



**West Suburban YMCA
Out of School Time Registration Form
2022-2023 School Year**

Child's Name:	Program Start Date:
Gender:	Date of Birth:
School Name for 2022-2023 School Year:	Grade for 2022-2023 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 West Suburban YMCA Out of School Time Program for the following schedule:
(Please note there is a **two-day minimum**. *Please circle preferred days.*):

Monday Tuesday Wednesday Thursday Friday

2022-2023 School Year After School Program Fees:

Monday, Tuesday, Thursday, or Friday: \$50.00/day

Wednesday: \$60.00/day

Full Time Monday-Friday: \$240.00 a week

(Example of tuition costs: A child attends program M, W, and Th each week. Their weekly tuition bill would be \$160 per week)

There is a \$7 a day bus fee for all schools we offer transportation from besides Underwood and Bigelow which are supervised walking routes.

<p><u>For the 2022-2023 school year, my child will be attending</u></p> <p>Schools we provide transportation from:</p> <p align="center">*Bigelow *Bowen *Burr *Cabot *Franklin *Horace Mann *Lincoln Eliot *Underwood *Zervas</p> <p>Other Self-Transportation From: _____</p>

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

WSYMCA Membership: All OST participants are required to have an active West Suburban YMCA 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 2022-2023 will be required to have one before their first day. 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 before starting the program.

Billing Policies: Tuition is based on a weekly fee depending on which days child(ren) are registered for. The weekly rate will be the same regardless of snow days, school vacations, half days, and holidays. Parents will be charged on Monday the week prior to your child’s arrival, and this will continue for the remainder of the school year. 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 the program for the following week. Child(ren) will be welcome to participate in the program when the 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: _____



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Child Information Sheet

Child Information:

Child's Name: _____ Date of Birth: _____

Child's Nickname (if applicable): _____ Age at Admission: _____

Child's Home Address: _____

Gender: _____ Height: _____ Weight: _____

Skin Color: _____ Eye Color: _____ Hair color: _____

Identifying Marks: _____

Primary Language: _____ Secondary Language: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Signature: _____ Date: _____



**West Suburban YMCA
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First Aid and Emergency Medical Care Consent Form

Child Name: _____ Date of Birth: _____

I hereby authorized 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 the nearest hospital, for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature: _____ Date: _____

Parent Contact Information

Name of Parent/Guardian: _____

Address and Phone Number: _____

Name of Parent/Guardian: _____

Address and Phone Number: _____

Child's Allergies or Medical Concerns: _____

Medications: _____

Emergency Medical/Dietary Information/Religious Restrictions: _____

Behavioral Issues/Concerns: _____

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 Number: _____ Address: _____

Child's Dentist: _____

Phone Number: _____ Address: _____



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EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

How to reach parents/guardians (Please list the parent/guardian you want us to contact first in an emergency.):

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

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

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

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 an emergency (i.e. neighbor, coach, etc.). These names must be different from those listed above.

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

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 West Suburban YMCA Preschool Center for Youth Development **closes promptly at 6:00PM. Picking up after 6:00PM 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.**

Parent Signature: _____

Date: _____



**West Suburban YMCA
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**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 2022-2023 School Year:	Grade for 2022-2023 School Year:
<p>My Child will arrive to the program by:</p> <p><input type="checkbox"/> YMCA School Bus or Van</p> <p><input type="checkbox"/> YMCA Walking School Bus</p> <p><input type="checkbox"/> Other School Bus Drop Off - Please list transportation company and phone number: _____</p> <p><input type="checkbox"/> Parent Drop Off</p> <p><input type="checkbox"/> Parent Arranged Supervised Walk with _____</p> <p><input type="checkbox"/> Other - Please Describe: _____</p>	<p>My Child will depart from the program by:</p> <p><input type="checkbox"/> Parent/Guardian pick up</p> <p><input type="checkbox"/> Authorized person (from authorized pick-up list)</p> <p><input type="checkbox"/> Parent arranged supervised walk with _____</p> <p><input type="checkbox"/> Other please describe: _____</p>

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
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Developmental History and Background Information

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

Child's Name: _____ Date of Birth: _____

School Information:

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

Developmental History:

How would you describe your child? _____

Has your child had any previous group care experiences? _____

Does your child know other children in this program? _____

How does your child typically respond to new experiences? _____

Does your child have any special toys and/or activities? _____

How does your child express his or her emotions? _____

Does your child have any fears (i.e. dark, animals, etc.)? _____

How do you comfort your child? _____

How does your child comfort his or herself? _____

How do you discipline your child? _____

Have there been any major events or changes in your family in the past year (i.e. moving, deaths, divorce, birth)? _____

What would you like your child to gain from this child care experience? _____

Eating Habits:

Does your child have any food allergies? _____

Describe your child's general attitude toward eating: _____

Does your child have any favorite foods? _____

Does he or she refuse any foods? _____

Additional Information:

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

Parent Signature: _____

Date: _____



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2022-2023 School Year**

Authorization and Consent Form

Please write your initials next to each statement.

_____ I give consent to enroll my child in the West Suburban YMCA 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 agree to pay fees according to schedules.

_____ 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 behavior management, yearly schedule, open door policy, health and illness policies and other pertinent information about our program.

_____ I understand that the West Suburban YMCA Out of School Time After School Program closes promptly at 6:00 p.m. and that the late fee of \$10 for anytime within the first ten (10) minutes and \$1 per minute afterward will be added to my weekly bill. **Chronic lateness could jeopardize my 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 West Suburban 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 have received and signed the WSYMCA Release and Waiver of Liability and Indemnity Agreement.

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

_____ I understand that the West Suburban YMCA OST classrooms are a **PEANUT FREE and NUT FREE environment**. I understand that peanut and tree nut products can cause life-threatening reactions in children who have tree nut/peanut allergies and I will refrain from sending snacks or lunches that contain either tree nut or peanut products to the OST program. (Please note that Nutella contains hazelnuts and cannot be used).

_____ I understand that occasionally there will be observers from local college classes, consultants and other preschool programs 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 West Suburban YMCA Out of School Time After School Program free swim times.

Parent Signature: _____

Date: _____



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2022-2023 School Year

Child's Photo

Individualized Health Care Plan (IHCP)

This plan must be renewed annually or when child's allergy or medical conditions change.

Child's Name: _____ Date of Birth: _____

Please check all that apply:

Plan was created by:

Plan is maintained by:

____ Parent

____ Director

____ Doctor or Licensed Practitioner

____ Assistant Director

____ Program's Health Care Consultant

____ Child's Educator

____ Older school age child (9+ years of age)

____ Other: _____

____ Other: _____

Child's Name: _____ Date: _____

Any changes to the child's Health Care Plan? _____ Yes (Indicate Changes Below)

_____ No (updated physician & parent/guardian 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 who received training addressing child's medical condition: _____

Person who trained the educator (child's physician, child's parent, program's health care consultant, etc.) _____

Name of Licensed Health Care Practitioner (please print): _____

Signature of Licensed Health Care Practitioner: _____ Date: _____

Parent/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 (IHCP) 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 consents and requirements of the child's Individual Health Care Plan (IHCP) 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 (IHCP) 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/Guardian Consent: _____ Date: _____



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2022-2023 School Year

Department of Early Education and Care Medication Consent Form

Child's Name: _____ Date of Birth: _____

Name of Medication: _____

Please √ one of the following: _____ Prescription _____ Oral/Non-Prescription
_____ Unanticipated Non-Prescription for mild symptoms
_____ Topical Non-Prescription (applied to open wounds/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 or her Individual Health Care Plan (IHCP).

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____ Reasons for Medication: _____

Possible Side effects: _____

Directions for storage: _____

Name of Licensed Health Care Practitioner (please print): _____

Signature of Licensed Health Care Practitioner: _____

Phone Number of Health Care Practitioner: _____ Date: _____

I, _____ (parent/guardian), give permission to

(Please print name)

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

Parent/Guardian Signature: _____ Date: _____

Please note, for topical, non-prescription NOT applied to open wound/broken skin (Parent signature only)



Physical Report, Immunizations and Lead Tests

Physical Reports –All children are required to have a current physical report on file. Physical reports are current for one year from the date of the last physical. All new students need to submit a physical report with their paperwork. Returning students need to submit a physical report on the anniversary of their current report on file. The West Suburban YMA Preschool Center for Youth Development will send parents a reminder when physical reports are approaching their end date and need renewing. Physical reports should reflect the date of your child's last physical exam, any allergies or medical concerns, immunizations to date and lead test date.

Please be aware that we understand that many physicals may be out of date due to the COVID-19 pandemic. If this is the case, please submit a letter stating the date your child's physical is scheduled.

Immunizations – Unless a family has a religious exemption or a medical exemption, all children need to have a record of their immunization history on file. Most pediatricians include this on the annual physical report. You will find a copy of the most recent Massachusetts School Immunization Requirements for 2022-2023 included in this packet. If your child has a religious or medical exemption, please submit proper documentation in place of the immunization records.

Lead tests – All children in Massachusetts are required to have lead tests done once a year at ages 1, 2, and 3. There is no regulation allowing for an exemption from lead tests. Please see the attached document for more information on lead testing in Massachusetts.

Lead Poisoning Prevention

In Massachusetts, screening children for lead has been a requirement since 1972. The most recent amendments, effective July 2001, require health care professionals to screen all children for lead at least once a year at ages 1, 2, and 3.

According to our Massachusetts Department of Early Education and Care License, we are required to obtain from parents or guardians signed proof, by a physician, that every child under the age of 4 has been screened for lead poisoning.

Some physicians do not screen children as often as our regulations require. This does not negate the need for the lead screening and does not fulfill our requirement of an annual lead screening. If your pediatrician is reluctant to perform an annual lead screening, walk in clinics can also perform lead screenings.

There is no exemption from the lead screening requirement. Children must have this screening in order to attend the West Suburban YMCA Preschool Center for Youth Development.

Massachusetts School Immunization Requirements 2022-2023^s

Massachusetts school immunization requirements are created under authority of [105 CMR 220.000 Immunization of Students Before Admission to School](#)

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Childcare/Preschool ^{¶†}

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	1-4 doses; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	1 dose; must be given on or after the 1 st birthday; laboratory evidence of immunity acceptable
Varicella	1 dose; must be given on or after the 1 st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades Kindergarten – 6 ^{¶†}

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable

MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades 7-10, Grades 11-12, and College (Postsecondary Institutions)

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Grades 7 – 12†

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7-9	1 dose ; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11-12 [‡]	2 doses ; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

Meningococcal Vaccine Phase-In Schedule

	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grades 7-8	Grades 7-9	Grades 7-10
2 Doses MenACWY	Grades 11-12	Grades 11-12	Grades 11-12

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.