

**Merrimack Valley YMCA-Methuen & Lawrence  
Branch Preschool Child Care Program  
Service Agreement 2017-2018**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Once enrolled in the program, you will be required to pay one week's tuition in advance and understand that payment is due on or before Friday of the week prior to services. Once enrolled, NO deduction or credit for individual absences will be given. There is a 2 day minimum, limited availability, at the Directors discretion. A Preschool YMCA general membership is given to the child and is valid during the time that the child is enrolled in the Preschool Child Care Program. I understand the cost of the program is:

- Full Time Toddler Care= \$285.00 per week
- Full Time Preschool = \$245.00 per week
- Part Time Preschool = \$125.00 per week

Please see the attached holiday closure list in our handbook.

***In addition as the parent/guardian, I understand and agree to:***

- Pay my weekly tuition fee one week in advance of service. Payment is due on or before Friday of each week.
- Pay a late pick up fee of \$1.00 per child each minute after the program ends based on my registration.
- A \$25.00 late fee will be applied to my delinquent account.
- Pay a \$25.00 charge for any check that is returned from the bank. (Check must be replaced with a certified check or money order.)
- Provide the program with all completed registration forms and a completed, up to date health form and update as necessary (Example: New phone number, change of address, allergies, etc.).
- Children are to be in their classrooms no later than 9:00 am to begin their daily activities.
- Call the program prior to your child's start time if the child is going to be absent.
- Abide by the guidelines stated in the parent handbook.
- Attend parent meetings.
- Provide a **two-week written notice** to change my child's scheduled days or to cancel my child out of the program. I understand that I am responsible for payment during this period.

***The YMCA PSCC Program Agrees to:***

- Uphold Massachusetts EEC Regulations.
- Uphold NAEYC Accreditation Standards.
- Uphold all YMCA guidelines.
- Provide a nutritious breakfast, lunch & two nutritious snacks each day.
- Provide trained, qualified staff.
- Provide supervised social, educational, and recreational activities.
- Provide advanced notice of fieldtrips.
- Keep all information about children and families in confidential files, to be released only with permission of the parent/guardian.
- Provide the parent/guardian with community health and social service information upon request.

***Required Documents for Registration:***

- Copy of parent's photo ID
- Copy of child's birth certificate
- Copy of current physical and immunization record for child
- Copy of child's social security card
- Recent photo of child
- Signed Code of Conduct
- USDA Completed Paperwork

After reading the YMCA PSCC Parent Handbook and reviewing the highlighted policies above, I agree to the conditions of this service agreement. I understand that the YMCA reserves the right to amend this agreement upon written notification. I also understand that the YMCA reserves the right to dismiss my child if his/her actions or behavior interferes with the safety and/or enjoyment of planned activities. I agree to familiarize myself and my child with the information contained in the handbook as well as the YMCA rules and understand that it constitutes the policies and guidelines of the YMCA PSCC Program.

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Parent/Guardian Signature

Date

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Intake Worker's Signature

Date

Merrimack Valley YMCA  
**2017-2018 Group Day Care Registration Form**

(Do not tear pages out of this registration packet.)

For Office Use Only:

Admission Date: \_\_\_/\_\_\_/\_\_\_

Director Initials \_\_\_\_\_

Andover/ North Andover Branch

Lawrence Branch

Methuen Branch

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Information**

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

Relationship: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**Emergency Contacts (EC) & Alternate Pick up Person (APP):** You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or for some reason you could not pick up your child & were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for positive identification from anyone unfamiliar to us.

#1 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_

#3 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_

#2 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_

#4 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_



## 2017-2018 Emergency Card Information

 Andover/ North Andover Branch

 Lawrence Branch

 Methuen Branch

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

### ***Parent/Guardian Information:***

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	
Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	

### ***Emergency Contact Person(s):***

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	

### ***Pediatrician or Source of Health Care:***

Doctors Name:		Phone:	
Address:		City, State, zip	

 Medical Conditions/Allergies: \_\_\_\_\_  
 \_\_\_\_\_

Insurance Information (optional):

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

The following people are **NEVER** allowed to pick up my child (If this is a custody issue, **you must provide the Child Care Director a copy of court documents.**):

1. \_\_\_\_\_ 2. \_\_\_\_\_

### **Emergency Authorization**

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide first aid and/or CPR/AED treatment to my child, \_\_\_\_\_, when necessary and in the event of a more serious illness or injury; I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 2017-2018 Medical Information

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any chronic conditions, dietary restrictions, or medications:  
\_\_\_\_\_

List any allergies, reactions and treatment:  
\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If yes, please attach: \_\_\_\_\_

Does your child have an Individual Health Plan (for children with a chronic health condition)? \_\_\_\_\_  
If yes, please attach

Do you have a custody agreement, court order, and/or restraining order pertaining to the child? \_\_\_\_\_  
If yes, please attach

### Promotional Release

I give permission to the YMCA to public my child's name and photograph in YMCA brochures, newspaper or other publications. \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_)

I give my permission for my child to attend instructional classes and/or recreational swims at the designated Merrimack Valley YMCA Branch.  
[Lawrence/Andover/North Andover Only] \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_)

I give permission to the Merrimack Valley YMCA Staff to speak and/or exchange documents concerning my child with school personnel. \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_)

## 2017-2018 YMCA Developmental History Form

Child's Name: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Primary Language: \_\_\_\_\_

List any physical limitations or special situations your child has: \_\_\_\_\_

List any allergies or food intolerance that your child may have: \_\_\_\_\_

Does your child take medication(s) regularly?       Yes     No

If yes, please list the name of the drug, how often they receive this medication and what time it is to be given. (Please check the parent handbook regarding our policy on dispensing medication during program hours.):

List all Holidays, celebrations and occasions that your family celebrates: \_\_\_\_\_

List your child's special interests and hobbies: \_\_\_\_\_

Favorite physical activities: \_\_\_\_\_

Favorite Game/Toy: \_\_\_\_\_ Favorite TV Show: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_ Favorite Book: \_\_\_\_\_

Does your child enjoy musical activities?       Yes     No

Does your child primarily use his/her right or left hand?       Right Hand     Left Hand     No Preference Yet

By nature is your child:

Aggressive       Shy       Serious       Friendly       Withdrawn       Easy Going

How do you reassure your child when he/she is upset? \_\_\_\_\_

Does your child nap?       Yes     No

How does your child get along with other children? \_\_\_\_\_

Does your child prefer to play alone or with other children? \_\_\_\_\_

Do you feel your child will adjust easily?       Yes     No      If no, why? \_\_\_\_\_

Does your child demand a lot of attention? \_\_\_\_\_

Is your child the only child in your family?       Yes     No      If no, do they all reside in your home?       Yes     No

Please list siblings & ages: \_\_\_\_\_

How does your child show:

Happiness \_\_\_\_\_

Anger \_\_\_\_\_

Disappointment \_\_\_\_\_

What do you find is the best way to effectively deal with inappropriate behaviors? \_\_\_\_\_

Who does the disciplining in your family? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_ Does your child have accidents? \_\_\_ Yes \_\_\_ No

What special words does your child use to describe bathroom needs? \_\_\_\_\_

Is your child frightened by:

\_\_\_ Animals \_\_\_ Loud Noises \_\_\_ New Situations \_\_\_ Storms Other \_\_\_\_\_

Has your child attended swimming lessons? \_\_\_ Yes \_\_\_ No If yes, was it at this YMCA \_\_\_ Yes \_\_\_ No

Does your child like or dislike the water? \_\_\_ Like Water \_\_\_ Dislike Water

What are your goals for your child while in this program? \_\_\_\_\_

Are there any situations or circumstances involving your child that the staff should be informed of? \_\_\_\_\_

Would you, as a volunteer, be willing to do any of the following:

- \_\_\_ Share a talent or your profession
- \_\_\_ Reading stories
- \_\_\_ Take classroom pet home during Holidays
- \_\_\_ Participate in YMCA ROFY Phone A Thon
- \_\_\_ Teacher's Helper
- \_\_\_ Other \_\_\_\_\_

(The above information will help us better understand your child's need.)

**Additional Comments**

**For Office Use Only**

Age at Admission: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Membership #: \_\_\_\_\_

YMCA Program/Classroom: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2017-2018 Transportation Plan

My child will arrive at the program with a parent or his/her designee and will depart from the program with a parent or his/her designee. Teachers will ask for a photo identification card until they become familiar with person(s) picking up.

## THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

### Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

My child will be attending the following days and times:

<u>Day</u>	<u>Arrive</u>	<u>Depart</u>
Monday	_____ am/pm	_____ am/pm
Tuesday	_____ am/pm	_____ am/pm
Wednesday	_____ am/pm	_____ am/pm
Thursday	_____ am/pm	_____ am/pm
Friday	_____ am/pm	_____ am/pm

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

- \_\_\_ PARENT/DESIGNEE DROP OFF
- \_\_\_ PUBLIC or PRIVATE SCHOOL
- \_\_\_ \*PRIVATE TRANS. ARRANGED BY PARENT

**MY CHILD WILL DEPART FROM THE PROGRAM:**

- \_\_\_ PARENT/DESIGNEE PICK UP
- \_\_\_ PUBLIC or PRIVATE SCHOOL
- \_\_\_ \*PRIVATE TRANS. ARRANGED BY PARENT

\*Please provide name of company, phone #, and copy of agreement

\_\_\_\_\_

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**  
Must be updated annually or if parent makes any changes regarding the transportation to and from the center or if their schedule changes.



## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign this form to acknowledge your receipt and understanding of the Merrimack Valley YMCA's procedures governing the safety of children in our programs.

I understand that YMCA staff and volunteers are not allowed to babysit or transport program participants any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that at no time may a staff person be alone with a single child where they cannot be observed by others. This means no one-on-one supervision of children.

I understand that my child will not be allowed to leave a licensed program with an unauthorized person. Any person authorized to pick up your child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change. Persons who pick up your child must have a photo ID to verify identity.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA prohibits inappropriate talk, jokes, or sharing details of one's personal life and any kind of harassment in the presence of children, parents, and members.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**I have read and understand the statements above and have received a copy of the Pre School Child Care Parent Handbook.**

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Parent / Guardian Signature

Date



