West Suburban YMCA Child's Name: _____

Live Y'ers Afterschool/Out of School Time Program
Registration Form 2020-2021 School Year

Child's Name:	Program Start Date:
Gender:	Date of Birth:
School Name for 2020-2021 School Year:	Grade for 2020-2021 School Year:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:

I wish to enroll my child in the WSYMCA Out of School Time Program for the following schedule (***Two-days Minimum**, Please Circle Days):*

Monday Tuesday Wednesday Thursday Friday

2020-2021 School Year After School Program Fees:

Monday, Wednesday, Thursday, or Friday: $30.00/day

Tuesday: $50.00/day

Full Time Monday-Friday: $650.00/month

(For example: A child attends program M, T, and Th each week. Their monthly tuition bill would be $440 (30+50+30 = $110 x 4 weeks)

For the 2020-2021 school year, my child will be attending

Schools we provide transportation from:

Bigelow Bowen Burr Cabot Franklin Horace Mann Lincoln Eliot Underwood

Other self-transportation from: _____

West Suburban YMCA Child's Name: _____

Registration Fee: I have enclosed the required **non-refundable** deposit of $200.00, via check. This deposit will be credited towards your first month's tuition.

WSYMCA Membership: All OST participants are required to have an active WSYMCA Youth or Family Membership. This membership must remain current throughout the entire school year. Children who do not have a current membership at the time of registering for OST 2020-2021 will be required to have one by August 1st, 2020. Please check the appropriate box below:

☐ – My child has an active WSYMCA Youth or Family Membership

☐ – My child will have an active WSYMCA Youth or Family Membership by August 1st, 2020.

Billing Policies: Tuition is based on a monthly fee depending on which days child(ren) are registered for. The monthly rate will be the same regardless of snow days, school vacations, half days, and holidays. Parents will be charged the first of the month for the following month, starting August 1st through May 1st. The West Suburban YMCA reserves the right to suspend any child if payment is more than thirty days late. Parents will be notified by a "hand delivered" letter two weeks after payment is due. If the parent does not make the payment by the date stated on the letter, the child will not be allowed to attend program for the following month. Child(ren) will be welcome to participate in the program when balance is paid in full and if space is available. Please be aware that if your child is suspended from the program, his/her space will become available to other children on the waitlist. I understand that my child may not be enrolled while having any outstanding WSYMCA balance.

Cancellation/Drop Policy: When enrolling in the West Suburban Out of School Time program it is our expectation that you are enrolling for the entire school year. We understand that there are unforeseen circumstances that you will have to withdraw your child from the program or make changes to their schedule; in this case we require a two-week advanced written notice. **You will be required to pay tuition for these two weeks**. **Families are responsible for cancelling their Youth or Family Membership at the WSYMCA Welcome Center Desk.**

Registration Information:

1. Your child must have a **current** Youth or Family Membership at the West Suburban YMCA throughout enrollment in the program.
2. Complete an Out of School Time After School Program Application.
3. A recent physical dated no later than 12 months from the date of enrollment. Please note that this documentation is required by the Department of Early Education and Care through the State of Massachusetts and your child may not start in the program until this documentation is obtained. This documentation will be stored in your child's confidential file.
4. A **Non-Refundable** $200 payment is required when submitting your child's application.
5. Any child that has a special health care need including an allergy needs to have an Individualized Health Care Plan (IHCP), and is required at time of registration.
6. If applicable, Medication Consent forms, custody agreements, court orders, restraining orders are required at time of registration.
7. If your child has an IEP, a copy of current IEP is required at time of registration and a meeting with the OST Director before being admitted into the program.
8. If we are unable to accommodate your child, s/he will be placed on our waitlist and we will contact you when space becomes available.
9. All enrollment and registration forms need to be completed yearly.

Financial Aid: Financial Aid is available to families accepted into the program. Applications can be requested from the Out of School Time Director or found on our website http://www.wsymca.org. If you are eligible to receive financial aid, a letter stating your award will be sent within 7 days of receiving all required information. Please be aware that if you submit an incomplete application or do not provide all required documentation, your application will not be processed and the amount of your award, if any, may be affected. **Families must re-apply for financial aid each school year.** Please check the appropriate box regarding Financial Aid:

☐ – I do not anticipate needing financial assistance

☐ – I plan on applying for financial assistance

☐ – I have an EEC Voucher

Parent Signature: _____ Date: _____

West Suburban YMCA Child's Name: _____

Live Y'ers Afterschool/Out of School Time Program
Registration Form 2020-2021 School Year

Child's Name (please include full name)			Nickname
Date of Birth	Gender	Age	Phone
Home Address		City	Zip Code

DESCRIPTION OF CHILD (Required by the MA Department of Early Education and Care)

Eye Color	Hair Color	Skin Color
Primary Language	Secondary Language	Ethnic Origin
Height	Weight	Identifying Marks

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Relationship to Child	Primary Language	Relationship to Child	Primary Language
Home Address, City, Zip		Home Address, City, Zip	
Home Telephone	Cell	Home Telephone	Cell
Email Address	Occupation	Email Address	Occupation
Business Name, Address, City, Zip		Business Name, Address, City, Zip	
Work Hours	Work Phone	Work Hours	Work Phone

West Suburban YMCA Child's Name: _____

Live Y'ers Afterschool/Out of School Time Program
Transportation/Release to and from Program Plan

REQUIRED BY THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

School Name for 20-21 School Year:	Grade for 20-21 School Year:
My Child will arrive to the program by: _____ YMCA School Bus or Van _____ YMCA Walking School Bus _____ Other School Bus Drop Off - Please list transportation company and phone number: _____ _____ Parent Drop Off _____ Parent Arranged Supervised Walk with _____ _____ Other - Please Describe: _____	My Child will depart from the program by: _____ Parent/Guardian pick up _____ Authorized person (from authorized pick up list) _____ Parent arranged supervised walk with _____ _____ Other please describe: _____

By signing here, I authorize my child to be transported to the OST program (if applicable) by YMCA School Bus, YMCA Van, or YMCA Walking School Bus.

Parent/Guardian Signature: _____ Date: _____

West Suburban YMCA Child's Name: _____

Emergency Contacts and Pick-up Authorization Form

How to reach parents/guardians (Please list the parent you would like us to call first in an emergency.)		
Name	Best Phone Number to reach you:	Other number
Name	Best Phone Number to reach you:	Other number

Please list three (3) additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program.

Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:

Pick up Authorization: Please list below individuals who are authorized to pick up your child from the program but would not be contacted in case of emergency. (for example; coach, neighbor, etc.) This differs from the individuals listed above.

Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:
Name	Relationship	Best Number to reach them:

Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. **A license or other proof of identification must be shown at pick up time**. If you wish to change, add or delete any of these authorizations, you must do so in writing. Children will only be released from the program to individuals/organizations for which the parent has provided written authorization. **The OST Program closes promptly at 6:00 p.m. Picking up after 6:00 p.m. will require a late pick-up fee. Chronic lateness could jeopardize your child's participation in the program and could result in program suspension or termination.**

West Suburban YMCA Child's Name: _____

Developmental History

Please answer the following questions regarding your child's development. The information you provide will assist us in caring for your child. Thank you.

SCHOOL INFORMATION

Does your child have an I.E.P.? (Individual Education Plan) _____ Yes _____ No

DEVELOPMENTAL HISTORY

How would you describe your child?
Has your child had any previous group care experience?
Does your child know other children in this program?
How does your child typically respond to new experiences?
How does your child express his/her emotions?
Does your child have any fears? (the dark, animals, etc.)
How do you comfort your child?
How does your child comfort him/herself? (thumb sucking, nail biting, etc.)
How do you discipline your child?
Have there been any major events/changes in your family life in the past year? (moving, deaths, births, divorce, etc.)
What would you like your child to gain from this child care experience?

West Suburban YMCA Child's Name: _____

Developmental History Page 2

Describe your child's general attitude toward eating:
Does your child have any favorite foods?
Does he or she refuse certain foods?
Does your child have any food allergies? If there is a food allergy an Individual Health Care Plan (IHCP) is required.

ADDITIONAL INFORMATION

Please list any additional information you would like to share with us regarding your child.

Parent/Guardian Signature:	Date:

West Suburban YMCA Child's Name: _____

Authorization and Consent Form

Please write your initials next to each statement.

_____ I give consent to enroll my child in the Out of School Time After School Program and will abide by the rules and regulations of the program. In addition, I will submit and update all required forms and medical reports on an annual basis or as changes occur.

_____ I have received and signed the West Suburban YMCA Release and Waiver of Liability and Indemnity Agreement.

_____ I agree to pay fees according to schedule.

_____ I acknowledge receipt of the Parent Handbook and agree to all program policies related to our statement of non-discrimination and purpose, philosophy, current fee schedule, YMCA organizational information, statement of parental rights, plan for behavioral management, yearly schedule, open door policy, health and sick care policies and other pertinent information about our program.

_____ I acknowledge that my child will follow the guidelines for children's behavior set forth in the Family Handbook while attending the program. Repeated failure to do so could result in parental meetings, suspension, or expulsion on a case to case basis.

_____ I give permission to the OST Director to contact my child's school and communicate with the faculty in order to help gain insight into behaviors and receive guidance to ensure my child is successful in this program.

_____ I understand that the OST program closes promptly at 6:00 p.m. and that the late fee of $10 for anytime within the first 10 minutes and $1 per minute afterward will be added to my monthly bill. **Chronic lateness could jeopardize your child's participation in the program and could result in program suspension or termination.**

_____ I understand children will only be released from the program to individuals/organizations for which the parent has provided written authorization. **Photo identification is required at pick up time.** The OST Staff **reserve the right to deny individuals the right to pick up a child if photo identification cannot be produced** or if there is no written authorization from the parent allowing the individual to pick up the child.

_____ I give consent for my child to take part in excursions or field trips under proper supervision on YMCA property and in the community (nature walks, outdoor games, etc). Field trips that require transportation other than walking will require advance notification and a parent/guardian permission slip is required.

_____ The West Suburban YMCA reserves the right to take pictures/video of its participants for security measures as well as brochures/publications/web site and other marketing purposes.

_____ Please note: Most program space is under surveillance 24/7 for security purpose only.

_____ Families are strongly encouraged to participate in all fundraising efforts.

_____ I understand that parents can visit the program any time their child is in care.

_____ I understand that the Live Y'ers/OST Classroom is a **PEANUT FREE and NUT FREE Environment.** I understand that peanut and nut products can cause life-threatening reactions in children who have nut/peanut allergies and I will refrain from sending snacks or lunches that contain either nut or peanut products to the Live Y'ers/OST program. (Please note that Nutella contains hazelnuts and cannot be used).

West Suburban YMCA Child's Name: _____

_____ I understand that occasionally there will be observers from local college classes, consultants and other observers in my child's classroom. I give permission to have my child observed.

_____ I give permission for educators to apply sunscreen and insect repellent (provided by parents) to my child as needed.

_____ I give permission for educators to have access to my child's health information on file.

_____ I give permission for my child to take part in the Live Y'ers/OST Program free swim times.

Parent Signature and Date: _____

West Suburban YMCA Child's Name: _____

Child's Medical Information Form

Child Name: _____ **D.O.B:** _____

Medical History Please write "NONE" if there are none		
Allergies	Reaction	Treatment

Special Disabilities/Needs/Chronic Health Conditions	**Current Medications**	Yes	No
	Home	_____	_____
	Program	_____	_____

Emergency Medical/Dietary Information/Religious Restrictions:
Behavioral Issues:
Other Emergency Health Concerns:

Insurance Information

Child's Name	Date of Birth
Address:	
Medical Insurance Company	Policy Number
Other Coverage (Include Dental)	

Child's Physician	Phone	Address
Child's Dentist	Phone	Address

Medical Treatment Consent

West Suburban YMCA Child's Name: _____

I hereby authorize staff of the West Suburban YMCA to administer First Aid and CPR to my child as needed and/or take my child to Newton/Wellesley Hospital or nearest hospital for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature: _____ Date: _____

Child's Medical Information Form

***This form must be completed by the child's physician and updated annually, A copy of the doctor's physical form will suffice. ***

Child's Name		Child's Address
Gender	Date of Birth	Examination Date

IMMUNIZATION RECORDS

Immunizations:	Date	Date	Date	Date	Date	Date
DTP/DTP Booster						
Hepatitis B						
HIB						
MMR						
Polio/Polio Booster						
Tetanus						
Tuberculin						
Chicken Pox						
Varicella						
Lead (yearly to age 4)						
Other						

MEDICAL HISTORY

Please indicate YES or NO, giving approximate dates.		
Asthma	Epilepsy	Measles
Bronchitis	Fainting	Mumps
Convulsions	Frequent Colds	Rheumatic Fever
Diabetes	Hearing Problems	Tuberculosis
Ear Infections	Heart Disease	Other
Allergies/Health Conditions (If none, write NONE) Reaction Treatment		
Current Medications/Treatments (If none, write NONE)		

List operations, broken bones or other serious injuries. Please include dates. (If none, write NONE)
List any disabilities, chronic medical or dietary conditions which require restrictions, special consideration or care by the child care/camp provider. (If none, write NONE)
List any concerns about the child's behavior and/or emotional well-being. (If none, write NONE)

Physician's Signature:	Date:

West Suburban YMCA Child's Name: _____

Child's Name: _____ Date of Birth: _____ Child's Photo

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

Check all that apply….

Plan was created by:

____ Parent
____ Doctor or Licensed Practitioner
____ Program's Health Care Consultant
____ Older school age child (9+ years of age)
____ Other: _____

Plan is maintained by:

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

Any change to the child's Health Care Plan? **YES** (indicate changes below) **NO** (updated physician/parental signature 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: _____

Parent/Guardian Consent: _____ Date: _____

West Suburban YMCA Child's Name: _____

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 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's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Commonwealth of Massachusetts
Department of Early Education and Care
Medication Consent Form 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please √ one of the following: Prescription _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Tropical 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 _____ Date: _____

I, _____, (PRINT NAME of parent or guardian) gives permission to authorize educator(s) to administer medication to my children as indicated above.

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