

Danvers Community YMCA SCHOOL'S OUT KIDS CLUB ENROLLMENT FORM 2024-2025

Please Provide Photo and Physical of Your Child With This Packet



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Childs Name: _____ Female__ Male__

Date of Birth: _____

Home Address: _____

Has child been screened for Developmental Delays: Yes or No (Circle one)

Individual Education Plan with school: ____ Yes ____ No

(a copy of this must also be on file with the YMCA)

Date of Start Program: _____ Age at start _____

Name of school your child attends: _____ Grade: _____

Days my child will attend the YMCA (Please Circle):

Mon Tues Weds Thur Fri

Race: _____
(Caucasian, African-American, Native-American/Eskimo or Asian/Pacific Islander, Leave blank if preferred)

Eye Color: _____ Hair color: _____

Height: _____ Weight: _____

Primary Language Spoken In Home: _____

Identifying Marks: _____

Child's Pediatrician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Chronic Health Conditions: _____

Special limitations or concerns: _____

Allergies/Special Diet: _____

I certify that documentation of physical examination and immunization in accordance with the public school health requirements, and Lead Poisoning screening in accordance with public health requirements are on file at my child's school: _____

Name of School

Parent/Guardian _____ Date _____

Parent/Guardian Name:

Relationship to child: _____

Home Address:

Home phone: _____

Cell phone: _____

Employer: _____

Hours at work: _____

Work Phone: _____

E-mail: _____

Parent/Guardian Name:

Relationship to child: _____

Home Address:

Home phone: _____

Cell phone: _____

Employer: _____

Hours at work: _____

Work Phone: _____

E-mail: _____

Child Information

Parent/Guardian Information

After School Tuition

Danvers YMCA Membership is included with after-school registration. This membership expires on August 31, before the start of the new school year.

***All Rates Are Monthly* Check off program**

	Member	
After School (2:30 to 6:00) 2 days	\$265	___
After School (2:30 to 6:00) 3 days	\$345	___
After School (2:30 to 6:00) 4 days	\$370	___
After School (2:30 to 6:00) 5 days	\$450	___

Please Check The Days Your Child Will Be Attending:

M___ T___ W___ R___ F___

No School Day Rates will be made available on the registration forms when those no school days come closer

- * \$50 non-refundable annual registration fee per family.
- * We offer a 15% sibling discount.
- * Payments are due on the 1st of each month for the month that follows*
- * Please fill out the automatic withdrawal information on the next page. IF you need to pay another way please be aware of late fees.
- * On Vacation Weeks, You MUST Sign Permission Slip by stated deadline and note that spots are limited, so it's on a first-come-first-serve basis.
- * On No School Days registration slips will be sent out in advance to sign your children up for the day. You MUST sign registration forms by the stated deadline to have your children attend
- *Late Payment Fees will be applied- See our Late Payment Policy on the following page*
- * We do accept Childcare Circuit Vouchers and offer Financial Assistance (must fill out appropriate paperwork and qualify)*
- * ***The YMCA cannot deduct days missed from your fee. Your fee pays for direct operating costs such as staff, snacks, materials and transportation. All these must be available for your child. When you enroll you are reserving the time, space, staffing and provisions for your child, whether the child attends or not.***

Parent Name (Print) _____

Parent Signature: _____ **Date:** _____

Late Pick Up/Payment Policies

Any child picked up after 6:00pm will incur a late fee. For every minute after 6:00pm, the family will be charged \$ 1.00 per minute. If pick-up is after 6:15pm, a late fee of \$5.00/min will be charged.

Payment INFO

• For Automatic Withdrawal on the 1st of Each Month •

Name On Credit Card or Bank Account: _____

Home/Billing Address: _____

Bank Routing # _____ Acct. Number: _____

Credit Card # : _____ Exp. Date: _____ 3 Digit Code on Back: _____

Card Type: Visa ___ Master ___ Discover ___ AMEX _____

Authorization Signature: _____

*By signing the above line, you understand that your account balance will be paid in full on the first day of each month

*Please speak to the Childcare Administrative Staff if you MUST pay with a different method.

Late Payment Policy

The Danvers Community YMCA may find it necessary to assess a late payment fee to your child care account. Tuition Payment must be received at the YMCA no later than the 1st of each month for that month of service. Fee payment dates are in effect so that the Child Care can meet budget expenses. When your payment is late, additional staff time has to be spent tracking fees, issuing late fee reminders and eventually recording payment, which causes increases to our administrative costs. As stated above, it is not the YMCA's intention to make money on late fees, but to collect cost associated with increased costs. A \$5 late fee will be applied if paid by the first week of the month. If a payment is still not received by the second week of the month an additional \$10 fee will be applied. If a payment is not paid by the third week of the month an additional \$25 will be applied with possible termination from the program.

We encourage anyone with hardships to talk with Meaghan or Paula about an optional payment plan.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION PLAN AND AUTHORIZATION

102 CMR 7.09 (3) AND 7.12 (1)

Child's Name: _____

ARRIVAL:

My child will arrive at the Danvers Community YMCA by: (Please check one)

- Parent/Guardian Drop Off School Bus Company or YMCA Bus
- Unsupervised Walk (not recommended by the YMCA) Supervised Walk
(Supervisor: _____ Telephone: _____)
- Parent will arrange transportation

DEPARTURE:

My child will leave the program by: (Please check one)

- Parent/Guardian Pick Up Unsupervised walk (not recommended by the YMCA)
- Supervised Walk Other (Please explain: _____)
(Supervisor: _____ Telephone: _____)

*Transportation Services will be terminated should chronic behavior problems on bus arrive. It is the sole discretion of the bus driver to make this decision.
I have read the above statement and acknowledge the use of personal vehicles as a means of transportation in unforeseen /emergency/maintenance circumstances.

Parent/Guardian _____ Date _____

AUTHORIZATION FOR RELEASE OF CHILD* Person picking up MUST be 16 years or older, and on the pick-up list.

I give permission for my child to be released from the program to the following people:

Name _____ Relationship to child _____ Address _____

Work phone _____ Home phone _____ Cell phone _____

Name _____ Relationship to child _____ Address _____

Work phone _____ Home phone _____ Cell phone _____

Name _____ Relationship to child _____ Address _____

Work phone _____ Home phone _____ Cell phone _____

ANYONE NOT LISTED ABOVE WILL ONLY BE ALLOWED TO RECEIVE CHILD WITH WRITTEN PERMISSION. ALL PERSONS INCLUDING PARENTS/GUARDIANS MUST BE PREPARED TO SHOW A PICTURE ID AT THE REQUEST OF YMCA STAFF BEFORE CHILD WILL BE RELEASED.

***A COPY OF COURT ORDER DENYING RELEASE/CUSTODY OF CHILD TO ANY PARTY MUST BE ON FILE IN THE CHILD CARE OFFICE**

FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM
102 CMR 7.09 (3)

Child's Name: _____ Date of Birth _____

Parent/Guardian Name: _____ Telephone: Work _____ Cell: _____

Parent/Guardian Name: _____ Telephone: Work _____ Cell: _____

I authorize the Danvers Community YMCA program staff who are trained in the basics of first aid to give my child first aid 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 do authorize the program to arrange ambulance transportation to the nearest medical facility (Beverly Hospital) or _____, and to secure necessary medical treatment for my child
(name of hospital preference)

Parent/Guardian Signature _____ Date _____

The following information must complete before your child is admitted to the program:

Health Insurance Provider: _____ Policy # _____

Name of Person Responsible for Insurance: _____

Name of Work Place Providing Insurance: _____

Address of Work Place Providing Insurance: _____

Child's Pediatrician: _____ Office Telephone: _____

Address _____

Medication Currently Taking (List all) _____

Dose _____ Time Given _____ Dose _____ Time Given _____

Allergies to medication: _____

Chronic Health Conditions: _____

Recent Surgery: Yes ___ No ___ If yes, please give date and surgery performed _____

Recent Medical Emergency not requiring Surgery: Yes ___ No ___ If yes, please explain: _____

Allergies: (please add a separate sheet if more space is necessary)

Name of Allergy	Symptoms/Signs	Treatment
-----------------	----------------	-----------

Name of Allergy	Symptoms/Signs	Treatment
-----------------	----------------	-----------

In the event that either the mother or father can't be reached, whom should we contact?

Name _____ Address: _____ Relationship to child? _____

Home phone; _____ Work phone _____

Name _____ Address: _____ Relationship to child? _____

Home phone; _____ Work phone _____

Parent/Guardian Signature: _____ Date _____

*PLEASE HAVE YOUR CHILD'S DOCTOR FILL OUT AND SIGN THE MEDICATION CONSENT FORM AND THE INDIVIDUAL HEALTH CARE FORM IF YOUR CHILD HAS ANY MEDICINE THAT OUR STAFF NEED TO ADMINISTER.

***MUST Have the child's Doctor fill out and sign Pages 8 and 9 if your child will have any medication stored or administered at the program**

OFF SITE AND FIELD TRIP PERMISSION FORM - 102 CMR 11.05 (10) (C)

AUTHORIZATION AND PERMISSIONS

I give permission for my child to participate in all organized scheduled activities and acknowledge at times these activities may take place at the following off-site locations: Danvers Public Library, Great Oak Playground, Mill Pond, Historical sites within walking distance of the YMCA.

Parent/Guardian: _____ **Date:** _____

FIELD TRIP AUTHORIZATION

I give permission for my child to participate in field trips away from the YMCA building. I understand that the program will provide information/registration form in writing of the field trip including cost, time of departure and expected time of return.

Parent/Guardian: _____ **Date:** _____

SWIMMING PERMISSION

I give permission to go swimming at the Danvers Community YMCA on his/her scheduled days. I understand that the child care staff, as well as certified lifeguards will supervise my child.

Parent/Guardian: _____ **Date:** _____

Would You Like Your Child to Do their Homework While At the After School Program?

Yes __ No __ (Please Check One)

PHOTO CONSENT

I give the Danvers YMCA permission to use for any lawful purpose the likeness of my child in photo/video with the understanding that the YMCA will not publish an associated name or identifying information.

I agree that the YMCA has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium, including but not limited to the classroom, website, television, radio, newspapers, magazines, social media sites. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. If at any time I need to remove photography and audio permission for my child, I understand that the YMCA will need written notification.

___ YES ___ No

Parent/Guardian: _____ **Date:** _____

MOVIE PERMISSION

My child has permission to view the following rated movies/videos while attending the Child Care Program. Rated G or PG.

Parent/Guardian: _____ **Date:** _____

HAND SANITIZER PERMISSION

I give my child(ren) permission to use hand sanitizer as needed.

Parent/Guardian: _____ **Date:** _____

PARENT HANDBOOK

A Parent Handbook is available online and I acknowledge that I will review/download one or ask for a copy.

Parent/Guardian: _____ **Date:** _____

**CONSENT FOR CHILD TO LEAVE
THE SCHOOL'S OUT KIDS CLUB PROGRAM
102 CMR 7.09(3) (b)**

The Office of Early Education and Care requires us to receive permission from parent/guardian if a child will be leaving our program to attend another program not located or located in the YMCA facility, then returning to our care. Therefore, if your child will leave our program to go to scouts, religious education or any other activities during his/her regularly scheduled days please fill out the consent form below: Example- Swim lesson, sports classes or outside activities such as golf or climbing.

My child _____ has my permission to leave the YMCA Schools Out Kids Club Program on Pickering Street to go to _____ This permission is in effect from _____ to _____.
(name of activity) (date) (date)

Day of Activity _____ Method of Transport _____ Time _____ Time _____
Leaving Returning

I understand that the Schools Out Kids Club Program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the above schedule. (such as to not go to where stated above) I recognize that my child WILL NOT BE SUPERVISED BY THE CHILD CARE STAFF WHILE S/HE IS AWAY FROM THE SCHOOLS OUT KIDS CLUB PROGRAM.

Parent/Guardian: _____ Date: _____

FOR ALL PARENTS/GUARDIANS

I have read through the above EEC policy regarding children leaving the Schools Out Kids Club Program to attend another program outside of the YMCA. Although I have no plans for my child to do so at this time, I do recognize that should this change, I will be responsible to inform the YMCA staff, and to complete the above form at that time.

Parent/Guardian: _____ Date: _____

Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth that are in care for more than four hours or of the children have a meal while in care. This regulation is intended to:

- Help children learn about the importance of good oral health.
- Provide information and resources regarding good oral health to childcare programs and families.
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks. EEC Licensed programs must comply with this regulation. However, parents may choose that their child not participate in tooth brushing while present at the child care program.

You do NOT need to fill out this form to have your child participate in tooth brushing while they are in childcare. However, IF YOU DO NOT WANT your child to brush his or her teeth while s/he is attending the childcare program, please fill out the information found below.

I do not wish to have my child participate in tooth brushing at the Danvers Community YMCA

Parent/Guardian: _____ Date: _____

Note – if you DO WANT your child to participate in the tooth brushing – you must provide a tooth brush on extended days.

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

*NECESSARY IF YOU WILL BE KEEPING MEDICATION FOR YOUR CHILD AT THE PROGRAM WITH THE POSSIBILITY OF STAFF HAVING TO ADMINISTER THE MEDICATION TO YOUR CHILD.

*MUST BE FILLED OUT AND SIGNED BY DOCTOR PRIOR TO MEDICATION BEING KEPT AT THE PROGRAM

Name of child: _____

Name of medication: _____

Please one of the following: Prescription: ____ Oral/Non-Prescription: ____

Unanticipated Non-Prescription for mild symptoms ____

Topical Non-Prescription (applied to open wound/ broken skin) ____

My child has previously taken this medication ____

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan ____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____
For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)

INDIVIDUAL HEALTH CARE PLAN FORM

***NECESSARY IF YOU WILL BE KEEPING MEDICATION FOR YOUR CHILD AT THE PROGRAM WITH THE POSSIBILITY OF STAFF HAVING TO ADMINISTER THE MEDICATION TO YOUR CHILD.**

***MUST BE FILLED OUT AND SIGNED BY DOCTOR PRIOR TO MEDICATION BEING KEPT AT THE PROGRAM**

Check All That Created The Plan:

Parent ___ Doctor or Licensed Practitioner ___
Program's Health Care Consultant ___ Older School Age Child (9+ yrs. Of age) ___ Other ___

Check All That Will Maintain the Plan:

Director _____ Assistant Director _____ Child's Educator _____ Other _____

Name of child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signatures required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner: (Please Print) _____

Licensed Health Care Practitioner Authorization: _____ **Date:** _____

Parental/Guardian Consent: _____ **Date:** _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____ Administrator's signature: _____ Date: _____

Here are some answers to some frequently asked questions:

*** PAYMENT IS DUE on or BEFORE THE 1ST OF EACH MONTH!**

***Children are grouped by their grade.**

***We close at 6:00 PM sharp daily. Please arrive no later than 5:50 to check in with your child's staff and gather their belongings to be out of building by 6pm.**

***We do offer snack daily (twice a day on no school days). There are no substitutions so please have children bring a snack in case they do not like the one we offer and plenty of fluids.**

***Please bring an ID or have whomever is picking your child up bring their ID in order to pick children up.**

***Our no school day hours may vary. Hours are decided when no school days get closer.**

***We DO pick up the children from school on early release days at no additional cost for children who are signed up for those days.**

***Children can attend outside YMCA classes during program hours and we will bring them to the class and return them, however you must notify the childcare office staff of the times and the classes for us to make sure they get to the classes.**

***Please send a non microwavable lunch with your child on no school days.**

***Please send your child(ren) with proper clothing for snow days or cold days so we can get the kids outside all school year long.**

***RETURNED CHECK FEE: \$ 15.00**

***Late Payment Penalties As outlined on the Fee Schedule and Policies page in this packet as well as the parent handbook, the Danvers Community YMCA may find it necessary to assess a late payment fee to your child care account.**

***Five-week months, Holidays and Vacation Days have been taken into consideration in the overall tuition rates therefore FULL tuition is due for months in which Holidays and vacation weeks occur. Substitutions cannot be made for holidays or vacations.**

***Financial Assistance available to eligible families.**

***Child Care Circuit Voucher parents must take care of obtaining a new voucher BEFORE the expiration date. Voucher Parents will be responsible to pay the full private pay rate until a new voucher is issued.**

***The YMCA cannot deduct days missed days from your fee. Your fee pays for direct operating costs such as staff, snacks, materials and transportation. All these must be available for your child. When you enroll you are reserving the time, space, staffing and provisions for your child, whether the child attends or not.**

Anything Else We Should Know About Your Child?
