**School Age Child Care Summer Vacation Club Service Agreement 2020**

Child’s Name: ________________________________ Grade entering Fall 2020: ______

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 7/1/2020 FOR JULY WEEKS AND FOR AUGUST WEEKS.**
- A **$10.00 charge will be added for every change** made to enrollment after registration.
- ALL child(ren) must be in care no later than 9:30 a.m.
- **Four (4) week written notice of withdrawal** of the program is required. **NO exceptions.**
- 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**
- 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.
- Abide our Nut free Facility policy.

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.

The YMCA SACC Program Agrees to:

<table>
<thead>
<tr>
<th>Week</th>
<th>Theme Name</th>
<th>Description</th>
<th>Pricing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Summer Kick Off</td>
<td>June 16th - June 19th</td>
<td>Member: $275/week  Community: $295/week</td>
</tr>
<tr>
<td></td>
<td>*Tentative on the last day of school</td>
<td>We’re kicking vacation off with all things summer!</td>
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<tr>
<td>2</td>
<td>Under The Sea</td>
<td>June 22nd – June 26th</td>
<td>Member: $275/week  Community: $295/week</td>
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<td>Let’s explore the unknown depths of the ocean!</td>
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<tr>
<td>3</td>
<td>America the Beautiful</td>
<td>June 29th – July 3rd</td>
<td>Member: $275/week  Community: $295/week</td>
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<tr>
<td></td>
<td>*Closed July 3rd</td>
<td>Join us as we celebrate the birth of our nation and all that makes it wonderful!</td>
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<tr>
<td>4</td>
<td>Art Week</td>
<td>July 6th – July 10th</td>
<td>Member: $275/week  Community: $295/week</td>
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<td></td>
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<td>Use your imagination to make creations from the simplest materials!</td>
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<tr>
<td>5</td>
<td>Around the World</td>
<td>July 13th - July 17th</td>
<td>Member: $275/week  Community: $295/week</td>
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<td>Each day we will explore different countries and learn about different cultures from around the world!</td>
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<tr>
<td>6</td>
<td>Out of This World</td>
<td>July 20th – July 24th</td>
<td>Member: $275/week  Community: $295/week</td>
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<td></td>
<td>“In a galaxy far far away” we will be exploring the mysteries of outer space!</td>
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<tr>
<td>7</td>
<td>Get Your Game On</td>
<td>July 27th – July 31st</td>
<td>Member: $275/week  Community: $295/week</td>
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<td>A week full of games, in and outdoor. From potato sack races to board games to life size checkers, a week dedicated to all games!!</td>
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<tr>
<td>8</td>
<td>Mad Scientists</td>
<td>August 3rd – August 7th</td>
<td>Member: $275/week  Community: $295/week</td>
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<tr>
<td></td>
<td></td>
<td>Mad scientists week will have us messy with all kinds of experiments and crazy hair raising fun!</td>
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<tr>
<td>9</td>
<td>Lights, Camera, Action!</td>
<td>August 10th – August 14th</td>
<td>Member: $275/week  Community: $295/week</td>
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<td>Roll out the red carpet! This week is talent week! A week discovering all the talent we have!</td>
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</tr>
<tr>
<td>10</td>
<td>Spirit Week</td>
<td>August 17th – August 21st</td>
<td>Member: $275/week  Community: $295/week</td>
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<td></td>
<td></td>
<td>Get ready to show your YMCA spirit this week!</td>
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</tr>
<tr>
<td>11</td>
<td>It’s A Wrap</td>
<td>August 24th – August 28th</td>
<td>Member: $275/week  Community: $295/week</td>
</tr>
</tbody>
</table>
|      |             | As we wrap up summer, let’s revisit all of the fun we had over the course of our weeks together! | **Field Trips are included**

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
2020-2021 SACC
(Do not tear pages out of this registration packet.)

Child's Name: ___________________________________________ Gender: _____________ Age at Admission: ______
Home Phone #: __________________ Date of Birth: _____/_____/_____ Place of Birth: __________________________

Mailing Address
Street Address

City   State   Zip
City   State   Zip

Parent/Guardian Information

Name: _____________________________________        Name: __________________________________
Relationship: _________________________________         Relationship: _______________________________
Home Address: _______________________________        Home Address: _____________________________
Home Phone #: _______________________________        Home Phone #: _____________________________
Cell Phone: _________________________________       Cell Phone: ________________________________
Email: ______________________________________        Email: ____________________________________
Employer: ___________________________________        Employer: __________________________________
Occupation: __________________________________       Occupation: ________________________________
Employer City: ________________________________       Employer City: ______________________________
Work Phone #: __________________________________       Work Phone #: ______________________________

Work Hours:

Emergency Contacts (EC) & Alternate Pick up Person (APP): You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or for some reason you could not pick up your child & were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for positive identification from anyone unfamiliar to us.

#1 Contact Name: _____________________________
Relationship: _________________________________
Address: ____________________________________
____________________________________________
Phone #: _________________ ____EC ____APP

#3 Contact Name: _____________________________
Relationship: _________________________________
Address: ____________________________________
____________________________________________
Phone #: _________________ ____EC ____APP

#2 Contact Name: _____________________________
Relationship: _________________________________
Address: ____________________________________
____________________________________________
Phone #: _________________ ____EC ____APP

#4 Contact Name: _____________________________
Relationship: _________________________________
Address: ____________________________________
____________________________________________
2020-2021 Emergency Card Information

Child’s Name: ___________________________________________ Gender: _____________ Age at Admission: ______
Home Phone #: _______________________ Date of Birth: _____/_____/_____ Place of Birth: _____________________

Parent/Guardian Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Address:</td>
<td>City, State, zip</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Work Phone:</td>
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<tr>
<td>Email:</td>
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</tbody>
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<tr>
<td>Cell Phone:</td>
<td>Work Phone:</td>
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<td>Email:</td>
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</tbody>
</table>

Emergency Contact Person(s):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>Work Phone:</td>
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</table>

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<tr>
<td>Cell Phone:</td>
<td>Work Phone:</td>
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</tbody>
</table>

Pediatrician or Source of Health Care:

<table>
<thead>
<tr>
<th>Doctors Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City, State, zip</td>
</tr>
</tbody>
</table>

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

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
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
**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**

<table>
<thead>
<tr>
<th>CHILD’S NAME:</th>
<th>DOB:</th>
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My child will be attending the following days and times:

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<thead>
<tr>
<th>Day</th>
<th>Arrive</th>
<th>Depart</th>
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<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Thursday</td>
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<td></td>
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<tr>
<td>Friday</td>
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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.
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 nontargeting 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
SUNBLOCK PERMISSION

I give the Andover/North Andover YMCA permission to apply ____________________________
brand name

sunblock on my child, _________________________________, as needed. I will bring in

replacement sunblock if/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
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 to 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 and weekends cutting off access to the child care entrance, and will reactivate when the program reopens. Each 4-digit pin code will 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: __________________________
# Child Care Closures 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2020</td>
<td>Wednesday</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>January 20, 2020</td>
<td>Monday</td>
<td>Martin Luther King Jr. Day</td>
</tr>
<tr>
<td>February 17, 2020</td>
<td>Monday</td>
<td>President’s Day</td>
</tr>
<tr>
<td>April 10, 2020</td>
<td>Friday</td>
<td>Good Friday</td>
</tr>
<tr>
<td>April 20, 2020</td>
<td>Monday</td>
<td>Patriots Day</td>
</tr>
<tr>
<td>May 25, 2020</td>
<td>Monday</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>July 3, 2020</td>
<td>Friday</td>
<td>Independence Day</td>
</tr>
<tr>
<td>September 7, 2020</td>
<td>Monday</td>
<td>Labor Day</td>
</tr>
<tr>
<td>October 12, 2020</td>
<td>Monday</td>
<td>Columbus Day</td>
</tr>
<tr>
<td>November 11, 2020</td>
<td>Wednesday</td>
<td>Veterans Day</td>
</tr>
<tr>
<td>November 26, 2020</td>
<td>Thursday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>November 27, 2020</td>
<td>Friday</td>
<td>Day After Thanksgiving</td>
</tr>
<tr>
<td>December 24, 2020</td>
<td>Thursday</td>
<td>Christmas Eve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open until 1pm</td>
</tr>
<tr>
<td>December 25, 2020</td>
<td>Friday</td>
<td>Christmas</td>
</tr>
<tr>
<td>January 1, 2021</td>
<td>Friday</td>
<td>New Year’s Day</td>
</tr>
</tbody>
</table>
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
**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
- _____ Boathouse Permission
- _____ Sun block Permission
- _____ Pin Code Door Access
- _____ Oral Health Non-Participation
- _____ Child Care Closure List

Parent Signature: _______________________________ Date: ________________

**Additional Comments**

________________________________________________________

________________________________________________________

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