



Andover/North Andover YMCA

School Age My Y Day

We provide full day child care, 7:30am to 5pm, for children in the community and currently enrolled in our school age child care. The program day consists of swim, art, music, character development, literacy, STEM, and physical activities. Children must bring a healthy, nut-free lunch and healthy snacks, a water bottle, swim suit, towel, water shoes, and wear comfortable sneakers to the program. 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.

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| <p align="center">Full Day: Tu/W/Th/Fri 7:30am – 4:00pm/8:00am – 5:00pm \$55/day</p> |
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**Please check off if you are not already part 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:

- 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.
- Payment for the Fun Days is due at time of registration. **My Y Days are NON-REFUNDABLE.**
- Provide a copy of Parent Picture ID, Child's current physical and immunizations on file for child to attend this day.

February, 16th _____ February, 17th _____ February, 18th _____ February 19th _____

Required Information: Child Name: _____ Age: _____ Parent
Signature: _____

Address: _____ Phone Number: _____ Email: _____

Please check one Pay with card on file ending in: _____ Pay by check (please attach)