



# School Age

## 2025-2026

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### File Checklist

**\*\*\*All Documents Must be Completed Prior to Registration\*\*\***

- Emergency Contact List (Pg. #2)
- Child's Information Form (Pg. # 3)
- Siblings in program (Pg. # 4)
- First Aid Medical Consent Form (Pg. # 5)
- Medication Consent Form (Pg. # 6)
- Individual Health Care Plan (Pg. # 8)
- Transportation and Authorization Plan (Pg. # 9)
- Off Site Activities Permission Form (Pg. #10)
- Parent Authorization Page (Pg. # 11)
- Homework Contract (Pg. # 12)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
School Age Administrator

Licensed by the Department of Early Education and Care

# EMERGENCY CONTACT / PHONE LIST

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

*I authorize the following person's permission to pick up my child from the YMCA/Camp Lowe, and to authorize the YMCA to give medical consent for treatment, in my absence.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1st Parent/Guardian name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2nd Parent/Guardian name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1st non-parent contact name \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2nd non-parent contact name \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_

3rd non-parent contact name \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_

4th non-parent contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_

5th non-parent contact name \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**CHILD'S INFORMATION FORM 11.05 (3) (b) (1)**

Enroll My Child in: \_\_\_BEFORE SCHOOL \_\_\_AFTER SCHOOL \_\_\_BEFORE + AFTER

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Age at Admission: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Name of school child is currently attending: \_\_\_\_\_  
Grade: \_\_\_\_\_

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions:

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

Child's Identifying Information (required by Office for Children Regulations) and current picture (if available).

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Race: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please list any special interests your child may have.

\_\_\_\_\_

Is there any other information you would like us to know about your child?

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By checking this box I attest that my child has an up to date physical on file at their attending school.

Department of Early Education and Care  
**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (*In order to be contacted*)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_ No \_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Signature (valid for one year) \_\_\_\_\_ Date \_\_\_\_\_

## Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

**MY CHILD WILL DEPART FROM THE PROGRAM:**

(check all that apply)

(check all that apply)

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

SCHOOL BUS/VAN

SCHOOL BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

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**PARENT /GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

OFF - SITE ACTIVITIES PERMISSION FORM SECTION 11.05 (10) (C)

SACC Program: Montachusett Community Branch YMCA Afterschool Program  
Addresses: 55 Wallace Avenue  
Fitchburg, MA 01420

CHILD'S NAME: \_\_\_\_\_

I give my permission for my child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

- Spider Park (Lowe Park)*
- Putnam's Bowling Alley*
- Fitchburg Fire/Police Stations*
- Fitchburg Post Office*
- Fitchburg Art Museum*
- Monument Park*
- Fitchburg Public Library*
- Dairy Queen*
- Fitchburg Court House*
- Riverfront Park*

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please list the names of all siblings.

Childs Name (please print clearly) \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

(circle One) Brother/Sister - Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Parent Authorization Page

The Montachusett Community Branch YMCA reserves the right to use activity photos of program participants for promotional purposes. (ex. Camp Lowe Brochures, School Age Brochures, News Letters, etc.)

The Staff of the Montachusett Community Branch YMCA or its assignees may take pictures of my child for publicity purposes.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

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I authorize the Fitchburg Public Schools to release attendance / dismissal information to the School Age staff of the Montachusett Community Branch YMCA.

School Attending: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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My child \_\_\_\_\_ has my permission to participate in swim time with the YMCA School Age-Program. Swim tests will be given to each child. Any child who is considered a non-swimmer will be required to use a life jacket while swimming.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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The Montachusett Community Branch has video (surveillance) cameras in each classroom as well as other areas of the YMCA facility. There are no video cameras in restrooms, locker rooms or showers areas. These videos are for safety and security purposes and will only be viewed in the event of an incident by designated, authorized staff.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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I have examined the Application Packet and understand the information and conditions described in them.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\* INFORMATION YOU HAVE PROVIDED IN THIS APPLICATION PACKET IS CONSIDERED PERSONAL AND CONFIDENTIAL.\*

# School Age Homework Contract...

Dear Parents, Guardians and Caregivers;

In an effort to help your child academically, The Montachusett Community Branch YMCA After-School program has designated a block of time for reading and homework activities. Our staff are available to assist children in their academic needs and are asking for you and your child to participate in this academic pledge.

- During the designated Reading/Homework time I will work on my assignments to the best of my ability.
- If I am having difficulty with my assignment, I will ask for assistance.
- I will keep my voice to an appropriate level so as not to disturb others who are studying.
- I understand that this is a group study time and the staff will make every effort to assist me, however, I may not get *one on one* attention if it is a busy day.
- I will show my assignments to my parents each night for review and corrections.
- It is the responsibility of the child and parent (NOT the YMCA) to insure that the assignments are completed and turned into the school.

I have read and agree to the YMCA Academic contract.

\_\_\_\_\_  
Child's Signature (please see that child signs and understands contract)

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

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