



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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.

## Before/After School Program Weekly Fees

### After School (Holyoke or South Hadley)

1 day \$20/week  
2 days \$40/week  
3 days \$60/week  
4 days \$80/week  
5 days \$100/week

### Before School (South Hadley)

1 day \$10/week  
2 days \$20/week  
3 days \$30/week  
4 days \$40/week  
5 days \$50/week

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:

\_\_\_ Sullivan Site

\_\_\_ YMCA Site

#### South Hadley Sites:

\_\_\_ Plains Site

\_\_\_ Mosier Site

\_\_\_ Michael E. Smith Middle

### Parent/Guardian Information:

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Primary phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Primary phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

### THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

Name	Address	Relationship to child	Phone number

IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY:

Name	Address	Relationship to child	Phone number

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.

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## **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](http://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/incure 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

<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		
<div style="display: flex; justify-content: space-between;"> <span><b>PAYMENT SCHEDULE (weekly)</b></span> <span><b>Day of Week:</b></span> <span><b>Date of first EFT Draft:</b> _____</span> </div>		

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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