



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2020 SUMMER REGISTRATION

Welcome! The Greater Holyoke Y is the largest provider of childcare in the area. We have decades of experience providing safe, high-quality child care. Our mission is to provide age-appropriate activities that strengthen the family and develop the whole child socially, physically, and academically. Children will learn how to be responsible and resourceful, work in groups, solve problems and make decisions that will help them grow as individuals – all while having fun! Weekly themes are designed to bring variety and structure to daily schedules and activities. Field trips are an integral part of the program where children are introduced to and shown ways to appreciate and enjoy the outdoors. Our dedicated staff are trained in child development, positive behavior, First Aid and CPR.

General Information

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. Health forms can be found on our website.

What are the ages?

All of our sites are licensed by the Department of Early Education and Care and serve children ages 5 through 13.

What are the hours and locations?

Y-South Hadley is held at Michael E. Smith Middle School and runs from 7:30am-5:30pm.

Y-Holyoke is held at the Holyoke YMCA and runs from 7:30am-6:00pm.

What should my child bring daily?

It is our policy that children leave toys and games at home. This includes game cards, electronic games, personal music players, cell phones and all other items similar to this. If an item is brought to the program, we cannot be responsible for it. **Children are not allowed to use cell phones at the YMCA!** The following items should be brought daily and we strongly encourage you to mark all personal items with your child's name:

Bathing suit/towel
Water bottle

Socks & sneakers (a must!)
Extra change of clothes

Sunscreen

A cold lunch is required daily for Y-South Hadley. Y-Holyoke receives free lunches through the summer feeding program. Both sites serve a nutritional afternoon snack. **ALL SITES ARE NOT FREE!**

What other information should I know?

Parents/guardians must sign their child in and out of the program daily. Families may request copies of any of our policies from the Child Care Director.

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 _____ Zip _____

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

Sites (please choose one):

☐ **Y-SOUTH HADLEY**

Location:

Michael E. Smith Middle School

Hours:

7:30am – 5:30pm

☐ **Y-HOLYOKE**

Location:

Holyoke YMCA

Hours:

7:30am – 6:00pm

Weekly Fees:

\$200.00/week

Does your child receive a voucher for child care? ____ Yes ____ No

Don't Need a Whole Week of Care?

\$50/day

Financial Aid is only available for full week care, ALL families are encouraged to inquire. If your child is currently receiving aid for the school year and it is being requested for Summer, you should contact Cheryl Labrie for new rate.

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

When registering for sessions, please check the box for full week care. If full week is not needed please check which day(s) your child will be attending.

Please Check For Full Week	Select Weeks/Days Below
<input type="checkbox"/>	June 29- July 3 Self-Love M__ T__ W__ TH__ F__
<input type="checkbox"/>	July 6-10 Here I Come Hollywood M__ T__ W__ TH__ F__
<input type="checkbox"/>	July 13-17 Welcome to the Jungle M__ T__ W__ TH__ F__
<input type="checkbox"/>	July 20-24 Luau Party M__ T__ W__ TH__ F__
<input type="checkbox"/>	July 27- 31 Water, Water! M__ T__ W__ TH__ F__
<input type="checkbox"/>	August 3-7 Fun with Fruits M__ T__ W__ TH__ F__
<input type="checkbox"/>	August 10-14 Shipwrecked M__ T__ W__ TH__ F__
<input type="checkbox"/>	August 17-21 Doctor, Doctor M__ T__ W__ TH__ F__

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

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 (name): _____ 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 and Authorization

Child's Name _____

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

I hereby authorize my child is ready to experience an outdoor setting. I give permission for him/her to travel on a bus to all activities and field trips.

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.

Authorization Form

The following are mandatory, please initial all:

_____ I agree to abide by the policies as stated in the Child Care Parent Handbook.

_____ 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.

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

_____ My child to attend all field trips (library, parks, etc.) within walking distance of the program.

_____ 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.

_____ My child to **NOT** participate in tooth brushing while in care. (If unchecked parents must supply tooth brushing supplies each day.)

Waiver of Liability Statement

While it is the aim of the Greater Holyoke YMCA to provide my child with a safe and enjoyable experience, you must realize that participation in YMCA programs has some inherent risks. As a result we require the signing of the release set forth below.

I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the Greater Holyoke YMCA its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs which my child any receive/incur as a result of participation in any program/activity service conducted and/or provided by the Greater Holyoke YMCA.

Parent Signature _____

Date _____

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				
PAYMENT SCHEDULE (weekly) Day of Week: Date of first EFT Draft:				

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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