

Merrimack Valley YMCA  
 Andover/North Andover Branch  
 978-685-3541

Haverhill Street School Age Child Care Program Service Agreement 2018-2019

Child's name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade entering: \_\_\_\_\_

I am registering my child for the following YMCA School Age Child Care (SACC) Program(s) (circle days in the appropriate box)

After School (till 6 PM)				
M	T	W	TH	F

Tuition is based on 180 scheduled school days and the number of days per week your child is registered to attend the program. Payment is averaged over a 10-month period. **This rate does not include school holidays, vacation weeks, or full curriculum days.** A general youth YMCA membership is given to your child and is valid during the time that your child is enrolled in the School Age Child Care Program.

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

- Pay a \$50.00 non-refundable, non-transferrable registration fee per child per year. However, I understand that if I cancel or withdraw from the program and wish to re-enroll I will be charged a \$50 reinstatement fee for each occurrence.
- Pay a \$10.00 change charge for every change made to enrollment after registration.
- Pay a late pick up fee of \$1.00 per child each minute after the program ends.
- Pay my monthly tuition fee one month in advance of service. Payment is due on or before the 1<sup>st</sup> of each month. 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 prior to beginning program.
- Update registration information as needed (Example: New phone number, change of address, allergies, etc).
- Call the program prior to its start time if my child is going to be absent. Absences without prior notice may be mistaken for a missing child and unnecessary concern and time spent in search for your child will occur. I agree to pay a \$10 tracking fee each time a YMCA staff has to track the location of my child.
- Abide by the guidelines stated in the parent handbook.
- Attend parent meetings/family nights.
- 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 SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Provide a nutritious snack each day.
- Provide trained, qualified staff.
- Provide supervised social, educational, and recreational activities.
- Provide advanced notice of fieldtrips and vacation week programs.
- 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.

Tuition rates for the 2018-2019 school year is as follows:

After School (End of School Day – 6:00 PM)
5 days/week = \$535/month
4 days/week = \$508/month
3 days/week = \$408/month
2 days/week = \$296/month

After reading the YMCA SACC 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 SACC Program.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

*A Resolution of the Merrimack Valley YMCA Board of Directors: "To commit to diversity, inclusion and global efforts that increase access and engagement with our Y for everyone in our community regardless of race, gender, national origin, faith, age, income levels, sexual orientation, immigration status, varying abilities or other protected status."*

**Merrimack Valley YMCA**

**2018-2019 SACC**

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

**Andover/ North Andover Branch**

**Lawrence Branch**

**Methuen Branch**

<b>For Office Use Only:</b> Admission Date: ___/___/___
--

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

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

<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
------------------------	-------------	--------------	------------

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
-----------------------	-------------	--------------	------------

**Parent/Guardian Information:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

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

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

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

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

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

\_\_\_\_\_

**Phone #:** \_\_\_\_\_



**2018-2019 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:***

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>City, State, zip</b>	
<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Email:</b>			

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>City, State, zip</b>	
<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Email:</b>			

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

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>City, State, zip</b>	
<b>Cell Phone:</b>		<b>Work Phone:</b>	

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>City, State, zip</b>	
<b>Cell Phone:</b>		<b>Work Phone:</b>	

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

<b>Doctors Name:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>City, State, zip</b>	

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: \_\_\_\_\_

2018-2019 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: \_\_\_\_\_)

## 2018-2019 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
- \_\_\_ Teacher's Helper
- \_\_\_ Other \_\_\_\_\_

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

Additional Comments

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

**Merrimack Valley YMCA  
Andover/N. Andover Branch  
School Age Child Care – Transportation Contract**

**I authorize the Merrimack Valley YMCA School Age program to transport my  
Child \_\_\_\_\_ from the \_\_\_\_\_ School.**

**I understand that the YMCA has a contract with North Reading Transportation for transportation for my  
child’s school to the YMCA.**

**My Child will be taking the bus on the following days:**

Monday     Tuesday     Wednesday     Thursday     Friday

**My Child will begin taking the bus from school to the YMCA on: \_\_\_/\_\_\_/\_\_\_**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



**YMCA School Age Child Care  
Merrimack Valley YMCA**

**Spontaneous Walks Release Form**

I give my child permission to participate in spontaneous walks with YMCA Child Care Staff.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I give my child permission to participate in the YMCA swimming program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

How did you hear about the YMCA Child Care Program? Please Check:

Friend  Newspaper  Member  Radio  Brochure  TV  Survey  Phone  Book  Phone Book

**Promotional Release**

I hereby grant consent to release photographs and/or video footage of my child to the Merrimack Valley YMCA for commercial and art purpose in any medium or advertising, communication, publication or publicity that will promote YMCA program and services and/or recognition of participants. It is my understanding the YMCA is a non-profit organization.

Parent Signature: \_\_\_\_\_

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

Please check if your child picture can be posted in:

- Eagle Tribune Newspaper
- Rumbo Newspaper
- YMCA Website
- El Siglo Website
- Boston Globe Newspaper
- YMCA Lobby
- YMCA Classrooms and Hallway



**Transportation Plan**

**Any other transportation request must be stated in writing and maintained in the child’s file or the following must be implemented. This transportation information is valid for the entire school year / summer & vacations unless we are notified otherwise by the parent / guardian in writing.**

**During school year:**

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

**PARENT DROP OFF**

**CONTRACT Bus**

**PRIVATE TRANS. ARRANGED BY PARENT**

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

**PARENT PICK UP**

**CONTRACT Bus**

**PRIVATE TRANS. ARRANGED BY PARENT**

**During vacation and summer**

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

**PARENT DROP OFF**

**PRIVATE TRANS. ARRANGED BY PARENT**

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

**PARENT PICK UP**

**PRIVATE TRANS. ARRANGED BY PARENT**

**Parent/Guardian Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**



## 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 off 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 School Age Child Care Parent Handbook.**

---

**Parent / Guardian Signature**

**Date**

**Andover/North Andover YMCA SACC  
Door Access Code**

**Every family, whose child attends child care, will select a 4-digit family pin code to enter/gain access the child care wing. You and your child's emergency adult pick-ups will use your individual pin code to enter the child care wing. When you designate an alternative adult pick-up, please share your updated code with them so that they can access the classrooms for pick-up. Please do not hand out pin code to unauthorized pick-ups. The pin code will deactivate after the closure of the program, weekdays and weekends cutting off access to the child care entrance, and will reactivate when the program reopens. Each 4-digit pin code will be end in \*.**

**Your self-selected 4-digit family pin: \_\_\_\_\_\***

---

**Parent/Guardian Signature**

**Date**



## Merrimack Valley YMCA Child Care Closures 2018-2019

July 4, 2018	Wednesday	Independence Day
September 3, 2018	Monday	Labor Day
October 8, 2018	Monday	Columbus Day
November 12, 2018	Monday	Veteran's Day Staff Development Day
November 22, 2018	Thursday	Thanksgiving Day
November 23, 2018	Friday	Day after Thanksgiving
December 24, 2018	Monday	Christmas Eve Day
December 25, 2018	Tuesday	Christmas Day
January 1, 2019	Tuesday	New Year's Day
January 21, 2019	Monday	Martin Luther King Jr. Day - Staff Development Day
February 18, 2019	Monday	President's Day
April 15, 2019	Monday	Patriot's Day
May 27, 2019	Monday	Memorial Day