



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y'S KIDS SCHOOL YEAR
ENROLLMENT PACKET
FOR 2020-2021 SCHOOL YEAR

SCHOOL: _____
AM/PM (PLEASE CIRCLE ONE AND ONE PACKET PER PROGRAM)



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

ENROLLMENT APPLICATION

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: | | | |

| 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

EMERGENCY CONSENT FORM

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: _____

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 |

TRANSPORTATION PLAN & AUTHORIZATION PLEASE CHECK OFF IN BOX BELOW

Childs Name: _____

| 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

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

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

 Parent/Guardian Signature

 Date



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YMCA OF GREATER WESTFIELD
67 COURT STREET, WESTFIELD, MA 01085
413.568.8631 | www.westfieldymca.org

ENROLLMENT

| 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/9-11:30am) | | x | | x | | \$150/month | |
| 2 Day with Enrichment (2.9-3 yrs./ 9AM-2:30PM) | | x | | x | | \$300/month | |
| 3 Day AM (3-5 yrs./ 9-11:30) | x | | x | | x | \$178/month | |
| 3 Day PM (3-5 yrs./12:30-3PM) | x | | x | | x | \$178/month | |
| 3 Day Combo (9AM-3PM includes LB) | x | | x | | x | \$396/month | |
| 5 Day AM (4-5 yrs./ 9-11:30AM) | x | x | x | x | x | \$255/month | |
| 5 Day PM (4-5 yrs./ 12:30-3PM) | x | x | x | x | x | \$255/month | |
| 5 Day Combo (4-5 yrs./ (9AM-3PM includes LB) | x | x | x | x | x | \$560/month | |
| Pre-K (5 .yrs./9AM-3PM includes LB) | x | x | x | x | x | \$597/month | |
| Lunch Bunch | | | | | | \$6/daily (Select days) | |
| 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) | |
| Enrichment (2.9-5yrs/12:30-2:30PM) | | x | | x | | \$95/8 week session (\$191 w/ Lunch Bunch) | |

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



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To All School Age Child Care Parents:

From: Michelle Anamisis, Youth Development Director

RE: School closing, Half days, 2 Hour delays, & Early Dismissal due to weather

Please read and sign below acknowledging the YMCA policy about closing.

(1) Two-Hour Delay Called by WPS:

If my child is signed up for the morning program and there is a 2 Hour Delay, my child can attend the morning program as early as 7:00AM and stay at school till 11:00AM. It must be your child's regular day to attend the program. Please note that when there is a 2 hour delay breakfast is not served at school.

****If WPS changes the status from a 2 hour delay to a No School day, I understand that I may have to pick up my child from school and bring them to the YMCA for a snow day. The YMCA has a van that may be able to pick up from schools; this will depend on attendance numbers. There is no guarantee that the YMCA will be able to transport your child from school to the YMCA. Lunch will be provided to the kids should two hour delay change to a full cancellation of school. ** It's the parent's discretion on whether or not to drop off before 8:45AM.**

Parent/Guardian Initials _____

(2) Scheduled Half Days:

If my child is signed up for the morning or afternoon program and Westfield Schools have a scheduled half day, I must register my child for the half day program that takes place at the YMCA. All the children will be bused to the YMCA on 67 Court St and the program will be open till 6:00PM. If my child is not registered, YMCA staff will not be allowed to take them on the bus or van.

Parent / Guardian Initials _____

(3) Early Dismissal Called by WPS due to inclement weather:

If my child is signed up for the afternoon program and it is their regular day to attend and the WPS have an early dismissal due to inclement weather my child will be bused to the YMCA on 67 Court St and the program will be open till 6PM. If my child doesn't attend that day I understand they will not be bused to the YMCA. No registration is required for an early dismissal due to inclement weather. All children who are scheduled to attend that particular day will be bused to the YMCA.

Parent/Guardian Initials _____

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(4) School Cancelled due to inclement weather:

If my child is signed up for the morning or afternoon program and WPS have a no school day I must register sign my child for the day. The program will take place at YMCA on 67 Court St and the program will be open till 6:00PM. For snow days we may close, close early or have a delayed opening depending on weather conditions.

Parent/ Guardian Initials _____

I have read and understand the specific procedures that will be followed by the YMCA and my responsibilities as they pertain to a delay, dismissal, or closing of the Westfield Public Schools.

Parent/Guardian Signature _____ Date _____

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