



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Y'S KIDS SCHOOL YEAR

ENROLLMENT PACKET

FOR REMOTE LEARNING PROGRAM 2020-2021 SCHOOL YEAR

SCHOOL: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
TEACHER: \_\_\_\_\_



**BEFORE YOUR CHILD MAY ATTEND, YOU NEED TO**

- **Complete and return this packet to the Reception Desk  
With first week's payment**
- **Current Immunization Record**

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





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## ENROLLMENT APPLICATION FOR REMOTE LEARNING

PLEASE PRINT CLEARLY

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

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 \_\_\_\_\_  
Teacher: \_\_\_\_\_

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:**

All Ages

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

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 FOR REMOTE LEARNING

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 Youth Development 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

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

Authorized Person #3		Authorized person #4	
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 FOR REMOTE LEARNING

### 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 the Remote Learning Program				
ARRIVE at the Remote Learning 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 respon-

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

\_\_\_\_\_ 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

\_\_\_\_\_ 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 to allows my child to use hand sanitizer

\_\_\_\_\_ the Y to allow my child to use the internet to do their school work

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:						
Drop off at 8:30AM/Pick up by 5:00PM						
# of Days	M	T	W	TH	F	Cost
5						\$175.00/ week

# 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.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)



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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