



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2020 SUMMER REGISTRATION

### Updated for COVID-19 Enrollment Period

Welcome! As many are aware, childcare programs will look very different than past years—ours included. This summer we will be opening at 50% capacity with reduced ratios. Our summer weeks and hours have also changed. We understand there is concern over the limited spots available as parents are getting called back to work and we acknowledge that we typically serve 250–300 children a summer, all of whom we very much look forward to seeing each year, so choosing which families will get a spot and which we won't see back this summer will be a heartbreaking decision. Because of this, all families are asked to consider your summer care needs and if you have any other alternatives for summer childcare. We understand it will be difficult for children to understand why they cannot see their favorite counselors or be with their friends but we are committed to creating an enjoyable environment for all. We ask that all parents help prepare children for this change by going over what a new summer day will look like for them and explaining that these measures have been put in place to help protect them, their peers, their staff, and all members who will be inside the YMCA building.

#### What new information should I be aware of for this summer?

- All field trips have been cancelled.
- Only full week care is available. Children are not able to sign up for part weeks. Your child does not need to be registered for the entire summer to attend.
- Financial Aid is still available but on a limited basis. Previously approved rates are subject to change.
- We cannot guarantee that we will be receiving free meals through the summer feeding program so all families should be prepared to pack a morning snack (if breakfast is not eaten at home) as well as a nut-free cold lunch each day. No microwaves are available, and no form of nuts are allowed.
- Children will be assigned to specific rooms for the duration of each session. No children or staff will be allowed to switch between groups, all groups must stay together in the same room, including eating lunch. Within the room, all children will be urged to practice social distancing by being encouraged to play independent, separate activities.
- Your child will be assigned to the same room for the duration of the summer, as best as possible. At this time, we cannot take any requests for pairing siblings/friends together or specific counselor requests.
- All parents must wear face masks during pick up and drop off.
- Our YMCA is requiring all participants over the age of 2 who are inside the building to wear face coverings. We are asking parents to be prepared to send two masks each day and encourage your child to wear them when proper distancing cannot be maintained.
- If a child has a fever of 100.00 or higher or shows any symptoms of being ill a parent will be called for immediate pick up (pick up must be 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 pick up (pick up must be within 30 minutes of call).
- The state is continuing to encourage group childcare programs to provide care for families who have absolutely no other options. We kindly ask you to consider all other avenues for

childcare, including reaching out to your employer and inquiring about job flexibility, and only fill out a registration form for the weeks where you have no other alternatives.

### **What do I need to register my child(ren)?**

Each child will need a fully completed registration form, current physical and immunizations, and all medical paperwork (if an allergy is listed) turned in one week prior to enrollment. **No child can attend the summer program if any of this information is missing or if there is an outstanding balance on their account.** The Y will do our best to make decisions regarding which families get a spot as quickly as possible. Families will be notified about whether or not a spot is granted and those who are registered will receive a welcome email with further instructions including drop off/pick up procedures as well as updates on the Holyoke Food Program. Please be sure to include a current email address so you can get the most up to date information.

### **What are the ages?**

Our site is licensed by the Department of Early Education and Care and serves children 5-13.

### **What are the hours and locations?**

Y-Holyoke will be held at the Holyoke YMCA and will run from 9:00am-5:00pm.

### **What should my child bring daily?**

It is especially important that all children leave toys, games, and electronics at home. Children are not allowed to use cell phones at the YMCA. If an item is brought to the program, we cannot be responsible for it.

The following items should be brought daily in a backpack/bag, and we strongly encourage you to mark all personal items with your child's name:

Bathing suit/towel	Socks & sneakers (a must!)	Sunscreen
Water bottle	Extra change of clothes	Nut-free cold lunch
Two face masks	Reading book/Summer Homework	
Water shoes/crocs/closed toe sandals for outside water play		

### **What other information should I know?**

Families may request copies of any of our policies from the Child Care Director.

All families are encouraged to have the same adult drop off/pick up your child each day. ID's are required by all adults during pick up time.

# 2020 SUMMER REGISTRATION

**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): \_\_\_\_\_

## Camp Information

### Y-HOLYOKE

Location:  
Holyoke YMCA

Hours:  
9:00am – 5:00pm\*

\*All children must arrive at program before 10:00am

**Weekly Fees\*:** \$200.00/week

Does your child receive a voucher for child care? \_\_\_\_ Yes \_\_\_\_ No

\*Subject to change

Financial Aid will be available on a very limited basis

## Summer 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 child care 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.

Child's Name: \_\_\_\_\_

## SESSIONS

Please check the box for care needed.

Please Check	Select Weeks Below
<input type="checkbox"/>	<b>July 6-10</b> Here I Come Hollywood
<input type="checkbox"/>	<b>July 13-17</b> Welcome to the Jungle
<input type="checkbox"/>	<b>July 20-24</b> Luau Party
<input type="checkbox"/>	<b>July 27- 31</b> Water, Water!
<input type="checkbox"/>	<b>August 3-7</b> Fun with Fruits
<input type="checkbox"/>	<b>August 10-14</b> Shipwrecked
<input type="checkbox"/>	<b>August 17-21</b> Doctor, Doctor

## 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

Child's Name: \_\_\_\_\_

## 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** \_\_\_\_\_

## Transportation Plan

*Please check the appropriate lines*

My child will arrive to the program by:

\_\_\_\_\_  
Parent Drop Off

\_\_\_\_\_  
Unsupervised Walk/Bike

\_\_\_\_\_  
Other(describe\_\_\_\_\_)

My child will depart the program by:

\_\_\_\_\_  
Parent Pick Up

\_\_\_\_\_  
Unsupervised Walk/Bike\*

\_\_\_\_\_  
Other (describe\_\_\_\_\_)

\*Requires Director approval

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

UNSUPERVISED WALK/BIKE OR CHANGE IN AUTHORIZED PICK UP MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

Child's Name: \_\_\_\_\_

## 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 child care 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** \_\_\_\_\_

# EFT PAYMENT APPLICATION

<b>PARENT/GUARDIAN</b>
NAME

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

<b>BANK ACCOUNT</b>	<b>OR</b>	<b>CREDIT ACCOUNT (no debit cards unless checking acct # is attached)</b>
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><b>PAYMENT SCHEDULE (if no day is specified payments will be scheduled weekly on Fridays)</b>      <b>Day of Week:</b> _____      <b>Date of first EFT Draft:</b> _____</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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## **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.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

June 3, 2020