

Child's Name _____



Enrollment Information

Home Address	Date of Admission	
Telephone	Date of Birth	
School	Age at Admission	
Identifying Marks	Height	Weight
Allergies/Special diets	Eye	Skin Color
	Hair Color	Sex

Parent/Guardian Information

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Home Address	Home Address
Daytime Telephone Number	Daytime Telephone Number
Evening Telephone Number	Evening Telephone Number
Work Name	Work Name
Work Hours	Work Hours
Cell Phone Number	Cell Phone Number

Additional Information

Child's Physician/Clinic _____

Address _____ Phone: _____

Current Health Conditions _____

Special Limitations or Concerns _____

Is there anything about your child's medical/physical background we should know?

I certify that the 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. **Parent/Guardian initials** _____

Parent/Guardian Signature _____ Date _____

Child's Name _____



First Aid and Emergency Medical Care

I authorize MetroWest YMCA staff who are trained in the basics of first aid to give my child first aid and CPR when appropriate. In addition, I give the MetroWest YMCA staff authorization to apply the following products that I provide to prevent or treat discomfort in my child based on the staff member's educated judgment.

Insect repellent _____ Calamine lotion _____
Sunscreen _____

I understand that every effort will be made to contact me in the event on 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 center and/or _____, and to secure the necessary medical treatment for my child.

Parent/Guardian Signature _____ Date _____

Transportation Plan and Authorization

My Child will arrive at the MetroWest YMCA OST Program by:

- ___ Unsupervised walk from classroom
- ___ Supervised Walk (Who _____)
- ___ Parent/Guardian Drop off
- ___ YMCA Program Van

My Child will depart at the MetroWest YMCA OST Program by:

- ___ Supervised Walk (Who _____)
- ___ Parent/Guardian Pick up
- ___ YMCA Program Van (AM option only)

I understand that any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. Also by signing below I give the MetroWest YMCA permission to transport to and or from their school.

Parent/Guardian Signature _____ Date _____

SAYO Authorization

With efforts to improve our program the MetroWest YMCA OST Program will be conducting a study twice a year called the SAYO. This study looks at youth's participation in afterschool activities and measures healthy outcomes for the children. All information will be confidential and your child's name will not appear on any SAYO materials.

Parent/Guardian Signature _____ Date _____

Child's Name _____



MetroWest YMCA Policies

Photo Release

I give the MetroWest YMCA permission to take pictures/videos of my child while involved in the daily activities in the program. I understand that these photographs may be used for media purposes or in the MetroWest YMCA newsletters, brochures, web site and other promotional publications.

Parent/Guardian Signature _____

Date _____

Tuition

I understand that the tuition is due on the 1st of the month but no later then the 5th of every month for that month.

Parent/Guardian Signature _____

Date _____

Illness/Medication

I understand that my child shall be kept home with the following symptoms: **fever, vomiting, diarrhea within a 24 hour period, conjunctivitis and other contagious diseases.** I understand that no medication will be administered to my child without written consent and instructions from the doctor **and** parent.

Parent/Guardian Signature _____

Date _____

Late Pick Up

I understand that pick up time is 6PM. A late fee of \$10.00 for the first ten minutes, and \$5 for five minute interval afterward when children are still in the program after the center closes will be assessed. A late fee charge will be added to the parents' bill. Cash is not accepted.

Parent/Guardian Signature _____

Date _____

Release of Information

I authorize the MetroWest YMCA Site Coordinator and OST Director to speak with personnel at my child's school, including but not limited to classroom teachers, guidance counselors, school psychologist's , pertinent specialists and school administrators) regarding my child.

I understand that this release information form is a legal document in allowing the above-mentioned YMCA OST Staff to speak with public school personnel, and all the information will be kept strictly confidential. By signing below I am also giving permission for my child to leave the YMCA program with their teacher or other school faculty to assist with homework help, special projects etc.

Parent/Guardian Signature _____

Date _____

KidStrong

I give permission for my child to participate in all Kidstrong activities including related assessments.

Parent/Guardian Signature _____

Date _____

Family Handbook

I have read and understand the MetroWest YMCA Family Handbook

Child's Name _____



Parent/Guardian Signature _____

Date _____

Child's Name _____



Billing Policy Statement of Understanding

I understand that I am required to pay my balance by the 1st of each month whether or not I receive a bill. I understand that after the 5th day a late fee of \$15 will be added to my balance.

To endure my child's place in the program, a non-refundable registration fee of \$50.00 for new children and \$25.00 for returning children is required.

I understand that tuition overdue for a period of two (2) weeks may result in termination of child care and access to other YMCA programs such as summer camp and swim lessons. In addition, for families using a voucher to help pay for care, the MetroWest YMCA may contact voucher agencies to alert them to families who have not paid their child care tuition. This may result in the loss of financial aid.

I understand that there is no reduction in fees for absences, vacations or holidays.

I understand that the MetroWest YMCA bills for the Extended Day Program in 10 equal installments. Therefore there is no reduction cost for December or June.

I understand that there are no refunds unless the MetroWest YMCA terminates the child's care or there is evidence of a long-term illness (written notification and a doctor's note are required).

I understand that I must give the MetroWest YMCA Extended Day Program **30 days written** notice before withdrawing my child from the program and that I am responsible for tuition during this period regardless of when my child leaves the program.

The additional policies concern those on Voucher, Contracted Slot or receiving financial aid

I understand that if my voucher is terminated for any reason I am responsible for the MetroWest YMCA's regular Extended Day fees until such time as my voucher is reinstated or I qualify for financial assistance.

I understand that absences of more than 10 days in a month may affect my eligibility for continued financial assistance.

I understand that I am on YMCA financial assistance and I change my job or the number of days my child attends the program, that I must reapply for assistance.

through a voucher or contracted slot, I may elect to pay on a weekly basis. (This must be preapproved through the finance office).

I understand that all assistance is subject to periodic reassessment. (I will keep all my pay stubs in personal files to facilitate this process).

I understand that if I am planning on applying for YMCA assistance my application must be submitted and approved before my child starts or I will be responsible for the regular YMCA rates.

I agree to abide by these policies and requests.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Child's Name _____



Emergency Card Information

Date of Birth _____ Phone: _____
Child's Home Address _____

Instructions to Reach Parents/Guardians (List in order of contact preference)

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Home Address	Home Address
Daytime Telephone Number	Daytime Telephone Number
Work Name	Work Name
Work Hours	Work Hours
Cell Phone Number	Cell Phone Number

Authorized Pick Up/Emergency Contact Person(s) (List in order of contact preference)

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number

Please list any allergies with treatment plan your child may have:

Please list any current medications your child is currently taking:

Medical Emergency Treatment

I hereby give the MetroWest YMCA permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Printed Name _____
Parent/Guardian Signature _____ Date _____

Insurance Information (Optional)

Company Name: _____
Participating Hospital: _____ Policy # _____
Special Instructions _____