



YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

OUT-OF-SCHOOL TIME ENROLLMENT FORM

OST Program Name:

Torigian Family YMCA

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:
Date of Birth:	Date of Birth:
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:

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 2017:

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* _____

Emergency Contacts:

1. Name: _____ Address: _____
Phone #: ()

2. Name: _____ Address: _____
Phone #: ()

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 (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 Early Education 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 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 _____



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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 childcare 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 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. The YMCA of Metro North reserves the right to terminate a child/family from the program after 3 late pickups.

- ❖ _____ 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 4-week written notice to the office and I will be responsible for payment of the four 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 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.



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- ❖ _____ 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 repellent 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:

- _____ 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:

- _____ 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 _____
Address _____

Relationship _____
Phone _____

Name _____
Address _____

Relationship _____
Phone _____

Name _____
Address _____

Relationship _____
Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan will be implemented. This permission form is valid for one year from date of consent.

Parent/Guardian Signature _____ Date _____



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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:

- Whitney Dr. Playground
- Lynn YMCA
- Saugus YMCA
- Melrose/Stoneham YMCA

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?



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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.*



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METRO NORTH

**Lynn YMCA – Melrose Family YMCA – Saugus Family YMCA – Torigian Family YMCA
EFT/Credit/Debit Card Auto Draft Authorization Form for Child Care Payments**

Parent/Guardian Name: _____

Child(rens) Name(s): _____

Draft Authorization Agreement:

I (we) hereby authorize the YMCA of Metro North, Inc. to draft my (our) EFT (Checking) or debit/credit card for the amount owed by me, by initiating debit entries to my (our) account indicated below. I (we) authorize and request my bank or credit card company to accept any debit entries by the YMCA of Metro North, Inc. to my (our) account and to charge the same to such account for the tuition as agreed upon in the tuition contract; I (we) have given authority to _____ at

(Bank/Credit Card Name)

_____ to honor preauthorized withdrawal by you on my account for child care program payments as

(Bank address if known)

indicated below. It is understood that your sending of this preauthorized withdrawal to the bank/credit card company as a payment becomes due shall constitute valid notice of such payment due on the child care program. When the bank/credit card company honors the preauthorized withdrawal by charging my (our) account, such withdrawal shall constitute my (our) receipt for payment. Should any preauthorized withdrawal not be honored by my (our) bank/credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount of said payment.

Debit/Credit Card Draft Agreement:

- The EFT or bank/credit card draft is payment for a child care slot. I understand that the draft will remain in effect until I (we) initiate its termination.
- I understand that if I wish to terminate this program, I must give the YMCA written two week notice.
- Should a draft not be honored by my bank for any reason, I understand that I will be responsible for payment in order to keep my child care slot.
- I understand that should a draft not be honored by my financial institution for any reason I will be responsible for that payment for that week(s) plus, an administrative fee of up to \$15.
- I understand that after two consecutive unpaid drafts, the YMCA will terminate my draft and I will be responsible for keeping my child care account current. Continuation of my child care will depend upon proper settlement of my account.
- I understand that my child care tuition will be drafted on a weekly basis unless alternative arrangements have been made with the Branch Administrator.

(Authorized Signature)

_____/_____/_____
(Date)

****For your security, this information will be shredded once entered into our computer system.***

Account Holders Name (as it appears on the account/card): _____

Account Holder's Address: _____

Checking / EFT Account Number: _____ Bank Routing Number: _____

or

Card Number: _____ Card Type (please circle): MC VISA Discover AMEX

Expiration Date: ____/____/____

CVV#: _____

Staff Initials: _____