

Merrimack Valley YMCA - Methuen & Lawrence  
Branch Preschool Child Care Program  
Service Agreement 2019-2020

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= \$332 per week (10 hours max per day)
- Full Time Preschool = \$245.00 per week (10 hours max per day)
- Part Time Preschool = \$132.50 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 at all times. Payment is due on or before Friday each week.
- Pay a late pick up fee of \$1.00 per child each minute after the program ends based on my registration.
- Pay a \$1.00 late fee per child, per minute for subsidy families exceeding the part time (6 hrs max) / full time (10 hr max) hours. Pay the full day private rate (part time private/assistance families) if part time hours (6 hrs max) are exceeded
- 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 structured 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; lead, hearing and vision test results must be on physical
- 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

**2019-2020 Group Day Care Registration Form**

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

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 \_\_\_

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

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

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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



# Merrimack Valley YMCA EMERGENCY CARD INFORMATION

For Office Use Only:	
Admission Date:	___/___/___
Date of Birth:	___/___/___
Physical Date:	___/___/___

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:	
<hr/>			
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: \_\_\_\_\_

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

I give permission for my child to go on walks in surrounding neighbors of YMCA.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_ Date: \_\_\_\_\_)

## 2019-2020 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? \_\_\_\_\_

(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: \_\_\_\_\_

**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:  
(not exceeding 10 hrs per day Full Time or 6 hrs per day Part Time)

<b><u>Day</u></b>	<b><u>Arrive</u></b>	<b><u>Depart</u></b>
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 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.

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."

**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

## 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.

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Parent/guardian Signature

Date

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

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Parent/Guardian Signature

Date



Parent Handbook Sign OFF/RELEASE FORM

I have received a copy of the Parent Handbook, Health Care Policy and Holiday Closure Listing for the Year.

\_\_\_\_\_ Parent Handbook

\_\_\_\_\_ Health Care Policy

\_\_\_\_\_ Holiday Closure Listing for the Year

\_\_\_\_\_ Code of Conduct

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

**Child Care Closures  
2019-2020**

January 1, 2019	Tuesday	<b>New Year's Day</b>
January 21, 2019	Monday	Martin Luther King Jr. Day
February 18, 2019	Monday	<b>President's Day</b>
April 15, 2019	Monday	<b>Patriot's Day</b>
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 Open until 1pm
December 25, 2019	Wednesday	Christmas Day
December 31, 2019	Tuesday	<b>New Year's Eve</b>
January 1, 2020	Wednesday	<b>New Year's Day</b>