

**Merrimack Valley YMCA  
2018 SACC Vacation Club**

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

For Office Use Only:

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

Directors 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



## 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: \_\_\_\_\_

## 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: \_\_\_\_\_)

## 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 \_\_\_ Participate in YMCA ROFY Phone A Thon

\_\_\_ Reading stories \_\_\_ Teacher's Helper

\_\_\_ Take classroom pet home during Holidays \_\_\_ Other \_\_\_\_\_

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

**Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Merrimack Valley YMCA**  
**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

\_\_\_\_\_

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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

MERRIMACK VALLEY YMCA  
CODE OF CONDUCT  
For Staff and Volunteers

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Rest-room supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a fieldtrip or at other off-site locations. Always send children in pairs (known as the rule of three) with a staff.
4. Staff should conduct or supervise private activities in pairs (one staff with 2 children) – diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff should not abuse children in any way, including:
  - Physical abuse – striking, spanking, shaking, slapping, and so on.
  - Verbal abuse – humiliating, degrading, threatening, and so on.
  - Sexual abuse – touching or speaking inappropriately.
  - Mental abuse – shaming, withholding kindness, being cruel, and so on.
  - Neglect – withholding food, water, or basic care.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
7. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.
8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Staff will respect children's rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.



11. Staff is not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
12. Staff must appear clean, neat, and appropriate attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Possession or use of any type of weapon or explosive device is prohibited.
16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
17. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
18. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
19. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
20. Staff will portray a position role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
22. Staff may not date program participants who are under the age of 18.
23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian,
24. or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
25. Staff is to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
26. Staff is required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
27. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

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Parent / Guardian Signature

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Date

