



YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

OUT-OF-SCHOOL TIME ENROLLMENT FORM

OST Program Name: Stoneham YMCA OST Program

Child's Name:	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
Date of Admission:	Age at Admission:	
Date of Birth:	Primary Language:	

Identifying Marks:

Allergies / special diets:

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Parent/Guardian Name:

Relationship to child:

Relationship to child:

Home Address:

Home Address:

Home Telephone #:

Home Telephone #:

Cell phone #:

Cell phone #:

Email:

Email:

Business/Work Name:

Business/Work Name:

Business/Work Address:

Business/Work Address:

Bus. Telephone #:

Bus. Telephone #:



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ADDITIONAL INFORMATION:

Child's Physician/Clinic where child is seen on a regular basis:

Phone:

Address:

Chronic health conditions:

Special limitations or concerns:

Days and times your child will be attending; please check the days and write in times of attendance: *** 5 day, 3 day and 2 day options (there are no 1 or 4 day options available)

MONDAY <input type="checkbox"/>	TUESDAY <input type="checkbox"/>	WEDNESDAY <input type="checkbox"/>	THURSDAY <input type="checkbox"/>	FRIDAY <input type="checkbox"/>
to	to	to	to	to

Name of school child will attend in September 2015:

School Address:

Grade:

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Please initial*** _____

I certify that all information on this application is current and correct and I also understand that it is my responsibility to inform the YMCA School Age Director of any changes to the above information should **any** information change throughout the course of the time my child is enrolled in the program.

Parent/Guardian Signature

Date



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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship to child: _____

Cell # (____) _____ Work # (____) _____ Home # (____) _____

Parent/Guardian Name: _____ Relationship to child: _____

Cell # (____) _____ Work # (____) _____ Home # (____) _____

Primary Care Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Health Insurance Company _____ Policy Holder: _____

Policy Number: _____ Instructions: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Physical or dietary restrictions: _____

Any other information that will help us better serve your child: _____

Emergency Contacts (these are required, please place in order to be contacted)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone #: (____) _____

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

2. Name: _____ Address: _____

Relationship to Child: _____ Phone #: (____) _____

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

3. Name: _____ Address: _____

Relationship to Child: _____ Phone #: (____) _____

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



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AUTHORIZATION AND CONSENT

Please read each policy and **initial that you agree or write “NO” if you disagree** on the line before each statement. Please be aware that some policies must be initialed that you agree as a condition of enrollment.

- ❖ _____ I give my son/daughter permission to attend YMCA of Metro North’s Out-of-School Time Program and participate in all program prescribed activities.
- ❖ _____ I authorize staff members in the OST program, who are trained in the basics of First Aid/CPR, to administer to 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 by ambulance to the nearest medical care facility at the discretion of the Emergency Medical Personnel. I authorize the program to secure necessary medical treatment for my child in my absence.
- ❖ _____ I authorize the program to release my child only to the persons, parents, and guardians listed on the release card/transportation plan. I understand that a form of picture identification must accompany all persons picking up my child. **I understand that any additions or subtractions to this list must be in writing to the office.**

Individual Health Care Plans (IHCP) and Medication Consent forms are *required* for any child who has a chronic medical condition requiring medication while at the program (for example, a nut allergy that requires an epi-pen or asthma that requires an inhaler). Children may not begin or attend the program until these completed forms are received, along with the prescribed medication. All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer’s packaging and the prescriber needs to sign the medication Consent Form for over-the-counter medications. One Medication Consent Form is required *per* medication and one Individual Health Care Plan (IHCP) is required *per* condition. *The IHCP must be signed by the doctor (an attached action plan and/or stamp is not sufficient per the Department of Early Education and Care).

If your child uses an emergency medical device such as an Epi-Pen or Inhaler please indicate that we have permission to treat your child in the case of a medical emergency. YES NO
If YES, what type of device is needed? Type of device _____

By signing below I understand and agree to the above statements I have initialed. I attest that all of the information I have provided on this form is accurate and up to date and that it is my responsibility to inform the YMCA Director of **any** changes to the above information. I understand my child must have a completed Individual Health Care Plan & Medication Consent form along with the medication in order to attend.

Parent Signature _____ Date _____

Parent/Guardian Authorizations and Consents

Please read each statement or policy and initial that you agree with or understand the statement. If there is a statement you do not agree with please write "NO" in the space instead of initialing. **Please be advised that certain policies and statements must be initialed as agreed as a condition of enrollment.**

- ❖ _____ I received a copy of the Parent Handbook during my child's initial enrollment. I also understand that my child, my family representatives, and I are held liable to the policies listed within. I also understand that by law I am allowed to reasonably visit the program at any time that my child is present.
- ❖ _____ I agree to pay all fees due to the YMCA for services provided in full and on time. I understand that payment must be made weekly, biweekly, or monthly IN ADVANCE. Falling more than 2 weeks behind in fees can and will result in termination of child care services.
- ❖ _____ I understand that I am responsible to pay for days that my child is absent from the program (i.e. Holidays, out sick, bad weather, doctor's appointments, etc.)
- ❖ _____ I understand that substitutions of days cannot be made for holidays, temporary closings due to weather conditions, or my child's absence from the program.
- ❖ _____ It was explained to me and I am aware of what time the program closes. I understand that a late fee of \$10.00 fee will be charged at exactly 6 minutes after the closing time according to the designated clock at the YMCA. An additional charge of \$10.00 per child will be charged for each additional 10 minutes after closing time. If my child has not been picked up from the program within 1 hour after the closing time a total charge of \$60.00 in late fees will be charged per child and the Department of Children & Families will be notified. Late fee must be paid within 3 business days.
- ❖ _____ I understand that if my child, any family representative, or I put themselves, other persons, or staff in danger in any way, or acts inappropriately, childcare services can and will be terminated immediately. Anyone entering the YMCA is responsible for following the YMCA Code of Conduct.
- ❖ _____ I understand that if I plan to terminate my child's participation in the program I must give a 2-week written notice to the office and I will be responsible for payment of the two weeks.
- ❖ _____ I understand that if my child will not be attending the program on a given day, I must call the program at least 1 hour prior to the program starting. I understand if I do not send my child and do not call



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the program it will count as an unexcused absence. Further I understand that more than three unexcused absences in a month could result in the termination of services.

- ❖ _____ I authorize photographs, video, and audio recordings to be taken of my child while participating in any of the YMCA of Metro North's Children's Programs. These photos will only be used to acknowledge your child's achievements or in YMCA publications for advertisement.

- ❖ _____ I authorize the program to allow my child to be observed by a social worker, therapist or clinician if the need is determined. The purpose of the observation is to assess behaviors and give feedback to be used by the staff to better meet the child's needs. This information will remain confidential. **Parents will be notified in writing prior to the observation and will be provided a copy of the observation as well.**

- ❖ _____ I authorize the Directors of the program to speak with my child's pediatrician, nurse, therapist, school teacher/principle/guidance counselor, school adjustment counselor, the Department of Children & Families, lawyer, social worker, Psychiatrist, or Psychologist. I will be informed by the Directors should any of these people need to be contacted prior to doing so.

- ❖ _____ I give permission for my child to use any of the Metro North YMCA's swimming pools (Lynn, Saugus, Peabody or Melrose). I understand that a certified Life Guard and program staff are present in/at the pool at all times with the children.

- ❖ _____ I understand that the YMCA DOES NOT PROVIDE Sunscreen or Bug Repellant to the children. I am aware that I must send these items in should I want my child to be protected on any fieldtrips.

- ❖ _____ I understand the YMCA staff cannot apply Sunscreen or Bug Repellant that I have provided for my child. Staff may help spray sunscreen or bug repellant if necessary or requested.

Signature of Parent/Guardian

Date



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SCHOOL AGE CHILD CARE TRANSPORTATION PLAN AND AUTHORIZATION TO RELEASE

Child's Name _____

My child will arrive to the program by (please check):

- Public School Bus
- YMCA contracted Bus
- unsupervised walk from _____
- supervised walk from _____
- Parent Drop-Off
- Other (Describe _____)

My child will depart from the program by (please check):

- Parent pick-up (No later than 6pm)
- YMCA contracted Bus (Supportive Slots Only)
- Other (Describe _____)

On vacation days, school professional days, and other non-school days, it is requested that parents drop off their child(ren) off no later than 10:00am unless he/she rides the YMCA DCF supportive slot bus.

ALL PARENTS/GUARDIANS MUST SIGN THEIR CHILDREN INTO THE PROGRAM. Please do NOT drop your child off at the front of the building, as we are not responsible for their supervision until they are signed into the program.

I further understand that I am responsible for picking up my child no later than 6pm or I will be charged a late fee and could possibly have my slot terminated after three late pick-ups.

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

Name _____	Relationship _____
Address _____	Phone _____

Name _____	Relationship _____
Address _____	Phone _____

Name _____	Relationship _____
Address _____	Phone _____

Parent/Guardian Signature

Date



Bus Rider Contract

1. I will help keep the bus safe and clean at all times by NOT EATING or DRINKING anything on the bus.
2. I will keep my head and hands inside the bus at all times.
3. I will use an inside voice (no shouting/screaming or talking loudly on the bus).
4. I will be safe and not hit, push, tease, or in any other way bother the other children on the bus.
5. I will stay in my seat while the bus is moving.
6. I will be polite to the bus driver, monitors and the other children.
7. I will not cause destruction to the bus.
8. I will not fight with the other children.
9. I will not use bad language on the bus.
10. I will not bring unsafe items such as knives, scissors, rope and/or guns (toy or real) onto the bus.
11. I will not throw anything in or at the bus such as rocks and snowballs.
12. I will be responsible for my own behavior at all times.
13. I will report any problems I have while on the bus to the bus monitor or the Program Director.

*Violation of these rules will result in a friendly warning, then a 1 day suspension from the bus, then a 3 day suspension and then a 5 day suspension. After the 4th warning your child may lose their bus privileges based on the severity of circumstances.

Parent Signature _____ Date _____

Child's Signature _____ Date _____



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OFF SITE ACTIVITIES FORM

Child's Name: _____

I, _____, give permission for my child to participate
(Parent's Printed Name)

in all regularly scheduled on-going activities located at the following off-site facilities, including but not limited to:

- Melrose YMCA
- Torigian Family YMCA
- Saugus Family YMCA
- Parks within .5 mile radius to center

I understand that I will be notified as far in advance as possible when my child may be off site and away from the program.

Parent/Guardian Signature

Date



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Developmental History

In order to better get to know your child and their special accomplishments, please tell us about your child. Please include behavioral, social, eating, resting, learning, communication, and other developmental habits of your child so that we may better meet their needs.

Socially my child, _____ likes to:

Can be challenged by:

Behaviorally my child likes to/is:

Can be challenged by:

Physically my child likes to/is:

Can be challenged by:

Cognitively (Learning) my child likes to/is:

Can be challenged by:

Anything special or wonderful about your child that we should know?



Billing Information

Child's Name _____ Date of Birth _____

Sponsor (Person(s) Responsible for Payment) _____

Home Address _____ City _____ Zip _____

Sponsor Social Security Number _____ Child SS# _____

Home Phone () _____ Sponsor Work Phone () _____

Program (Circle One) *Afterschool* *Summer Program*

Site: _____ Tuition Code _____

Days Attending (Check all that apply) Monday Tuesday Wednesday Thursday Friday

School: _____ Grade: _____ Group: _____

Proposed Start Date _____ Actual Start Date _____

Intake Staff Name _____ Date of Intake _____

Intake Staff Notes _____

Contract & Billing Notes _____

**Please give a completed copy of this form to the Billing & Contract Manager.*