



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y'S KIDS SCHOOL YEAR
ENROLLMENT PACKET
FOR 2019-2020 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



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Enrollment Application

PLEASE PRINT CLEARLY

Child's Name _____ Date of Birth _____ Male ___ Female ___
 Street Address _____ Age at Admission _____
 City _____ State _____ Zip _____
 Who does child live with? _____

Program Choice:

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

Emergency Consent Form

Child's Name _____ Date of Birth _____ Male ___ Female ___

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

Emergency Contact Information

Parent #1 _____
Relationship _____
Home address _____
City, State, Zip _____
Home phone _____
Cell phone _____

Do you give your permission for your child to be released to this person? Yes ___ No ___

Parent #2 _____
Relationship _____
Home address _____
City, State, Zip _____
Home phone _____
Cell phone _____

Do you give your permission for your child to be released to this person? Yes ___ No ___

Relationship _____
Home address _____
City, State, Zip _____
Home phone _____
Cell phone _____

Do you give your permission for your child to be released to this person? Yes ___ No ___

Health Insurance Coverage

Insurance Company _____
Policy Number _____
Insured _____
Relation to child _____
Phone _____
Parent/Guardian _____
Phone _____

Relationship _____
Home address _____
City, State, Zip _____
Home phone _____
Cell phone _____

Do you give your permission for your child to be released to this person? Yes ___ No ___

Relationship _____
Home address _____
City, State, Zip _____
Home phone _____
Cell phone _____

Do you give your permission for your child to be released to this person? Yes ___ No ___

Parent/Guardian signature

Date

Transportation Plan & Authorization

Child's name _____

Birth date _____

My child will ARRIVE at the Preschool Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will LEAVE the Preschool Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will ARRIVE at the Before School Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will ARRIVE at the After School Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
Bus/Van _____	Supervised walk _____	
My child will LEAVE the After School Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____

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.

_____ I have reviewed and understand that it's my responsibility to read and adhere to all procedures outlined in the Parent Handbook and Health Care Policy.

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

Enrollment

To be completed by the parent/guardian

Child's name _____ Birth Date _____
 School Attending _____ Primary Language _____
 Parent's Name _____ Phone to best reach you _____
 Email address _____

Please check days with the appropriate program

School Age (K-6 grades)

2 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$25.00 weekly
3 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$32.00 weekly
5 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$50.00 weekly
2 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$40.00 weekly
3 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$58.00 weekly
5 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$80.00 weekly

School Closures Only (refer to school calendar)

Currently enrolled in Y's Kids Dates _____ \$30 daily

Not enrolled in Y's Kids Dates _____ \$40.00 daily

Preschool

2 Day AM (2.9-3 yrs/ 9-11:30AM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$150 monthly
2 Day with Enrichment (2.9-3 yrs/ 9AM-2:30PM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$300 monthly
3 Day AM (3-5 yrs/ 9-11:30)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$178 monthly
3 Day PM (3-5 yrs/12:30-3PM)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$178 monthly
3 Day Combo (AM & Lunch Bunch)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$396 monthly
5 Day AM (4-5 yrs/ 9-11:30AM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$255 monthly
5 Day PM (4-5 yrs/ 12:30-3PM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$255 monthly
Lunch Bunch (2.9-5yrs/11:30AM-2:30PM)	M ___ T ___ W ___ T ___ F ___	\$6 daily(check days)
5 Day Combo (4-5 yrs/ 9AM-3PM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$560 monthly
Pre-K (5 Yrs/9AM-3PM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$597 monthly
Before School 2 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$22 weekly(check days)
Before School 3 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$28 weekly(check days)
Before School 5 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$40 weekly(check days)
After School 2 Day (2.9-5yrs/ 3-5 PM)	M ___ T ___ W ___ T ___ F ___	\$22. weekly(check days)
After School 3 Day (2.9-5yrs/ 3-5 PM)	M ___ T ___ W ___ T ___ F ___	\$28. weekly(check days)
After School 5 Day (2.9-5yrs/ 3-6 PM)	M ___ T ___ W ___ T ___ F ___	\$40 weekly(check days)
Enrichment (2.9-5yrs/12:30-2:30PM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$95 per 8 week session \$191 with lunch bunch

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

I hereby authorize The Greater Westfield YMCA to initiate electronic funds from my checking account or credit card. This authorization remains in effect until the Y has received a 10 day written notice from you indicating an end date.

Checking Account

Name on Account _____

Bank Name _____

Routing Number _____

Account Number _____

Credit Card

Name as Appears on Card _____

Account Number _____

Security Code _____

Expiration Date _____

Visa _____ Mastercard _____ Discover _____

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



FOR YOUTH DEVELOPMENT
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To: All School Age Child Care Parents

From: Michelle Anamisis, Youth Development Director

RE: Westfield Public Schools Delayed Openings / Early Dismissals / Closings

Please read and sign below acknowledging the YMCA policies related to school delays, dismissals, and closings.

(1) Two-Hour Delay:

If my child is signed up for the morning program and there is 2 Hour Delay, my child can attend the morning program as early as 7:00AM and stay at school until 11:00AM if it is my 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. Although here is no guarantee that the YMCA will be able to transport your child from school to the YMCA, the YMCA has a van that may be able to pick up from schools; This will depend on daily attendance numbers. Lunch will be provided to the kids by the YMCA should a two hour delay change to a full cancellation of school. ** Drop off prior 8:45AM is at the discretion of the Parent.**

Parent/Guardian Initials_____

(2) Scheduled Early Release Days:

If my child is signed up for the morning or afternoon program and Westfield Schools have a scheduled Early Release day, I must pre-register my child for the half day program that takes place at the YMCA. Children will be transported to the YMCA at 67 Court Street and the program will be open till 6:00PM. If my child is not registered, YMCA staff is not able to transport them on the bus / van.

Parent / Guardian Initials_____

(3) Early Dismissal 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 at 67 Court Street. The program will remain open until 6:00PM. No pre-registration is required for an early dismissal due to inclement weather. All children who are scheduled to attend on that particular day will be transported to the YMCA. If my child is not registered to attend the program on the day of an early dismissal, I understand that my child will not be transported to the YMCA.

Parent/Guardian Initial_____

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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 has a no school day, my child can spend the snow day at the YMCA. I must register my child for the day. The program will take place at YMCA at 67 Court St and the program will be open till 6:00PM. On bad weather days, the YMCA may also close early, have a delayed opening, or close altogether, 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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