



**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 /Cell #: \_\_\_\_\_ Home /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?

\_\_\_\_\_  
\_\_\_\_\_

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**Parent / Guardian Signature**

**Date**

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize staff 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: \_\_\_\_\_

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**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 STAFF 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 staff hired to work with children have a criminal records check complete by the state. All childcare staff is required to attend trainings annually on issues relating to child safety, discipline and abuse.

### **Suspected Child Abuse Policy**

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

1. The staff member immediately informs the Site Director and the School Age School Age Child Care Director (SACC Director). The SACC Director will then inform the Executive Director of the Boroughs Branch YMCA
2. The staff person 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, SACC Director and the Executive Director will review and evaluate the situation. If there is reasonable cause to suspect abuse or neglect, the SACC Director will call the Department of Social Services (DSS): 508-929-2000.
4. The complete incident report will be submitted to DSS within 48 hours of the initial phone call.

**If a YMCA staff member is suspected of child abuse or neglect, the following additional steps will be taken:**

1. The SACC 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 DSS are complete.
3. If the staff member is found to be at fault, he / she will be terminated immediately.

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**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 and 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 agree to pay fees according to the fee schedule, update and submit all required forms and make changes as they occur.

\_\_\_\_\_ I give permission for candid photographs and videos to be taken of my child while engaged in activities / programs at the YMCA. I understand that these pictures may be used in a variety of ways: i.e. 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.

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**Parent / Guardian Signature**

**Date**

## **Late Pick Up Policy**

**When the parent, or authorized person, is going to be late picking up a child, the YMCA requires that parent:**

**1. Call the School's Out Site and leave the following information:**

- a. Child's name**
- b. Name of authorized person who will pick up the child**
- c. Time child will be picked up**

**2. Pay \$1.00 per minute after 6:00 pm that the child remains at the site.\*  
Late payments are due Friday by 6:00 pm.\***

**If the parent or authorized person is late and the YMCA does not receive a phone call from the parent:**

- 1. School's staff will try to contact the parent by phone; \$1.00 per minute late fee applies.**

**If no response:**

- 2. YMCA staff will try to reach the emergency contacts listed in the child's file to pick up the child; \$1.00 per minute late fee applies.\***
- 3. If no authorized person has come to pick up the child by 7:00 pm, then the School Age Childcare Director will contact the Department of Social Services (DSS) and the Marlborough Police Department to report that the child has been abandoned. The YMCA will then release the child to the care of these services.**
- 4. After 7:00 pm, parents should call the YMCA to get information regarding their child.**

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**Parent / Guardian Signature**

**Date**

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## **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. Informal verbal warning;**
- 2. Written warning;**
- 3. Written warning and suspension until a conference is held with parent and the School Age Child Care Services;**
- 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 sake.**

**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.**

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**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)

