

**Merrimack Valley YMCA
Methuen / Lawrence Branch
School Age Child Care Program
Summer Program Service Agreement 2021**

Child's Name: _____ Age of Child Entering Program: _____

I am registering my child for the following YMCA School Age Summer Child Care Program(s). **Please circle weeks in the appropriate box.**

Weeks 1 – 4 1 st Week tentative on the last day of school	Weeks 5 - 8	Weeks 9 - 11 Last week tentative on the 1 st day of school
06/21 06/28 07/05 07/12	07/19 07/26 08/02 08/09	08/16 08/23 08/30

I understand the cost of the program is \$210 per week (\$168 week of July 5th). We will be closed Monday July 5th 2021. 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.

A general youth YMCA general membership is given to my child and is valid during the time that my child is enrolled in the School Age Summer Child Care Program. There is a 2 day minimum (Tue/Thur), limited availability, at the Directors discretion. Current schedules will be honored; any changes will be 5 days a week only.

In addition as the parent/guardian, I understand and agree to (Read thoroughly):

- Pay a late pick up fee of \$1.00 per child each minute after the program ends at 5pm, you exceed you part time hours per day (6) or full time hours per day (10).
- Pay my weekly tuition fee one week in advance of service. Payment is due on or before Friday for the following week. Pay 2 weeks in advance if paying biweekly. A \$25.00 late fee will be applied to my delinquent account.
- Pay a \$20.00 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.
- 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.
- Abide by the guidelines stated in the parent handbook.
- NO deduction or credit for individual absences will be given. This includes any holidays or approved closures as indicated in this application.
- Provide a two-week written notice to change my child's scheduled days or to cancel my child out of the program; the two-weeks begin the day the notice is received. I understand that I am responsible for payment during this period.

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Uphold all YMCA guidelines.
- Provide 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 (Both picture ID for 2 Parent Household)
- Copy of all children's birth certificate in household
- Additional documents required for subsidy (voucher/contract) families
- Recent photo of child

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 Program.

Parent/Guardian Signature

Date

Intake Worker's Signature

Date

Merrimack Valley YMCA

2021 YMCA SACC Summer Registration Form

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

Lawrence Andover/ N. Andover Methuen

For Office Use Only

Admission Date: ___/___/___

YMCA Site: _____

Director's Initial: _____

Child's Name: _____ Grade Entering In 2020: _____ Age _____

Date of Birth: ___/___/___ Sex: _____ Home Phone #: _____ School: _____

Family Email Address: _____

Home 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
Please select the branch you will receive child care from

Andover/No. Andover

Lawrence

Methuen

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 _____

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 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

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: _____

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 summer unless we are notified otherwise by the parent/guardian in writing.

During Summer

Not exceeding 10 hours per day for Full Time Child Care

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

MY CHILD WILL DEPART FROM THE PROGRAM BY:

___ PARENT DROP OFF

___ PARENT PICK UP

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

*Please provide name of company, phone #, and copy of agreement

Parent/Guardian Signature

Date



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 _____.
 - Frequency Weekly Biweekly Monthly

Signature

Date

YMCA Child Care 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.

Child(ren)'s Names: _____

Your self-selected 4-digit family pin: _____

Parent/Guardian Signature

Date