



# Andover/North Andover YMCA

## School Age My Y Day

### What We Offer:

We provide full day child care, 7am to 6pm, for children in the community in school age. The curriculum consists of swim, art, music, character development, literacy, STEM, and nutrition education for the children who sign up. Children must bring a healthy, nut-free lunches and healthy snacks. The programs will NOT be serving snack or lunch on this day. In order to accommodate every child's specific needs, we ask that if your child has any allergies or an individualized education plan, you bring it to the director's attention during registration.

Payment for the Fun Days is due at time of registration. Please see Yeraida Delgado. **My Y Days are NON-REFUNDABLE.**

- Family Membership:** \$49/day
- Child Membership:** \$54/day
- Community Participant:** \$69/day

*\*Please check off if you are not already apart of the Andover/North Andover SACC Program. If you check off, a \$50 registration fee is required.*

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

- Pay a \$50 non-refundable, non-transferable registration fee per child per year. However, I understand that if I cancel or withdraw from the program and wish to en-roll 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 or beyond the 10 hour per day time limit
- Pay my monthly tuition fee one month in advance of service. Payment is due on or before the 1st 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

*Please be sure we have a copy of your child's Birth certificate, Copy of Parent Picture ID, Child's current physical and immunizations on file for child to attend this day.*

**Required Information:** Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parent  
Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one:  Pay with card on file ending in: \_\_\_\_\_ Pay  check (please attach)



# Merrimack Valley YMCA

## 2020-2021 YMCA SACC Registration Form

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

**For Office Use Only**

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

YMCA Site: \_\_\_\_\_

Director's Initial: \_\_\_\_\_

*Please select site:*

Lawrence

Andover/ N. Andover

Methuen

Child's Name: \_\_\_\_\_ Grade Entering In 2019: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ School: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Information**

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

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

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

Phone# \_\_\_\_\_

**Reachable during program hours**

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

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

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

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

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

**Parent/Guardian Information**

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

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

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

Phone# \_\_\_\_\_

**Reachable during program hours**

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

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

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

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

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

**Emergency Contacts (EC) and alternative 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 if for some reason you could not pick up your child and 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 identification from anyone unfamiliar to us. \* **If a child is protected by a restraining order please submit a copy to the Child Care.**

#1 Contact name: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ or \_\_\_\_\_

EC \_\_\_\_\_ APP \_\_\_\_\_

#2 Contact name: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ or \_\_\_\_\_

EC \_\_\_\_\_ APP \_\_\_\_\_

#3 Contact name: \_\_\_\_\_

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

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

Phone# \_\_\_\_\_ or \_\_\_\_\_

EC \_\_\_\_\_ APP \_\_\_\_\_

#4 Contact name: \_\_\_\_\_

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

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

Phone# \_\_\_\_\_ or \_\_\_\_\_

EC \_\_\_\_\_ APP \_\_\_\_\_

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



# Merrimack Valley YMCA Emergency Card Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's Home Address: \_\_\_\_\_  
Street City/State Zip

### Parent/Guardian Information

Name:		Relationship:	
Address:		City/State/Zip	
Telephone #	H:	C:	W:
Name:		Relationship:	
Address:		City/State/Zip	
Telephone #	H:	C:	W:

### Emergency Contact Person(s)

Name:		Relationship:	
Address:		City/State/Zip	
Telephone #	H:	C:	W:
Name:		Relationship:	
Address:		City/State/Zip	
Telephone #	H:	C:	W:

### Pediatrician or Source of Health Care

Doctor's Name:		Phone #:	
Address:		City/State/Zip	

Medical Conditions/Allergies \_\_\_\_\_  
\_\_\_\_\_

### Emergency Medical Authorization

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide basic first aid and/or CPR/AED treatment to my child, \_\_\_\_\_, when necessary. 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.

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

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

*The school age director, Jaime LaBelle or our Child Care contract Administrator, Yeraida Delgado, will contact you when you are fully registered for the day and to confirm that there is space available.*



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

*The school age director, Jaime LaBelle or our Child Care contract Administrator, Yeraida Delgado, will contact you when you are fully registered for the day and to confirm that there is space available.*

# TRANSPORTATION AUTHORIZATION

Permission to ride the Andover YMCA bus  
(YMCA copy)

I give my child permission to get on the Andover YMCA school bus on the following days

M T W TH F

This will begin on \_\_\_\_\_ I understand that if my child will not be taking the bus, I need to let the **YMCA and the school know prior to the dismissal of school**

---

Parent/Guardian Signature

Date

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(school copy)

Child: \_\_\_\_\_ Effective Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my child permission to get on the Andover YMCA school bus on the following days

M T W TH F

This will begin on \_\_\_\_\_ I understand that if my child will not be taking the bus, I need to let the **YMCA and the school know prior to the dismissal of school**

---

Parent/Guardian Signature

Date

**Transportation Plan**

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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** (not exceeding 10 hours per day)

**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 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 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.

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 School Age Child Care Parent Handbook.**

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Parent / Guardian Signature

Date

*The school age director, Jaime LaBelle or our Child Care contract Administrator, Yeraida Delgado, will contact you when you are fully registered for the day and to confirm that there is space available.*

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.

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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, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
24. Staff is to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
25. 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.
26. 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



## Child Care Closures 2020

January 1, 2020	Wednesday	New Year's Day
January 20, 2020	Monday	Martin Luther King Jr. Day
February 17, 2020	Monday	President's Day
April 10, 2020	Friday	Good Friday
April 20, 2020	Monday	Patriots Day
May 25, 2020	Monday	Memorial Day
July 3, 2020	Friday	Independence Day
September 7, 2020	Monday	Labor Day
October 12, 2020	Monday	Columbus Day
November 11, 2020	Wednesday	Veterans Day
November 26, 2020	Thursday	Thanksgiving Day
November 27, 2020	Friday	Day After Thanksgiving
December 24, 2020	Thursday	Christmas Eve Open until 1pm
December 25, 2020	Friday	Christmas
January 1, 2021	Friday	New Year's Day

*The school age director, Jaime LaBelle or our Child Care contract Administrator, Yeraida Delgado, will contact you when you are fully registered for the day and to confirm that there is space available.*



**MERRIMACK VALLEY YMCA  
CHILD CARE PROGRAM  
AUTOMATIC WITHDRAWAL AUTHORIZATION**

**Automatic (Debit/Credit card or EFT) Withdrawal Information**

Name of Child/Children: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Please check one of the following:**

Visa  MasterCard  American Express  Discover  EFT – **MUST** attach a voided check

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Daytime Phone: \_\_\_\_\_

• I (we) authorize the YMCA to initiate recurring debit entries/credit card charges to the above referenced bank/credit card account. I understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered.

I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may at its discretion; adjust the debits/charges according to the fees incurred.

Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.

I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date. EFT returns are subject to \$20 banking fee.

I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

Automatic withdrawals will be processed on the **Due Date**. The first withdrawal will be processed on \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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