2019-2020 BEFORE AND AFTER SCHOOL REGISTRATION

Welcome! The Greater Holyoke Y is the largest provider of after school care 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. 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 of 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 6:00pm, 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 from 7:30am-6:00pm. We offer After School programs in the following locations:
- Holyoke Sullivan School
- Holyoke YMCA – Serving students in all Holyoke schools including Charter
- South Hadley Plains School
- South Hadley Mosier Elementary
- South Hadley Michael E. Smith Middle School

Before School Program: We offer two before-school programs in South Hadley beginning at 6:30am. The Plains School program serves children enrolled at Plains Elementary School. The Mosier School Program serves children enrolled at Mosier and Michael E Smith Middle School. Staff walk the Middle school students over to their school at the appropriate time. A light breakfast consisting of fresh fruit will be offered daily.

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 to bring and 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 similar to this. If an item is brought to the program, we cannot be responsible for it.

Greater Holyoke YMCA  \cdot  171 Pine Street, Holyoke, MA  \cdot  (413) 534-5631  \cdot  Fax (413) 536-9622  \cdot  www.holyokeymca.org
Before/After School Program Weekly Fees

<table>
<thead>
<tr>
<th>After School (Holyoke or South Hadley)</th>
<th>Before School (South Hadley)</th>
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<tr>
<td>1 day $20/week</td>
<td>1 day $10/week</td>
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<td>2 days $40/week</td>
<td>2 days $20/week</td>
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<td>3 days $60/week</td>
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<td>4 days $80/week</td>
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<td>5 days $100/week</td>
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Vacation and unscheduled snow or full day programs are $40 per day per child. Hours are from 7:30am-6:00pm. All snow day programs will take place at the Holyoke YMCA.

Prices are effective 1/1/2020

Before/After School 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 weeks with a snow day or holiday closure, but full week vacation weeks (December, February and April) are not billed if the child is not registered for that week. Payments for that week must be made separately.

Any changes to a child’s weekly schedule or payment method must be reported to the Child Care Director at least two weeks prior to the changes taking effect. Changes made after a payment has come out are not subject to reimbursement.

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.
2019–2020 Before & 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.

Child’s Name:______________ Date of Birth:_______ Age at admission:_____

Home Address:________________________ Home Phone:_______ Gender:_____

__________________________________________
School attending:____________ School Grade:_____
Program Start Date:___________ Does your child have an IEP:_____
Do you currently receive a voucher for childcare:___yes ___no

Program registering for:
Please check program and days
__After School Care
Days _M, _T, _W, _Th, _F

__Before Care (South Hadley Only)
Days _M, _T, _W, _Th, _F

Sites child will be attending:
Please check program site attending.
Holyoke Sites: South Hadley Sites:
__Sullivan Site __Plains Site
__YMCA Site __Mosier Site
__Michael E. Smith Middle

Parent/Guardian Information:
Name: __________________________ Name: __________________________
Relationship to child:____________ Relationship to child:____________
Home Address: __________________ Home Address: ________________
________________________________________
DOB: _________ DOB: __________
Primary phone: ______________ Primary phone: ______________
Email: __________________________ Email: ______________________
Business Name: __________________ Business Name: ______________
Business Phone: __________________ Business Phone: ______________

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship to child</th>
<th>Phone number</th>
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IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY:

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<th>Name</th>
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<th>Relationship to child</th>
<th>Phone number</th>
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Please list any allergies or medical conditions we need to be aware of for proper care of your child. This information is very important in case of emergency.
Transportation Plan and Authorization

Child’s Name: __________________________

Please check the appropriate lines

Before School
My child will arrive at the Before School Program by:
__ Parent drop off ___ Other (describe____________________)
My child will depart the Before School Program by:
__ Released to school ___ Other (describe_______________)

After School
My child will arrive at the After School Program by:
__ Released from school __School Bus __Unsupervised Walk ___ Other(describe____) 
My child will depart the After School Program by:
__ Parent Pick Up ___ Unsupervised Walk (child must be at least 9 years old)
__ Other(describe__________) 

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD’S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

First Aid and Emergency Medical Care Consent

CHILD’S PHYSICIAN:

_________________________ ________________ ______________________
NAME OF PHYSICIAN NUMBER ADDRESS

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 __________, for medical treatment when I cannot be reached or when delay would be dangerous to my child’s health.

Child’s Allergies: ____________________________
Child’s Medications: __________________________
Chronic Health Conditions: __________________________

Eye Color______ Hair Color______ Skin Color______ Gender______
Height________ Weight________ Primary Language__________
Identifying marks__________________________
Special Concerns or Limitations: __________________________

Health Insurance Coverage: ________________ Policy #: ____________

I certify that documentation of physical examination and immunizations in accordance with public school health requirements are on file at my child’s school.

Parent/Guardian Signature: ______________________ Date: ____________
Authorization Form

Child’s Name: __________________________

The following are mandatory please initial all:
__ I am required to pay my weekly fees, regardless of absences or holidays and understand that failure to pay can result in termination from program.

__ I understand that a late fee of $1.00 per minute per child will be charged to me for any late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the YMCA. This late fee will be added to the next scheduled payment unless paid immediately.

__ I must give two weeks written notice to the Director of Child Care Services of my intent to change scheduled days or withdraw my child from the YMCA program.

__ I agree to abide by the policies stated in the parent handbook, which I understand is readily available to me at all times at www.holyokeymca.org and at each program site.

The following are optional, please initial those you choose:
I give permission for:

__ I allow my child to attend field trips (library, parks, etc.) within walking distance.

__ 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 be observed and interact with authorized student interns and volunteers.

__ my child to NOT participate in tooth brushing during full day programs, (if unchecked parents must supply tooth brushing supplies for each full day program).

Waiver of Liability Statement
While it is the aim of the Greater Holyoke YMCA to provide your 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 may 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

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<tr>
<th>STREET</th>
<th>DATE OF BIRTH</th>
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<th>APT # / PO BOX #</th>
<th>STATE</th>
<th>ZIP</th>
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<th>CITY</th>
<th>CELL PHONE #</th>
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<th>HOME PHONE #</th>
<th>EMAIL ADDRESS</th>
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## CHILDREN’S NAMES (attending program)

<table>
<thead>
<tr>
<th>Child</th>
<th>Birthdate</th>
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## BANK ACCOUNT

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<tr>
<th>NAME ON ACCOUNT</th>
<th>ACCOUNT NUMBER</th>
<th>NAME OF BANK</th>
<th>ROUTING/TRANSIT NUMBER</th>
<th>COPY OF CHECK</th>
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## CREDIT ACCOUNT (no debit cards unless checking acct # is attached)

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<thead>
<tr>
<th>NAME ON CARD</th>
<th>ACCOUNT NUMBER</th>
<th>CREDIT CARD TYPE</th>
<th>EXP. DATE</th>
<th>BANK NAME</th>
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## 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**

- [ ] FINANCIAL AID INFO  - [ ] EMAIL  - [ ] PHYSICAL  - [ ] IMMUNIZATIONS  - [ ] COPIES

Greater Holyoke YMCA · 171 Pine Street, Holyoke, MA · (413) 534–5631 · Fax (413) 536–9622 · www.holyokeymca.org