



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

Haverhill Street School Age Child Care program Service Agreement 2020-2021

Child's Name: _____ School Attending: _____ Grade entering Fall 2020: _____

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 T H 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 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 for payment during this period.
- Abide our Nut free Facility policy.

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Provide 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 2020-2021 school year is as follows:

| |
|---|
| After School (End of School day – 6:00 PM) |
| 5 days/week = \$555/month |
| 4 days/week = \$528/month |
| 3 days/week = \$428/month |
| 2 days/week = \$316/month |

After reading the YMCA SACC Parent Handbook and reviewing highlighted policies above, I agree to 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 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

Intake Worker 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 2020-2021 SACC

(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: _____



2020-2021 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: _____

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:

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: _____

2020-2021 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

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

(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

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 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, 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.

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 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 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

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 |



**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

