



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024-2025 YMCA AFTER SCHOOL REGISTRATION

Welcome! The Greater Holyoke Y is the largest provider of afterschool care in the area. We have decades of experience providing safe, high-quality childcare. Our mission is to provide age-appropriate activities that strengthen the family and develop the whole child socially, physically, and academically. Our programming includes literacy and homework help, thematic curriculum, arts and crafts, physical activities, outside play and snacks. Our dedicated staff is trained in child development, positive behavior, First Aid and CPR. All our sites are licensed by the Department of Early Education and Care and serve children ages 5 through 13.

After School Program:

Programs begin at school dismissal and run until 5:30pm, Monday through Friday. Sites are open on half days of school. Full day programs are available during school vacation weeks for an additional fee. Hours for full day programs are 8:00am-5:30pm. We offer AfterSchool programs in the following locations:

- Holyoke YMCA – Serving students in all Holyoke schools including Charter.
(We will provide early release day programming on Wednesdays for HPS students. This will allow us to accommodate the Holyoke Public School's new schedule, taking effect this fall)
- South Hadley Plains School
- South Hadley Mosier Elementary
- Michael E. Smith Middle School

General information:

Programs and activities are designed to allow our youth to develop fully through physical and social interactions. Through curriculum-based activities we foster individual growth, self-discipline, independence, and self-confidence.

Although it is ultimately the responsibility of the parent, each site will offer a designated time for children to complete homework. Staff will be available to assist with homework during this time and will encourage all children to use this time appropriately, but please understand that it is their responsibility to take advantage of this scheduled time.

What NOT to bring:

It is our policy that children leave all toys and games at home. This includes game cards, electronic games, personal music players, cell phones and all other items like this. If an item is brought to the program, we cannot be responsible for it.

While attending Y childcare programs, cell phones should not be used. During program hours your child is expected to store their personal cell phone out of sight and place it in silent mode. If there is a need to use the phone, specific permission must be given by a Y staff member. If a student fails to follow this policy, staff may reach out to the parents/guardians for support. This policy is consistent with local school systems. Failure to comply with the cell phone use policy of the YMCA could result in suspension and/or termination from the *program*.

2024-2025 After School Registration Form

Children must be pre-registered at least one week prior to starting the program (NO EXCEPTIONS). This form must be completed in its entirety before any child can begin the program (everything highlighted in YELLOW).

Child's Information:

First Name:		Last Name:		
Address:	City:	Date Of Birth:	Age:	Grade:
Child's Preferred Pronouns (Optional)		Does your have an IEP/504: YES _____ NO _____		

Ethnicity: Asian/Pacific Islander ___ African American/Black ___ Alaskan Native ___ Hispanic ___ American Indian ___ Caucasian/White ___ Other ___
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Parent/Guardian Information:

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Primary Phone:	Primary Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Business Phone:	Business Phone:
Preferred Language:	Preferred Language:

Program Information	After School Weekly Fees
<p>Anticipated Start Date: _____</p> <p>Do you currently receive a voucher for childcare? (please circle one) Yes No</p> <p>Days Needed: Please check the days needed. Once approved, the days you choose are the only days your child will be able to attend each week. Any schedule changes, including extra days, must be approved by the Director. ___ M, ___ T, ___ W, ___ Th, ___ F</p> <p>Holyoke Sites: ___ YMCA Site (serving all of HPS and Holyoke Charter School)</p> <p>South Hadley Sites: ___ Plains Elementary School ___ Mosier Elementary School ___ Michael E. Smith Middle School</p>	<p>1 Day \$25.00/week 2 Days \$50.00/week 3 Days \$75.00/week 4 Days \$100.00/week 5 Days \$125.00/week</p> <p>Price is affective as of 8/1/2024</p> <p>Full day programs including school vacation weeks, snow days, and scheduled no-school days are \$50 per day per child. The hours are 8:00am-5:30pm. All snow day programs will take place at the Holyoke YMCA. Weekly fees are not prorated for holidays or absences.</p> <p>Financial aid is available, and all families are encouraged to inquire.</p>

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**.

Name	Relationship to Child	Primary Number

The Following People are UNAUTHORIZED To Pick Up

(please provide any document necessary to be placed in child's folder)

Name	Relationship	Documentation

Transportation Plan and Authorization

My child will arrive to the program by: (Please check the appropriate lines)

Released from School
 School Bus
 Other (describe: _____)

My child will depart the program by: (Please check the appropriate lines)

Parent/Guardian Pick Up
 Unsupervised Walk**
 Other (describe: _____)

**** Child must be at least 9 years old and have written consent for Unsupervised Walk.**

2024-2025 Parent 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 and termination may occur for non-payment.	
Requests for session changes will be honored only if space permits. One week's notice is required for any schedule changes or intent to withdraw.	
The YMCA reserves the right to dismiss a child (or Parent) whose behavior is detrimental to other children, themselves and/or the program.	
Fees will not be refunded for absence, failure to attend during registered days, delayed attendance, or dismissal	
Any child picked up after 5:30pm will be charged a late fee of \$20.00 for the first 15 minutes and \$1.00 for every minute after 5:45pm and must be paid within one week. Non-payment of late fees may result in termination from the Y program.	
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).	
Automatic draft (EFT) is mandatory for the 2024/25 school year.	
I understand that failure to pay tuition for two weeks will result in a termination notice.	
I understand that that I am responsible for payment regardless of my child's attendance, including extended days, full day, and vacation week programs. Additionally, these days your parent fee will be higher due to extended/full day services.	
I understand that a two-week written Notice of Withdrawal is required, and I understand that I will continue to be billed and are responsible for all fees two weeks from the date the YMCA is informed of my child's intended withdrawal from the program.	
I understand that all balances must be paid on my account for my child to be readmitted to the afterschool program.	
I understand and agree to abide by the policies and procedures on enrollment, payment, and attendance. (These policies can be found in the Parent Handbook available online.)	
By signing this form, you agree to the parents' agreement as stated above.	
Parent/Guardian's Signature:	

Initial (below)	The following are optional, please initial those you choose. I GIVE PERMISSION FOR:
	My child to attend offsite walks (library, parks, etc.)
	The YMCA to use my child's pictures and/or videos in the YMCA publicity and media promotions.
	The YMCA to use my child's pictures and/or video inside the program facility.
	The YMCA and my child's school to communicate any information relevant to the success of my child both in school and at the Y program.
	For my child to use hand sanitizer as a back-up sanitizing measure when sinks are unavailable.
	My child to be observed and to interact with authorized student interns and volunteers, such as those provided for programmatic support by our partners, Lorenzi Health, LLC

First Aid and Emergency Medical 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:

Health Insurance Carrier:

Policy/Group Number:

Current Medications:

Medications to be taken at the YMCA Program:

Any Concerns or limitations (behavioral or Medical) that we should be aware off:

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.holykeymca.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's Signature:

Date:

EFT PAYMENT APPLICATION

PARENT/GUARDIAN
NAME

PERSONAL INFORMATION		
STREET		
APT # / PO BOX #	DATE OF BIRTH	
CITY	STATE	ZIP
HOME PHONE #	CELL PHONE #	
EMAIL ADDRESS		

CHILDREN'S NAMES (attending program)		
01	Child	<u>Birthdate</u>
02	Child	
03	Child	
04	Child	
05	Child	

BANK ACCOUNT	
NAME ON ACCOUNT	
ACCOUNT NUMBER	
NAME OF BANK	
ROUTING/ TRANSIT NUMBER	
<input checked="" type="checkbox"/> COPY OF CHECK	

CREDIT ACCOUNT (no debit cards unless checking acct # is attached)		
NAME ON CARD		
ACCOUNT NUMBER		
CREDIT CARD TYPE	<input type="checkbox"/> MC <input type="checkbox"/> VISA	EXP. DATE
BANK NAME		

OR

PAYMENT SCHEDULE (if no day is specified payments will be scheduled weekly on Fridays)		
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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