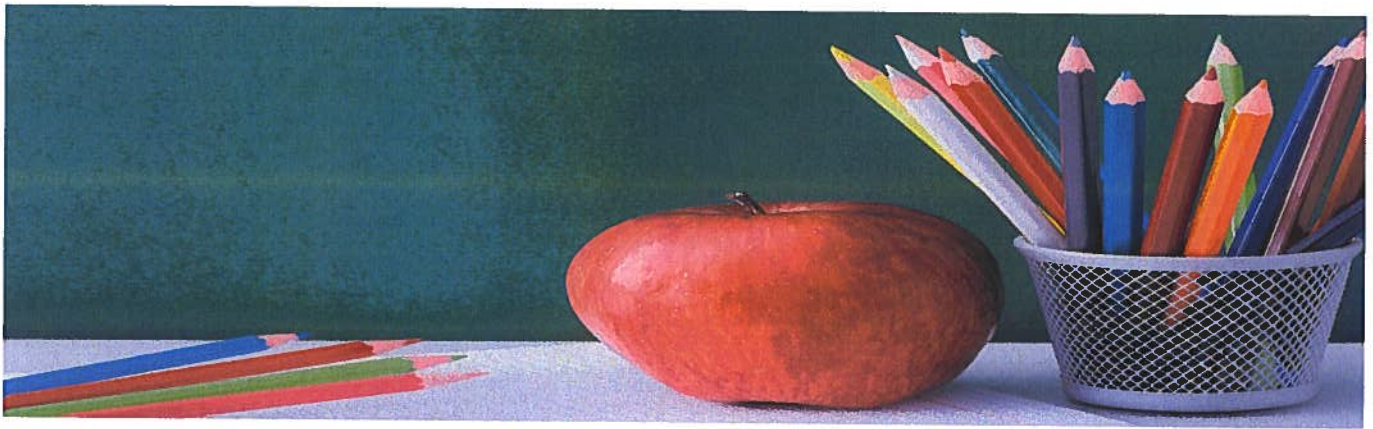




FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REGISTRATION PACKET FOR THE 2022-2023 SCHOOL YEAR



BEFORE YOUR CHILD MAY ATTEND, YOU NEED TO:

- *Complete and return this packet to the Welcome Center
- ***Preschool** Current physical with Immunization record including lead screening for
- ***School Age** current Immunization record
- *Payment for the first week
- *Receive a parent handbook

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

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF GREATER WESTFIELD, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Greater Westfield's facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Greater Westfield's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Greater Westfield, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly) _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print Clearly) _____

ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

CHILD'S NAME:	DATE OF BIRTH:
AGE AT ENROLLMENT:	Child's School
DATE OF ENROLLMENT:	START DATE:
STREET ADDRESS:	CITY, STATE, ZIP
WHO DOES THE CHILD LIVE WITH:	

PROGRAM CHOICE—please select one

Preschool Programs	School Age Before School	School Age After School	School Age Closures Only

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
DATE OF BIRTH	DATE OF BIRTH
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMAIL	EMAIL
EMPLOYER	EMPLOYER
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
EMPLOYER PHONE	EMPLOYER PHONE
HOURS AT WORK	HOURS AT WORK

School Age Only: Current School _____ Grade _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file. **Parent/Guardian Initials** _____

Required Documents for Registration:

Preschool

1. Immunizations
2. Current physical record with lead screening

All Ages

1. Current custody agreements, court orders and/or restraining orders pertaining to your child
2. Current IEP, IFSP, or 504 Plan

I authorize _____ to sign and/or review all child care documents in my absence.

Parent/Guardian Signature

Date



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EMERGENCY CONSENT FORM

PLEASE PRINT CLEARLY

Child's Name: _____ Date of Birth: _____ Gender Identity: _____

I authorize staff members 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 medical treatment for my child.

Child's Physician Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List Chronic Conditions:

- List doctor diagnosed and documented allergies or chronic conditions such as asthma, food allergies, insect bites/stings. Please see Child Care Director to complete the state mandated forms for each condition.

HEALTH INSURANCE INFORMATION			
Insurance Company		Policy Number	
Insured Individual		Relationship to Child	

EMERGENCY CONTACT AND PICK-UP INFORMATION

Parent / Guardian #1		Parent / Guardian #2	
Relationship		Relationship	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Do you give permission for your child to be released to this person?	Yes / No	Do you give permission for your child to be released to this person?	Yes / No

Authorized Person #1		Authorized person #2	
Relationship		Relationship	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Do you give permission for your child to be released to this person?	Yes / No	Do you give permission for your child to be released to this person?	Yes / No

Parent/Guardian Signature

Date



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TRANSPORTATION PLAN & AUTHORIZATION PLEASE CHECK OFF IN BOX BELOW

Childs Name: _____ DOB: _____

Please let us know how your child will arrive and depart the program	Parent Drop Off	Released from School	Other	Describe
ARRIVE at Preschool Program				
LEAVE Preschool Program				
ARRIVE at the Before School Program				
ARRIVE at the Afterschool Program				
LEAVE the Afterschool Program				

The following is MANDATORY. Please initial:

____ 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 Y. I must give the Y 2 weeks notice of my intent to withdraw my child from the program and I am responsible for payments regardless of my child's attendance.

The following is OPTIONAL. Please initial those you choose. I give permission for:

____ my child to attend all walks within walking distance of the center. Field trips will have prior permission forms

____ the Y to use my child's picture in Y publicity and media promotions

____ the Y to use my child's picture inside the facility and/or school

____ my child to participate in a supervised Y swim program as offered

____ my child to work on homework in the After School program

____ the Y to communicate with my child's school for any information relevant to the success of my child in both school and the Y program

____ the Y staff to apply sunscreen and/or bug repellent as needed on exposed skin if no skin is broken. I will supply above item(s)

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

Waiver of Liability: I hereby give permission to the medical personnel selected by the child care director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent/guardian and emergency contacts. In consideration of being allowed to participate in the activities and programs of the Y and to use its facilities, equipment, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively the Y), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y. I agree to adhere to all policies set forth by the Y.

Parent/Guardian Signature

Date



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ENROLLMENT

TO BE COMPLETED BY A PARENT/GUARDIAN

SCHOOL AGE (Grades K—6)						
Select Days:						
Before School Care						
# of Days	M	T	W	TH	F	Cost
2						\$25/week
3						\$32/week
5						\$50/week
After School Care						
2						\$40/week
3						\$58/week
5						\$80/week

SCHOOL CLOSURES ONLY		
I understand that I must fill out a separate sheet that list all the dates my child(ren) will be attending		
Currently Enrolled in Y's Kids	Dates:	\$40/daily
Not Enrolled in Y's Kids	Date:	\$40/daily

Preschool (Please check selection)							
# of Days / Program	M	T	W	TH	F	Cost	SELECTION
2 Day AM (2.9—3yrs/9AM- 12:00PM)		x		x		\$45.00 per week	
2 Day Full Day (2.9-3 yrs./ 9AM-3:00PM)		x		x		\$90.00 per week	
3 Day AM (3-5 yrs./ 9-12:00PM)	x		x		x	\$65.00 per week	
3 Day PM (3-5 yrs./12:15PM-3:15PM)	x		x		x	\$65.00 per week	
3 Day Full Day (9AM-3PM)	x		x		x	\$130.00 per week	
5 Day AM (4-5 yrs./ 9-12:00PM)	x	x	x	x	x	\$90.00 per week	
5 Day PM4-5 yrs./ 12:15PM-3:15PM)	x	x	x	x	x	\$90.00 per week	
5 Day Full Day (4-5 yrs./ (9AM-3PM)	x	x	x	x	x	\$170.00 per week	
Pre-K (5 .yrs./9AM-3PM)	x	x	x	x	x	\$170.00 per week	
Before School 2 Day (2.9-5yrs/ 7-9AM)						\$22/weekly (Select days)	
Before School 3 Day (2.9-5yrs/ 7-9AM)						\$28/weekly (Select days)	
Before School 5 Day (2.9-5yrs/ 7-9AM)						\$40/weekly (Select days)	
After School 2 Day (2.9-5yrs/ 3-5 PM)						\$22/weekly (Select days)	
After School 3 Day (2.9-5yrs/ 3-5 PM)						\$28/weekly (Select days)	
After School 5 Day (2.9-5yrs/ 3-5 PM)						\$40/weekly (Select days)	



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For Preschool Parents Only:

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 Age began sitting: _____ crawling: _____ walking: _____ talking: _____ *Does your child pull up? _____ *Crawl? _____ *Walk with support? _____ Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

*Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____

*When? _____

*How do you handle this time? _____

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: _____

EATING HABITS Special characteristics or difficulties:

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____



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* Is your child fed held in lap? _____ High chair? _____ *
Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____ *Do you use: oil: _____ powder: _____ lotion: _____ other: _____ *Are bowel movements regular? _____ How many per day? _____ *Is there a problem with diarrhea? _____ Constipation? _____ *Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center:

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? *How does your child indicate bathroom needs (include special words): _____ Is your child ever reluctant to use the bathroom?

Does your child have accidents?

SLEEPING HABITS *Does your child sleep in a crib? _____ Bed? _____ Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver. When does your child go to bed at night? _____ and get up in the morning? _____ Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

SOCIAL RELATIONSHIPS How would you describe your child?

Previous experience with other children/day care: _____

Reaction to strangers: _____

Able to play alone? _____

Favorite toys and activities:

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Fears (the dark, animals,
etc.): _____

How do you comfort your child

What is the method of behavior management/discipline at home?

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?



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PAYMENT OPTIONS

Payments CAN NOT be accepted at programs off-site from the Y facility. Payments may be made at the front desk.

EFT DRAFT AUTHORIZATION

Checking Account Information

Name of Bank	
Account Holder	
Routing #	
Account #	

Credit / Debit Card Information

Name on Card	
Card Type (Please Circle)	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other
Card Number	
Expiration Date	

EFT Draft Agreement

Should an EFT draft be declined by my bank or other financial institution, I understand that I am still responsible for that payment plus the Y will apply a \$25.00 service charge.

I understand that I am responsible to inform the Y within 3 days of any account change with updated information.

Authorized Signature

Date