



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Y'S KIDS SUMMER
ENROLLMENT PACKET
FOR 2020
5 Day Only**

DATES: CHECK OFF ONE WEEK OR CHECK OFF THE ENTIRE SUMMER.

- July 1-July 3 (3 Days Only)
- July 6-July 10
- July 13-July 17
- July 20-July 24
- July 27- July 31
- August 3-August 7
- August 10-August 14
- August 17-August 21
- August 24-August 25 (2 Day Only)

BEFORE YOUR CHILD MAY ATTEND, YOU NEED TO

- **Complete and return this packet to the Reception Desk
With first week's payment**
- **Must have an immunization record attached in order to process**
- **Receive a parent handbook**

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

SUMMER Y'S KIDS ENROLLMENT APPLICATION 2020

PLEASE PRINT CLEARLY

APPLICANT INFORMATION			
CHILDS NAME:		DATE OF BIRTH:	
AGE AT ENROLL-		GENDER IDENTITY:	
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 _____

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:

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.



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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 _____

List Chronic Conditions:

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

Child's Name: _____

Please let us know how your child will arrive and leave the program	Parent Drop Off	Other	Describe
ARRIVE To The Summer Program			
LEAVE The Summer 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

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

_____ 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, representa-



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ENROLLMENT

TO BE COMPLETED BY A PARENT/GUARDIAN

APPLICANT INFORMATION			
CHILDS NAME:		DATE OF BIRTH:	
AGE AT ENROLLMENT:		GENDER IDENTITY:	
STREET ADDRESS:		CITY, STATE, ZIP	
SCHOOL ATTENDING:		PRIMARY LANGUAGE:	
PARENT'S NAME:		PHONE NUMBER:	
EMAIL ADDRESS:			

Rates	
Financial Assistance available	
Program	Weekly
5 Day	\$175
3 Day for week of July 1 only	\$105.00
2 Day for week of August 24 only	\$70.00

PLEASE SELECT THE APPROPRIATE DAYS AND PROGRAM BY MARKING THE CORRESPONDING WEEK

X off your selection for week -			
Week 1 (7/1 - 7/3)			
Week 2 (7/6 - 7/10)			
Week 3(7/13 - 7/17)			
Week 4 (7/20 - 7/24)			
Week 5 (7/27-7/31)			
Week 6 (8/3-8/7)			
Week 7 (8/10 - 8/14)			
Week 7 (8/17 - 8/21)			
Week 9(8/24 - 8/25)			

START DATE:

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