



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022 SUMMER REGISTRATION

Please read carefully and save this page for your records

Welcome Parents & Guardians!

Thank you for choosing our Y as a place for your child to belong this summer! As many of you are aware, childcare programs continue to look very different from years past. Because of the uncertainty of the future of this health crisis, we will continue to operate at a bit of a decreased capacity and will adapt to any changes, if necessary.

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 communities 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.
- Summer hours will be 8:00 am – 5:30 p.m.
- Only full week care is available. Parents are not able to register their children for part weeks. Also, your child does not need to be registered for the entire summer in order to attend.
- Drop off times will be 8:00-9:00 am and pick up times will be 3:30-5:30 pm. ID's are required by all adults during pick-up time.
- A copy of the child's most recent physical and immunization documentation (within the last year) will be required with the registration form. There will not be any exceptions to this and a child will not be able to attend the program without it.
- Scholarship assistance is available to families in need. A form will need to be completed with one month's household income and birth certificates attached. This form can be downloaded off of our website.
- 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.
- Each child must bring a backpack/bag each day with the following items: bathing suit/towel, water bottle (a must!!), socks/sneakers, and sunscreen.
- Children attending the Holyoke location will receive free lunch through the Holyoke Food Program. Children attending the South Hadley site will be required to bring a lunch. No microwaves are available at either site, and no form of nuts are allowed.

Please also understand that disrespectful behaviors from children and/or parents will not be accepted and could be cause for termination from the program. A copy of our parent handbook, which lists our policies and protocols, can be found on our Holyoke YMCA website. 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, children and parents/guardians.



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Date Received: _____

2022 SUMMER REGISTRATION

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

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:
To be determined

2022 Dates	Fee	2022 Dates	2021 Dates	Fee
<input type="checkbox"/> July 4- 8 (No program 7/4)	\$180	<input type="checkbox"/> July 4- 8 (No program 7/4)		\$180
<input type="checkbox"/> July 11 - 15	\$225	<input type="checkbox"/> July 11 - 15		\$225
<input type="checkbox"/> July 18 - 22	\$225	<input type="checkbox"/> July 18 - 22		\$225
<input type="checkbox"/> July 25 - 29	\$225	<input type="checkbox"/> July 25 - 29		\$225
<input type="checkbox"/> Aug 1 - 5	\$225	<input type="checkbox"/> Aug 1 - 5		\$225
<input type="checkbox"/> Aug 8 - 12	\$225	<input type="checkbox"/> Aug 8 - 12		\$225
<input type="checkbox"/> Aug 15 - 19	\$225	<input type="checkbox"/> Aug 15 - 19		\$225
<input type="checkbox"/> Aug 22 - 26	\$225	<input type="checkbox"/> Aug 22 - 26		\$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 suspend or terminate a child whose behavior is detrimental to other children, themselves, staff and/or the program. (Parent or guardian's behavior are held to the same expectations)
- 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.holyokeymca.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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