

Danvers Community YMCA
Full-Year Pre-School & All-Day Childcare
for ages 2.9-5
Enrollment Form • 2023-2024



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Childs Name: _____

Date of Birth: _____ Female __ Male __

Address: _____

Program Start Date: _____ Age at start _____

Member (circle): Yes No Registering for (circle): Full-Day Half-Day

FULL-Day Program & Fees (7:30am-6:00pm)- Monthly

Circle Fee:	2 Day	3 Day	4 Day	5 Day
	\$785	\$1,045	\$1,210	\$1,310

Check Days Attending: __ M __ T __ W __ TH __ F

Half-Day Program (9:00am-1:00pm)- Check program attending

____ 2 Day (TUE/THUR)

____ 3 Day (MON/WED/FRI)

Half-Day Fees (Monthly):

Circle Fee:	2 Day (T/Th)	3 Day (M/W/F)
	\$250	\$305

ADDITIONAL INFORMATION:

Primary Language in household: _____

Child's Pediatrician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Chronic Health Conditions: _____

Special limitations or concerns: _____

Allergies/Special Diet: _____

Parent/
Guardian _____ Date _____

***UPDATED PHYSICAL AND IMMUNIZATIONS
MUST ACCOMPANY PAPERWORK***

***Please Provide
Photo of Your Child
With This Packet***

Child Information

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: _____

**Parent/Guardian
Information**

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

OFF SITE AUTHORIZATION

I give permission for my child to participate in any 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 scheduled and advertised field trips away from the YMCA building. I understand that the program will provide information 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 any scheduled days. I understand that the child care staff, as well as certified lifeguards will supervise my child.

Parent/Guardian: _____ Date: _____

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.

Parent/Guardian: _____ Date: _____

HAND SANITIZER PERMISSION

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

Parent/Guardian: _____ Date: _____

PARENT HANDBOOK

I understand and agree that I must read the parent handbook that is available on the Danvers YMCA Website, www.danversymca.org. I may receive a printed copy, or request a printed copy from the Preschool Director.

Parent/Guardian: _____ Date: _____

CONSENT FOR CHILD TO LEAVE Danvers YMCA Childcare 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 for any activities during his/her regularly scheduled days please fill out the consent form below.

My child _____ has my permission to leave the YMCA Preschool/Childcare 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 YMCA Preschool/Childcare 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 YMCA Preschool/Childcare Program .

Parent/Guardian: _____ Date: _____

FOR ALL PARENTS/GUARDIANS

I have read through the above EEC policy regarding children leaving the YMCA Preschool/Childcare 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 SIGN THE FORM 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 each day.

Payment & Late Pick-Up Policies

PAYMENT INFO

• **Payment will be made by 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 Youth and Family Director if you MUST pay with a different method.**

LATE PAYMENT POLICY

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. 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 our membership director about an optional payment plan.

Parent/Guardian Signature _____ **Date** _____

LATE PICK-UP POLICY

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.

If the YMCA has not been contacted by the parent/guardian or the YMCA staff is unable to contact parent/guardian, the YMCA staff may be required by the Department of Early Education and Care to contact the Child at risk Hotline and report an Abandoned Child and stay with the child until a Department of Children and Families social worker or police officer takes over the situation.

I understand my responsibilities as outlined in the above Late Pick Up Policy.

Parent/Guardian Signature _____ **Date** _____

TRANSPORTATION PLAN AND AUTHORIZATION
102 CMR 7.09 (3) AND 7.12 (1)

Please note that anyone picking up your child must be 16 years or older and listed on the pick-up list.

Child's Name: _____

DROP-OFF— My child will arrive at the Danvers YMCA by: (Please check one)

____ **Parent/Guardian Drop Off**

____ **Authorized Person on list below**

PICK-UP— My child will leave the program by: (Please check one)

____ **Parent/Guardian Pick Up**

____ **Authorized Person on list below**

Parent/Guardian _____ **Date** _____

AUTHORIZATION FOR RELEASE OF CHILD*

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** _____

Name _____ **Relationship to child** _____ **Address** _____

Work phone _____ **Home phone** _____

Name _____ **Relationship to child** _____ **Address** _____

Work phone _____ **Home 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 be 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: _____

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

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 _____ Date _____

***MUST Have the child's Doctor fill out and sign Pages 7 and 8 if your child will have any medication stored or administered at the program**

*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.

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**

Circle 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:** _____

MEDICATION ADMINISTERING 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)