



CHILD'S INFORMATION

Child's Name: _____ DOB: _____

Start Date: _____ Age: _____

Name of school child is currently attending: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?
Yes _____ No _____

List below any special limitations or concerns your child may have including dietary restrictions, allergies, or chronic conditions: (if none, please indicate by writing "none")

Child's identifying information is required by the Department of Early Education and Care (EEC)

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Skin Color _____

Identifying marks _____

PARENT/ GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home #: _____ Home #: _____

Cell #: _____ Cell #: _____

DOB: _____ DOB: _____

Place of Employment: _____ Place of Employment: _____

Address: _____ Address: _____

Hours at Work: _____ Hours at Work: _____

Email Address: _____ Email Address: _____

Work / Home Work / Home

ADDITIONAL INFORMATION:

Please list below any specific information you would like us to know about your child?

Parent / Guardian Signature

Date



**FIRST AID AND EMERGENCY CARE
CONSENT FORM
102 CMR 7.09 (3)**

Child's Name: _____ DOB: _____

I authorize educators in the YMCA School's Out program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Please list which medical facility you would like your child to be transported to: _____

Child's Physician Name: _____

Address: _____

Phone number: _____

EMERGENCY CONTACTS:

(Do not include yourself)

Name: _____ Address: _____

Relationship to Child: _____ Phone# _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child: _____ Phone# _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child: _____ Phone# _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance: _____

Policy # _____

Name of Policy Holder: _____

Parent / Guardian Signature

Date

**TRANSPORTATION PLAN AND AUTHORIZATION
17.09 (3) AND 7.12 (1)**

Child's Name: _____

A.M. CARE

MY CHILD WILL ARRIVE AT A.M. CARE BY:

_____ SUPERVISED WALK (BY WHOM _____)

_____ PARENT DROP OFF

_____ OTHER (DESCRIBE _____)

MY CHILD WILL LEAVE A.M. CARE BY:

_____ SUPERVISED WALK BY YMCA EDUCATORS TO MAIN ENTRANCE HALL

P.M. CARE

MY CHILD WILL ARRIVE AT P.M. CARE BY:

_____ UNSUPERVISED WALK FROM CLASSROOM TO CAFETERIA

MY CHILD WILL DEPART FROM P.M. CARE BY:

_____ PARENT PICK UP

_____ SUPERVISED WALK (BY WHOM _____)

_____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(if no one is authorized, please indicate below by writing ("NO ONE"))**

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME OR CELL # _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME OR CELL # _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME OR CELL # _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

Parent / Guardian Signature

Date

YMCA Child Abuse and Prevention Policy

The YMCA of Central Massachusetts has a written child abuse policy that is available to anyone upon request. All personnel are required to sign a statement saying that they have not only read the policy, but also abide by it. Two written references must be received before employment and at least two telephone references are made prior to hire. All educators hired to work with children have a criminal records check complete by the state. All childcare educators are required to attend trainings annually on issues relating to child safety, discipline and abuse.

Suspected Child Abuse Policy

When a YMCA educator sees a sign of possible child abuse or neglect, the following steps will be taken:

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1. The educator immediately informs the Site Director and the Sr. Program Director. The Sr. Program Director will then inform the Executive Director of the Boroughs Branch YMCA.
 2. The educator will complete an incident report detailing the suspected abuse or neglect. The report will be submitted to the Administrator within 24 hours of the incident.
 3. The Site Director, Sr. Program Director and the Executive Director will review and evaluate the situation.
 4. If there is reasonable cause to suspect abuse or neglect, the Sr. Program Director will call the Department of Children & Families (DCF): 508-929-2000. The complete incident report will be submitted to DCF within 48 hours of the initial phone call.
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If a YMCA staff member is suspected of child abuse or neglect, the following additional steps will be taken:

1. The Sr. Program Director will call the Department of Early Education and Care (EEC): 617-988-6600.
2. The staff member will be suspended until investigations by the YMCA, The Department of Early Education and Care, and DCF are complete.
3. If the staff member is found to be at fault, he / she will be terminated immediately.

Parent / Guardian Signature

Date



**YMCA of Central Massachusetts
Boroughs Branch**

Authorization and Consent Form

Child's Name _____ **DOB:** _____

Please read and initial each area of consent, then sign & date the bottom.

_____ I consent to the enrollment of my child in the YMCA School's Out Program and agree to abide by the rules and regulations of the program.

_____ I understand the Payment Policy and agree to pay fees according to the fee schedule. I will update and submit all required forms and make changes as they occur.

_____ I have received a copy of the School's Out Program Parent Handbook.

_____ I have been notified of my right to visit the program unannounced at any time while my child is in care.

_____ I give permission for candid photographs and videos to be taken on my child while engaged in activities/program at the YMCA. I understand that these pictures may be used in a variety of ways, such as to record daily routines and special events, to help staff observe and record children's progress. These pictures are available to parents.

_____ I have been informed that occasionally there will be observers from local colleges and school age programs.

Parent / Guardian Signature

Date

Payment Policy

Making payments

Weekly payments are made in advance and are **DUE ON FRIDAY** for the upcoming week.

- Payments can be made:
 - In person at the after-school program site by cash or check.
Please complete an envelope & drop-in the payment box in the cafeteria.
 - A credit card (VISA, Master Card or American Express) may be kept on file with the Boroughs YMCA and will be run every Friday for the following week of care. Please contact Emily Esterbrook at 508-870-1320 x300 to arrange automatic weekly credit card payments.
 - Mailed to the Boroughs Family Branch YMCA:
Attn: Marlborough School's Out
4 Valente Drive,
Westborough, MA 01581

****Please make checks payable to: YMCA SCHOOL'S OUT**
(Please put your child's name and site on check)**

- There will be a \$15.00 charge for returned checks. Payment by check will not be accepted after three returned checks. Cash or money order must replace returned checks.
- If payment is over four weeks due, a child will be suspended from the program until payment is made in full or until a written payment plan is agreed upon with the site coordinator.
- There is no reduction of fee for sick time, suspension due to behavior issues, snow day closings, individual school vacation days, or if the parent chooses to keep their child out of the program.
- Fees will not be charged for school vacation weeks (December, February & April).
- Financial assistance and voucher recipients are subject to the stated payment policy unless an alternative arrangement is made with site coordinator.

Late Pick Up Policy

- When the parent or authorized person, is going to be late picking up a child, the YMCA requires the parent to:
 1. **CALL** the School's Out Site and leave the child's name, name of authorized person who will pick up the child, and time child will be picked up.
 2. **PAY** \$1.00 per minute after 6:00pm that the child remains at the site.
- If the YMCA **DOES NOT** receive a phone call from the late parent or authorized person, the YMCA will:
 1. Try to contact the parent by phone.

If no response:

2. YMCA educators will call the emergency contacts listed in the child's file to pick up the child.
3. If no authorized person has come to pick up the child by 7:00pm, then the Site Coordinator will contact the Department of Children & Family Services (DCF) and the Marlborough Police Department to report the child has been abandoned. The YMCA will then release the child to the care of these services.
4. After 7:00pm, parents should call the Boroughs Family Branch YMCA (508) 870-1320 to get information regarding their child.

Parent / Guardian Signature

Date

Termination Policy

The Schools Out program requires a two-weeks advance notice for all terminations from the program. Parents who fail to do so will still be responsible for paying for the two weeks period.

The School's Out program reserves the right to suspend and / or terminate day care services with one-week notice to the family. When the health, welfare, and safety of other children are at risk, the YMCA reserves the right to terminate services immediately.

Services may be suspended and / or terminated for the following:

- 1. Overdue fees;**
- 2. Child's inappropriate behavior at the program, including during transportation.**
- 3. Chronic tardiness when picking up a child from the program;**
- 4. Chronic failure to inform the YMCA of child's absences in a timely manner;**
- 5. Other, as determined by the School Age Child Care Director.**

Behavior Termination Policy

Children at the School's Out program will be terminated due to on-going or severe inappropriate behavior. Whenever possible, the following steps will be taken by the School's Out staff:

- 1. Verbal warning;**
- 2. Written warning with the implementation of a behavior plan if appropriate.**
- 3. Written warning and suspension until a parent conference is held and a mandatory behavior plan is implemented.**
- 4. Termination.**

The School's Out Program reserve the right to suspend and / or terminate childcare services without notice when the health, welfare, or safety of other children is at stake.

Educators will document any incidents involving a child and will inform parents of any incidents when the child is picked up.

There is no refund or transfer of payment if your child is suspended from the program.

The YMCA School's Out Program reserves the right to deny care to children who have been terminated from other YMCA programs.

Parent / Guardian Signature

Date

MEDICATION CONSENT FORM
102 CMR 7.05(2)(c)

Name of child: _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician:

Directions for storage: _____

**I, _____, (parent or guardian) give
permission to authorized staff member(s) to administer medication to my child as
indicated above.**

Parent/Guardian Signature Date

Doctor's Signature _____
(for non-prescription medication)

