

**Merrimack Valley YMCA-Methuen & Lawrence
Branch Preschool Child Care Program
Service Agreement 2018-2019**

Child's Name: _____ Date of Birth: _____

Once enrolled in the program, you will be required to pay two 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= \$306.25 per week
- Full Time Preschool = \$245.00 per week
- Part Time Preschool = \$125.00 per week (less than 6 hours per day)

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.
- Pay my weekly tuition for **any vacation time** my child is out of care in which my child's slot will be held.
- Provide a **two-week written notice to change my child's scheduled days, submit vacation request or to cancel my child out of the program. I understand that the 2 weeks will begin the date the notice is received and 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.

Parent/Guardian Signature

Date

Intake Worker's Signature

Date

Attach picture of child here



Merrimack Valley YMCA
2018-2019 Group Day Care Registration Form
(Do not tear pages out of this registration packet.)

For Office Use Only:
Admission Date: ___/___/___
Directors Initials: _____

Child's Name: _____ Gender: _____ Age at Admission: _____

Home Phone #: _____ Date of Birth: ___/___/___ Place of Birth: _____

Mailing Address _____ City _____ State _____ Zip _____
Street Address _____ City _____ State _____ Zip _____

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 #: _____ 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

2018-2019 Methuen Branch Emergency Card Information

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: _____

2018-2019 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 ___ 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

For Office Use Only

Age at Admission: _____

Membership Type: _____ Membership #: _____

YMCA Program/Classroom: _____

Director's Signature: _____ Date: _____

2018-2019 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.

Parent / Guardian Signature

Date

Methuen YMCA Preschool/Toddler SUNBLOCK PERMISSION FORM



I give the Methuen YMCA Preschool/Toddler Staff permission to put _____ sun
brand name
block on my child, _____, as needed. I will bring in replacement sun block if or
when requested by the schools educators.

Parent/guardian Signature

Date

Methuen YMCA Preschool/Toddler Door Access Code Form

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.

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