



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2020-2021 FALL REGISTRATION

Welcome! We understand that this school year is going to be very different than years past. We will continue to operate at a decreased capacity, with limited hours, and strict protocols in place. As we prepare to welcome your child(ren) into a remote learning environment, there are several things we need you, as parents & guardians, to take into consideration. First and foremost, our Y staff are not educators. We have made this decision to help support our working families in both Holyoke and South Hadley who have no other option for their children. We will provide a safe and supportive learning space for your children during their synchronous learning sessions, but we will not accept the responsibility of your child's level of success in the remote classroom. Please be respectful and supportive of staff as they do their best to support your child.

Hours: 8:00 am – 5:00 pm

Cost: \$200/week
(vouchers will apply)

ALL CHILDREN MUST ARRIVE AT THE Y NO LATER THAN 9:00 am.

Please keep in mind the following:

- Priority will be given to parent(s) that are working full-time and have no other option. The Y reserves the right to prioritize children depending on age and classroom availability.
- Children will be assigned to specific rooms for the duration of the remote learning period. All groups will stay together in the same room, including eating breaks. Within the room, all children will be urged to practice social distancing.
- **FACE MASKS ARE REQUIRED.** All parents **MUST** wear face masks during pickup and drop off. All participants over the age of 2 who are inside the building **MUST** wear face coverings. We are asking parents to send two masks each day and encourage your child to wear them when proper distancing cannot be maintained.
- If a child is sick or showing any signs of illness, they should be kept at home. If a child has a fever of 100 or higher or shows any symptoms of being ill while in the program, a parent will be called for immediate pickup (within 30 minutes of call).
- If a child exhibits any behaviors that pose a health or safety risk to themselves or others, a parent will be called for immediate pickup (within 30 minutes of call).
- It is imperative that all children leave toys and games at home. Children are also not allowed to use cell phones while in the program. **The Y is not responsible for any personal item that is lost or broken, including any remote learning devices.**
- Participating children will have a physical activity component during the day, which may include swimming. Please ensure that your child has a bathing suit/towel each day.
- Breakfast should be eaten at home prior to drop off. A cold nut-free lunch will need to be provided by the parent/guardian, as well as an afternoon snack.
- Signed wellness checks will be required daily prior to admittance into the building.

Daily items that your child will need each day:

Nut-free cold lunch & snacks

socks & sneakers

all school supplies

(2) face masks

bathing suit & towel

water bottle

All children must be registered at least one week in advance and have a current physical and immunization on file before their first day. If any information is missing from this packet, your child will be unable to attend until completed.

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

Address/ City: _____ Age: _____

Parent/Guardian Name(s): _____ Primary Phone: _____

Employment

Phone

Place of Employment: _____ (required): _____

E-Mail (required): _____

Fall Program Payment Policy

These fees reserve a space in the program for participants and support the cost of operating and staffing our programs. Parents of participants are required to set up an EFT (electronic funding transfer) payment schedule for all program fees. Payments are scheduled to occur weekly unless otherwise authorized by the Child Care Director.

All fees must be paid before the due date each week. The Greater Holyoke YMCA childcare fees **are not pro-rated** for absences. Any changes to a child's weekly schedule or payment method must be reported to the Child Care Director at least one week prior to the changes taking effect. Failure to pay fees by the due date can result in child not being able to participate in the program until all fees are paid. Failure to pay fees can also result in termination from the program.

Transportation Plan

My child will arrive to the program by: _____ Parent drop-off _____ Other

My child will depart the program by: _____ Parent pickup _____ Other

Please describe, if "Other" has been checked

**Parent/Guardian
Signature**

Date _____

Child Information Form

Child's Name _____

Parent/Guardian Information

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address: _____ Home Address: _____

Primary Phone: _____ Primary Phone: _____

Email: _____ Email: _____

Date of Birth: _____ Date of Birth: _____

Business Phone: _____ Business Phone: _____

THE FOLLOWING ARE AUTHORIZED TO PICK UP MY CHILD or
be contacted if I cannot be reached.

Name	Address	Relationship to child	Phone Number

First Aid and Emergency Medical Care Consent

NAME OF CHILD'S PHYSICIAN PHONE NUMBER ADDRESS

I here authorize the Greater Holyoke YMCA staff who are trained in the basics of first aid and CPR to administer basic first aid and or CPR to my child when appropriate and/or take my child to the nearest medical care facility or (specify) _____ for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Special Concerns or Limitations of Child: _____

Child's Allergies: _____

Child's Medications*: _____

*Any medications that need to be administered during care must be documented on a Medication Consent Form. A separate individual healthcare plan signed by a physician must be completed for any listed allergy/health condition.

Chronic Health Conditions: _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Primary Language _____

Identifying marks _____

Health Insurance Coverage _____ Policy # _____

A CURRENT PHYSICAL AND IMMUNIZATION FORM MUST BE SUBMITTED BEFORE ANY CHILD ATTENDS.

Parent/Guardian Signature _____ **Date** _____

Authorization Form

The following are mandatory, please initial all:

- _____ I agree to abide by the policies as stated in the Child Care Parent Handbook and CoVid-19 health and safety guidelines.
- _____ I understand that a late fee of \$1/minute per child will be charged to me for late pick-ups. I am responsible to pay in full all fees for childcare services provided to me by the YMCA and all fees will be added to my next payment.
- _____ I must give one week notice to the Child Care Director of my intent to withdraw my child from a week they are enrolled.
- _____ I am responsible for payments regardless of my child's attendance.
- _____ I understand that if my child has a fever of 100.00 or higher or show any symptoms of being ill a parent will be called for immediate pick up. (Pick up must be within 30 minutes of call)
- _____ I understand if my child exhibits any behaviors that pose a health or safety risk to themselves or others a parent will be called for immediate pick up. (Pick up must be within 30 minutes of call)

The following are optional, please initial those you choose. I GIVE PERMISSION FOR:

- _____ My child to attend offsite walks.
- _____ Staff to assist my child in application of sunscreen.
- _____ The YMCA to withdraw weekly fees from my account on file or attached EFT.
- _____ The YMCA to use my child's picture in the YMCA publicity and media promotions.
- _____ The YMCA to use my child's picture inside the program facility.
- _____ I give permission for my child to participate in on-site swimming activities.
- _____ I give permission for my child to use hand sanitizer as a back-up sanitizing measure when sinks are unavailable.
- _____ I give permission for my child to use playgrounds.

Parent Signature _____

Date _____

NAME OF SCHOOL CHILD WILL BE ATTENDING DURING 2020-21: _____

GRADE: _____

REQUIRED LOG-IN TIME (A.M.) _____

Minor Participant Waiver, General Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING THE GREATER HOLYOKE YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of the Greater Holyoke YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Greater Holyoke YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, (5) sickness, and (6) virus and disease of all types including without limitation Covid 19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the Greater Holyoke YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY, DEFEND AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature including without limitations attorney fees and expenses, whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

June 3, 2020

EFT PAYMENT APPLICATION

PARENT/GUARDIAN
NAME

PERSONAL INFORMATION			CHILDREN'S NAMES (attending program)		
STREET			01	Child	<u>Birthdate</u>
APT # / PO BOX #		DATE OF BIRTH	02	Child	
CITY	STATE	ZIP	03	Child	
HOME PHONE #		CELL PHONE #	04	Child	
EMAIL ADDRESS			05	Child	

BANK ACCOUNT		OR	CREDIT ACCOUNT (no debit cards unless checking acct # is attached)		
NAME ON ACCOUNT			NAME ON CARD		
ACCOUNT NUMBER			ACCOUNT NUMBER		
NAME OF BANK			CREDIT CARD TYPE	<input type="checkbox"/> MC <input type="checkbox"/> VISA	EXP. DATE
ROUTING/ TRANSIT NUMBER			BANK NAME		
<input checked="" type="checkbox"/> COPY OF CHECK					
<p>PAYMENT SCHEDULE (if no day is specified payments will be scheduled weekly on Fridays) Day of Week: _____ Date of first EFT Draft: _____</p>					

To the YMCA: I have given authority to the bank or credit card issuer named above to honor preauthorized debits drawn by you on my account for payments as indicated above. It is understood that the draft on my account shall constitute valid notice of such payment due on my account. When the bank or credit card issuer honors the payment, my account statement shall constitute receipt for the payment. Should any preauthorized credit or bank draft not be honored by the issuer when received by them, then it is understood that the payment has not been made and I am responsible for making the payment directly to the YMCA. I understand that my payments will be charged to my account on the above designated schedule. I understand that if I wish to terminate or change my payment schedule in any way, I must give the YMCA written notice. I understand that if payment is returned to the YMCA by my bank, the YMCA will charge me the after school payment plus a handling fee of \$20.00. It is the parents' responsibility to ensure that the account on file is updated whenever there is a change to a bank account or expired credit card.

Parent Signature _____ **Date:** _____

OFFICE USE ONLY

<input type="checkbox"/> FINANCIAL AID INFO	<input type="checkbox"/> EMAIL	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> IMMUNIZATIONS	<input type="checkbox"/> COPIES
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