

Merrimack Valley YMCA
 Andover/North Andover Branch
 978-685-3541
 School Age Child Care Summer Vacation Club Service Agreement 2019

Child's Name: _____

Grade entering Fall 2019: _____

Payment is based on weeks your child is registered to attend the program.

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

- Pay a **\$50 non-refundable, non-transferable deposit per week**. This deposit goes toward the final cost of the program. I understand that if I choose to cancel or withdraw from the program, the deposit is non-refundable and non-transferable.
- **ALL TUITION PAYMENT BALANCES DUE NO LATER THAN 7/1/2018 FOR JULY WEEKS AND 8/1/18 FOR AUGUST WEEKS.**
- A **\$10.00 charge will be added for every change** made to enrollment after registration.
- **Four(4) week written notice of withdrawal** of the program is required. **NO exceptions.**
- A **late pick up fee** of \$1.00 will be charged per child for each minute after 6pm the child remains at the program.
- A \$25.00 charge for any check that is returned from the bank. (Check must be replaced with a certified check or money order).
- There will be no refunds for missed days.
- **Provide the program with all completed registration forms and a completed, up to date health form BEFORE the child's start date.**
- Update registration information as needed. (Example: New phone number, change of address, allergies, etc).
- Abide by the guidelines stated in the parent handbook.
- All allergies, medications, medical conditions and IEP's must be brought to coordinators attention upon registration.

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- 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.

Please CIRCLE the weeks that you are registering your child to attend our YMCA Summer Program.

Week	Theme Name	Description	Pricing
			** Field Trips are included**
1	Wilderness Week June 17 th - June 21 st <i>*Tentative on the last day of school</i>	Let's get outside and learn while exploring the nature around us!	Member: \$265//week Community: \$285/week
2	Under The Sea June 24 th – June 28 th	Let's explore the unknown depths of the ocean.	Member: \$265//week Community: \$285/week
3	America the Beautiful July 1 st –July 5 th <i>*Closed July 4th</i>	Join us as we celebrate the birth of our nation and all that makes it wonderful!	Member: \$265//week Community: \$285/week
4	Creativity Week July 8 th – July 12 th	Use your imagination and to make creations from the simplest materials!	Member: \$265//week Community: \$285/week
5	Around the World July 15 th - July 19 th	Each day we will explore different countries and learn about different cultures from around the world!	Member: \$265//week Community: \$285/week
6	Holiday Week July 22 nd – July 26 th	Every day we will learn about and celebrate a different holiday!	Member: \$265//week Community: \$285/week
7	Lights, Camera, Action! July 29 th – August 2 nd	We will be looking into the many aspects of creating cinematic magic!	Member: \$265//week Community: \$285/week
8	Into the Jungle August 5 th – August 9 th	Lions and tigers and bears, oh my! Let's explore the beautiful creatures and life that live deep within the jungle.	Member: \$265//week Community: \$285/week
9	Mad Science August 12 th – August 16 th	Sugar, spice, and everything nice! These are the ingredients to a perfect summer!	Member: \$265//week Community: \$285/week
10	Outer Space August 19 th – August 23 rd	"In a galaxy far far away" we will be exploring the mysteries of outer space.	Member: \$265//week Community: \$285/week
11	Spirit Week August 26 th – August 30 th	As we wrap up summer, let's revisit all of the fun we loved MOST over the course of our weeks together!	Member: \$265//week Community: \$285/week

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 Summer Program.

Parent/Guardian Name (printed)

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
2019 SACC Summer 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: _____

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: _____

#2 Contact Name: _____

Relationship: _____

Address: _____

Phone #: _____ EC ___ APP ___

#4 Contact Name: _____

Relationship: _____

Address: _____



Summer 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:

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

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: _____

Summer 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

Identifying Information:
(Please attach a current photo of your child)

Eye color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks: _____ Primary Language: _____

Is there any documentation of a physical exam, immunization records, and lead screening on file at your school?
_____ Yes _____ No (If yes, Initial: _____) Date: _____

Name of School: _____

I give permission for my child to go for walks and to neighboring playgrounds:
_____ Yes _____ No (If yes, Initial: _____) Date: _____

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: _____) Date: _____

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: _____) Date: _____

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: _____) Date: _____

Summer 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

YMCA School Age Child Care
Merrimack Valley YMCA

Spontaneous Walks Release Form

I give my child _____ permission to participate in spontaneous walks with the 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 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: _____

Please check if your child's picture can be posted in:

- Eagle Tribune Newspaper
- Rumbo Newspaper
- YMCA Website
- Boston Globe Newspaper
- YMCA Lobby
- YMCA Classroom and Hallway

Merrimack Valley YMCA
Summer 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

By signing, you also give your child permission to ride contracted buses on field trip days to and from designated field trip locations.

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 School Age Child Care Parent Handbook.

Parent / Guardian Signature

Date

Andover/North Andover YMCA SACC SUNBLOCK PERMISSION



I give the Andover/North Andover YMCA permission to put _____
brand name

sunblock on my child, _____, as needed. I will bring in
replacement sunblock if or when requested by the schools' educators.

Parent/Guardian Signature

Date

Merrimack Valley YMCA Boat House Permission

I give my child, _____ permission to attend the Greater Lawrence Boat
community Boating Program each week. I give permission for my child to go on supervised
boat rides. For children ages 9 and over, if my child successfully passes the swim test,
he/she may use boats independently. I understand my child will be wearing an approved
life jacket while on boats.

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 School Age Program Oral Health Non-Participation Form

EEC regulations for child care programs include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours, or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program. Please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to start or stop participating in tooth brushing, this form may be resubmitted at any time changing your request. Thank you.

_____ **I do NOT wish** to have my child participate in tooth brushing while in care at the Merrimack Valley YMCA School Age Child Care Programs.

_____ **I DO wish** to have my child participate in tooth brushing while in care at the Merrimack Valley YMCA School Age Child Care Programs.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____

**Merrimack Valley YMCA
Child Care Closures
2019-2020**

January 1, 2019	Tuesday	New Year's Day
January 21, 2019	Monday	Martin Luther King Jr. Day
February 18, 2019	Monday	President's Day
April 15, 2019	Monday	Patriot's Day
April 21, 2019	Sunday	Easter Sunday
May 27, 2019	Monday	Memorial Day
July 4, 2019	Thursday	Independence Day
September 2, 2019	Monday	Labor Day
October 14, 2019	Monday	Columbus Day
November 11, 2019	Monday	Columbus Day
November 28, 2019	Thursday	Thanksgiving Day
November 29, 2019	Friday	Day After Thanksgiving
December 24, 2019	Tuesday	Christmas Eve
December 25, 2019	Wednesday	Christmas Day
December 31, 2019	Tuesday	New Year's Eve
January 1, 2020	Wednesday	New Year's Day

