



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 SUMMER REGISTRATION

Updated for COVID-19 Enrollment Period

Please read carefully and keep this page for your records

Welcome Parents & Guardians! As many of you are aware, childcare programs continue to look very different from years past. Due to the on-going health crisis, our hours will remain from 8:00 am – 5:00 pm for the summer and we will maintain enrollment at a decreased capacity. We do understand that the need for care far exceeds the number of slots available, and we acknowledge that we will unfortunately not be able to accommodate as many children as we would like. Therefore, we are once again asking that families seriously consider their childcare needs and seek out alternative options for summer, if possible, and only fill out a registration form for the weeks where you have no other alternatives.

FAMILIES THAT ARE SEEKING THE SOUTH HADLEY SITE: We are extremely appreciative of the South Hadley Schools for working with us and allowing us to use space in the school this summer. Keeping in mind that there continue to be restrictions in place everywhere, we have been advised that programming in South Hadley for the summer will end on August 13th in order for classrooms to be sanitized and teachers be given proper time to set up for the school year. In saying that, we will also have limited use of the building and outside areas—more information can be found in the below Y-South Hadley section.

If your child is accepted into our program, we ask that all parents help prepare their child for the summer by explaining that certain health and safety measures have been put into place to help protect them, their peers, their staff, and all members who will be inside the program building. Please also understand that disrespectful behaviors from children and/or parents will not be accepted, especially in relation to health & safety protocol, and could be cause for termination from the program. The Y continues to promote its core values of caring, honest, respect and responsibility each and every day; and we expect those values to be modeled by our staff and program participants.

We believe that our program gives children the opportunities they need to build their confidence and reach their full potential. We are always excited to serve the families in our community and experience first-hand the benefits of new summer friendships made.

General Information for both summer program locations:

- Our programs are licensed by the Department of Early Education and Care and serve children ages 5-13.
- 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.
- Drop off times will be 8:00-9:00am and pick up times will be 3:30-5:00pm. ID's are required by all adults during pick up time.
- Financial Aid is still available but on a limited basis.
- Children will be assigned to specific rooms for the duration of each session. Within the room, all children will be urged to practice social distancing.
- It is imperative that all children leave toys and games at home. Children are not allowed to use cell phones while in the program. The Y is not responsible for any personal item that is lost or damaged.

- Children over the age of 5 and all parents must wear a face mask at all times when inside a program area.
- If a child has a fever of 100.00 or higher, show any symptoms of being ill, or has any behavioral issues 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). Families may request copies of any of our policies from the Child Care Director.
- Each child must bring a backpack/bag each day with the following items: bathing suit/towel, water bottle (a must!!), socks/sneakers, and sunscreen.
- COVID INFORMATION: If by chance someone in your child's pod tests positive for covid, we will follow protocol from the state and local health departments and close that pod for the recommended length of time designated by the Board of Health.

Y-South Hadley Information

- Y-South Hadley will take place at Plains Elementary School and will run from 8:00am-5:00pm. Summer sessions will be offered from June 28th-August 13th (7 weeks).
- Children attending the South Hadley site will need to bring a lunch with them each day. Afternoon snack will be provided. No microwaves are available, and no form of nuts are allowed.
- With limited classrooms, children will be grouped in ages of 5-8 and 9-13 as best as possible.
- Children will have use of their classroom and field but there will be no use of the gym, playground, or cafeteria. Children will still participate in water play and hikes so bathing suits/towels should be sent daily and packing bug repellent is strongly encouraged.

Y-Holyoke Information

- Y-Holyoke will be held at the Holyoke YMCA and will run from 8:00am-5:00pm. Summer sessions will be offered from June 28th-August 27th (9 weeks).
- Children attending the Holyoke location will receive free breakfast and lunch through the Holyoke Food Program. Afternoon snack will be provided. No microwaves are available, and no form of nuts are allowed.
- Children will have use of their classroom, gym, kitchen, dance studio, field, playground and pool. Please ensure your child comes prepared with sneakers and a bathing suit/towel each day. At this time no bathing suits/towels can be borrowed from the YMCA. Water shoes/crocs/close-toed sandals are strongly encouraged for outside play.

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/health condition 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. Spots will be given out on a first come, first serve basis and 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. Please be sure to include a current email address so you can get the most up to date information.



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Date Received: _____

2021 SUMMER REGISTRATION

Child's First Name	Last Name	Date of Birth	Grade (entering in the Fall)	Gender
Address		City	State	Zip

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: _____
Preferred Language _____	Preferred Language _____

☐ **Y-HOLYOKE**

Location:
Holyoke YMCA

**Choose one
site ONLY**

☐ **Y-SOUTH HADLEY**

Location:
Plains Elementary School

2021 Dates	Fee
<input type="checkbox"/> June 28 – July 2	\$225
<input type="checkbox"/> July 5 - 9 (No program 7/5)	\$180
<input type="checkbox"/> July 12 – 16	\$225
<input type="checkbox"/> July 19 – 23	\$225
<input type="checkbox"/> July 26 – 30	\$225
<input type="checkbox"/> Aug 2 – 6	\$225
<input type="checkbox"/> Aug 9 – 13	\$225
<input type="checkbox"/> Aug 16 – 20	\$225
<input type="checkbox"/> Aug 23 - 27	\$225

2021 Dates	2021 Dates	Fee
<input type="checkbox"/> June 28 – July 2		\$225
<input type="checkbox"/> July 5 - 9 (No program 7/5)		\$180
<input type="checkbox"/> July 12 – 16		\$225
<input type="checkbox"/> July 19 – 23		\$225
<input type="checkbox"/> July 26 – 30		\$225
<input type="checkbox"/> Aug 2 – 6		\$225
<input type="checkbox"/> Aug 9 – 13		\$225

Does your child receive a voucher for childcare? Yes _____ No _____

Financial aid is only available for full week care, ALL families are encouraged to inquire.

ADDITIONAL AUTHORIZED PICK-UP EMERGENCY CONTACTS

Name	Relationship to Child	Primary Number

EMERGENCY CONTACTS AND AUTHORIZED PICK UPS

In addition to parents/guardians listed, ONLY those on the Authorized Pick Up / Emergency Contact list will be allowed to pick up a child from the program. In emergency situations only, parents/guardians may give written permission for an individual who is not on this list to pick up their child. No child will be released without emergency written permission. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at the program. By signing this form, you agree to the Authorized Pick Up / Emergency Contact arrangement as stated above.

PARENTS AGREEMENT

- Balances must be paid by the Friday prior to the beginning of the registered session unless alternate arrangements have been approved by the director. Children may not attend any session until their balance is paid in full.
- Requests for session changes will be honored only if space permits. One week notice is required for any intent to withdraw from a session.
- The YMCA reserves the right to dismiss a child whose behavior is detrimental to other children, themselves and/or the program.
- Fees will not be refunded for absence, failure to attend during the session, delayed attendance, or dismissal.
- Health forms and immunization records are required for each child PRIOR to attending. The YMCA does not retain records from previous years.
- I understand and agree to abide by the policies and procedures on enrollment, payment, and attendance for the Summer Program. They can be found in the Parent Handbook available online.
- A Late fee of a \$1/minute per child will be charged for any late pick ups and must be paid within one week.
- I understand if my child exhibits any illness, has a fever of 100.00 or higher, or has any behavioral issues 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).
- By signing this form, you agree to the parents' agreement as stated above.

Signature

Date

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

- _____ My child to attend offsite walks.
- _____ 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.
- _____ For my child to participate in on-site swimming activities (Holyoke location only).
- _____ For my child to use hand sanitizer as a back-up sanitizing measure when sinks are unavailable.
- _____ For my child to use playgrounds.
- _____ Staff to assist my child in application of sunscreen and insect repellent provided from home.

First Aid and Emergency Medical Care Consent

Child's First Name _____

Last Name _____

Date of Birth _____

Physical and Immunization History

Please provide a copy of your child's physical & immunization records from their doctor's office. This is required for each child PRIOR to attending the program. The YMCA does not retain records from previous years. Children should meet the Massachusetts school immunization requirements for the grade they will enter in the school year following their Summer session.

Name of Physician _____

Phone: _____

Medical/Hospital Insurance Carrier _____

Policy/Group # _____

Current Medications: _____

Medications to be taken at YMCA Program: _____

If a child must receive medication while at the program, a "Medication Consent Form" and "Individual Health care Plan" must be completed for each medication. This includes campers that use an Epi-Pen, inhaler, OR Insulin, whether it is self-administered or assisted. These forms can be found at the front desk of the YMCA or online at www.holykeyymca.org, and are due one full week before the session begins. All medications must be turned in upon arrival and must be in original containers with the child's name printed on the label.

Child's Allergies: _____

If a child has a listed allergy an individual health care plan signed by a physician must be completed. If medication is needed follow the above requirements for current medications.

I hereby 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.

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

Other

(describe _____)

My child will depart the program by:

_____ Parent Pick Up

_____ Unsupervised Walk*

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 _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE.

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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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