted by student interns. I give permission for my child to receive first aid on site and to be transported to the hospital if YMCA personnel deem it necessary. I hereby give permission to the physician selected to order X-rays, run necessary tests, and to provide treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for and to order injection, anesthesia, and/or surgery for my child.

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Parent/Guardian Signature _____
Date