



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2023 SUMMER REGISTRATION

**Please read carefully and keep 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, what we have learned from the recent health crisis is that things can change very quickly and we will need to adapt as best we can to any of those potential changes.

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, until we get to know you.
- **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.**
- **All parents must have any outstanding balances paid up to date before camp begins.**
- 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 – please be sure to have this conversation with your child so that they understand it. 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 MAKE NOTE THAT OUR SOUTH HADLEY PROGRAM WILL END A COUPLE OF WEEKS EARLY, AS REQUESTED BY THE SCHOOL DEPARTMENT. PLEASE ADJUST YOUR CALENDARS TO ACCOMMODATE THIS CHANGE.**

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: \_\_\_\_\_

## 2023 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:  
Plains School

2023 Dates	Fee	2023 Dates	Fee
<input type="checkbox"/> July 3- 7 (No program 7/3 and 7/4)	\$144	<input type="checkbox"/> July 3- 7 (No program 7/3 and 7/4)	\$144
<input type="checkbox"/> July 10 - 14	\$240	<input type="checkbox"/> July 10 - 14	\$240
<input type="checkbox"/> July 17 - 21	\$240	<input type="checkbox"/> July 17 - 21	\$240
<input type="checkbox"/> July 24 - 28	\$240	<input type="checkbox"/> July 24 - 28	\$240
<input type="checkbox"/> July 31 - Aug 4	\$240	<input type="checkbox"/> July 31 - Aug 4	\$240
<input type="checkbox"/> Aug 7 - 11	\$240	<input type="checkbox"/> Aug 7 - 11	\$240
<input type="checkbox"/> Aug 14 - 18	\$240	<input type="checkbox"/> <b>NO PROGRAM</b>	
<input type="checkbox"/> Aug 21 - 25	\$240	<input type="checkbox"/> <b>NO PROGRAM</b>	

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.

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**Signature**

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**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](http://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 \_\_\_\_\_

My child will arrive to the program by:

\_\_\_\_\_ Parent/Guardian Drop Off \_\_\_\_\_ Unsupervised Walk

My child will depart the program by:

\_\_\_\_\_ Parent/Guardian Pick Up \_\_\_\_\_ Unsupervised Walk\*  
\*Requires Director approval  
and written authorization  
from parent

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

<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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