



Child Name : _____

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**PLAY
LAUGH
LEARN**

DRACUT

School Age Enrollment Packet
Greater Lowell Family YMCA
2023-2024
School Age Childcare Program
Serving Children Ages 5-13 from Lowell

Please Note: All required paperwork must be turned in before your registration is processed.

Please Circle the School Your Child Will Attend:
Schools with transportation*

Campbell, Brookside, Englesby, Greenmont



GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852

School Age Program 2023-2024
Face Sheet

Child's Full Name: _____ Nickname _____ D.O.B. _____
 School Attending: _____ School Phone Number: _____

Eye Color _____ Hair Color _____ Skin Color _____ Primary Language _____
 Height _____ Weight _____ Race _____ Gender _____
 Identifying marks _____

Parent/Guardian Name: _____
 Relationship to Child: _____
 Home/Mailing Address: _____

Parent/Guardian Name: _____
 Relationship to Child: _____
 Home/Mailing Address: _____

Parent/Guardian's phone number: _____
 Parent/Guardian's work number: _____
 Date of Birth: _____
 Email: _____
 Business/School Name: _____
 Business/School Address: _____
 Work/School Days & time: _____

Parent/Guardian's phone number: _____
 Parent/Guardian's work number: _____
 Date of Birth: _____
 Email: _____
 Business/School Name: _____
 Business/School Address: _____
 Work/School Days & time: _____

Child lives with: Include all members living in the household

| Name | Relationship | Date of Birth |
|------|--------------|---------------|
| | | |
| | | |
| | | |

Program Emergency/Authorized Release

Please list the people you authorize the YMCA Staff to release your child to, from the YMCA services. People listed below need to have a picture ID and be at least 16 years old. These people all can be contacted in case of emergency and released to while your child is at the site, on transportation and while attending a field trip.

Name: _____
 Address: _____
 Relationship: _____
 Phone: _____

Name: _____
 Address: _____
 Relationship: _____
 Phone: _____

Name: _____
 Address: _____
 Relationship: _____
 Phone: _____

Name: _____
 Address: _____
 Relationship: _____
 Phone: _____

I authorize the above people listed by me to be contacted in case of an emergency, and my child may also be released to these people. I agree to keep the program updated with any changes to my contact information; including my child's emergency contacts and health needs/medications. I further understand that throughout the program year, I may be asked to update information. I understand that if I need to change or add information it will require a new form to be completed. I authorize staff in the YMCA/School Age Staff who are trained in the basics of first aid and CPR to give my child First Aid and CPR when appropriate.

Parent/Guardian Signature & Date

Please Complete in Blue or Black Ink



GREATER LOWELL FAMILY YMCA
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School Age Program 2023-2024
Emergency Medical Consent & Release

Child Name: _____ Child's DOB _____
 Child's Physician/Clinic: _____ Phone: _____
 Insurance Company: _____

Please check all that apply for your child:

| Diagnosis | ✓ | Additional information: |
|---------------------------|---|-------------------------|
| Food Allergies | | |
| Food intolerance | | |
| ADD/ ADHD | | |
| IEP/504/ Behavior Plans | | |
| Asthma | | |
| Anxiety | | |
| Depression | | |
| Medication(s) at home | | |
| Medication(s) at program | | |
| ODD / Mood disorder(s) | | |
| Counseling | | |
| Diabetes | | |
| Autism | | |
| Allergies (environmental) | | |
| Other | | |

Are you involved with the Department of Children and Families? **Yes No**

If Yes, DCF workers name _____

Is there anyone who is restricted from contact with your child? If so, please identify. **Copies of current court order must be submitted.** Name: _____ Relationship: _____

I attest that documentation of physical examination and immunizations in accordance with public school health requirements and leadpoisoning screening in accordance with public health requirements are on file at my child's school.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached or the emergency contact cannot be reached, I hereby give permission to the YMCA/School Age Programs to transport my child via ambulance to the nearest hospital.

I understand that I may be contacted via email/text messaging for communication purposes.

I understand the questions in the intake and enrollment packet and have completed them to the best of my ability. I also understand that my child may not be able to start the program until all documentation has been received and reviewed including medications.

I understand my information/family information may be shared internally with The YMCA employees (verbally, written, and electronically) for the purpose of making a referral or providing services.

Parent/Guardian Signature & Date

Please Complete in Blue or Black Ink



**GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852**

**School Age Program 2023-2024
Site Assignment/Transportation Plan**

Child's Name: _____ School Attending: _____

Morning Care Site: _____

Child must be escorted into the program by parent/guardian

Morning Care Transportation:

My child will be released from the YMCA Morning Care Program to attend school by the following means: (please check one)

_____ Released from Program to School in the same building

_____ Public School Transportation

_____ Other: _____

Afternoon Care Site: _____

Afternoon Care Transportation:

My child will arrive at the YMCA Afternoon Program by the following means:

_____ Released from School to Program in the same building

_____ Public School Transportation

_____ Other: _____

Departure from Program:

Child must be escorted out of the program by parent/guardian

My child will arrive at home by the following means:

_____ Parent Pickup or Authorized release (by 6:00PM)

_____ Other: _____

I understand that if my child is at least ten (10) years of age he/she will walk unsupervised from their school or bus stop to the YMCA Program or from the YMCA Program to School and that my child is not in the care of YMCA until they arrive at the site.

Parent/Guardian Signature & Date

Please Complete in Blue or Black Ink

This packet will not be accepted if filled out in other colors including pencil or whited out. All areas of the packet must be completed.



Child's Name: _____ D.O.B _____

Pictures/Publications/Videos

I give consent for any pictures/videotaping taken of my child to be used in:
Newspapers Yes No Bulletin boards Yes No
Displays Yes No Videos Yes No
Any type of public relations materials or publications including electronic & social media Yes No

Sunscreen Lotion

Yes No I authorize the YMCA Program to administer sunscreen to my child. The sunscreen is applied before outdoor activities (Spectrum, Water Babies SPF 30-50, and Coppertone Sport SPF 30-50)

Bug Spray

Yes No I authorize the YMCA Program to administer bug spray containing Deet of 7% or more.

Hand Sanitizer

Yes No I authorize the YMCA Program to administer hand sanitizer with at least 60% alcohol when hand washing is not available.

Tooth Brushing

Yes No I want my child to brush their teeth at the After School Program during full day programming. I understand; that as the parent/guardian I am responsible for supplying my child with toothpaste, toothbrush, and toothbrush holder daily. I also understand that the toothbrush may not be left at the program over night.

Screenings

Yes No I give consent for my child to receive screenings/observations that include educational, developmental, and social/emotional screenings and may be shared with collaborates.

Off-site locations:

Yes No I give permission for my child to go to off-site locations: Example of offsite locations are Shedd Park, North Common, South Common, Frank Ryan Field, O'Donnell Park, Gage Field, the school grounds of mychild's site etc.

North Reading Transportation

Yes No I give permission to the YMCA School Age Staff and North Reading Transportation to transport my child in the event of an emergency, and if my child needs to leave the current location. I also give The YMCA School Age Staff and North Reading Transportation permission to transport my child for field trips, pool days and any other off-site activities. I understand that all North Reading buses have GPS and video recording.

Pick Up and Drop Off

Yes No I understand that I must pick my child up by 6:00pm and that I must walk up to the program.

I also understand that I have to walk my child up to and from the program daily.

I have read and agree with all of the above checked items.

Parent/Guardian Signature & Date



GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852

School Age Program 2023-2024
Consent to Leave Program

This form is only to be completed if your child is leaving the program for onsite mentoring/counseling, summer school, MCAS, extracurricular LPS/DRACUT related program. This form cannot be prefilled out and left in the file. Counseling/Mentors must have dates and times that are consistent weekly (your child will not be able to participate in any counseling/mentor programs unless the BRC paperwork for that person is on file in the main office).

Site: _____

In the event my child is attending another program or activity during program hours that will require leaving the site and

returning to the site in the same day, I, _____
 (Parent/Guardian's Name)

authorize my child, _____ to be released by The YMCA
 (Child's name)

Afterschool Program to the following:

| Activity- Location | If being picked up, who do we release to | Day (s) | Time(depart/arrival) | Method of transportation | Comment |
|--------------------|--|---------|----------------------|--------------------------|---------|
| | | | | | |

This begins on _____ and ends on _____

| Activity - Location | If being picked up, who do we release to | Day (s) | Time(depart/arrival) | Method of transportation | Comment |
|---------------------|--|---------|----------------------|--------------------------|---------|
| | | | | | |

This begins on _____ and ends on _____

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program. This includes summer school.

Parent/Guardian Signature & Date

Please Complete in Blue or Black Ink

This packet will not be accepted if filled out in other colors including pencil or whited out. All areas of the packet must be completed.



GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852

School Age Program 2023-2024
Consent to Release Information

I, _____, give my permission for the authorized personnel at

The YMCA Program to **request and release** from/to _____, the following information may be obtained through oral, electronic, and written communication for the following:

- Attendance Records
- Evaluation Reports
- IEP/504 Plans/Questions
- Medication and Health Concerns/Questions
- Covid Results/Concerns/Questions
- Report Card Grades
- Social Services and Referrals Support/Questions/Concerns
- General Daily Information
- CACFP (If Applicable)

Regarding my child, _____, _____ and my family.
Child's Name *Date of Birth*

Parent/Guardian Signature *Date*

Address *Phone Number*

YMCA Coordinator Signature *Date*

Please Complete in Blue or Black Ink



GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852

School Age Program 2023-2024
Parent Fee Agreement

Your School Age Site: _____
 Child's Name: _____ Birth Date: ____/____/____ Gender: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Please Circle the schedule you wish for your child to attend.

| | |
|---------------------------------------|---------------------------------------|
| Before School: 5 Days \$65 | After School: 5 Days \$121 |
| Before School: 4 Days M T W Th F \$58 | After School: 4 Days M T W Th F \$103 |
| Before School: 3 Days M T W Th F \$51 | After School: 3 Days M T W Th F \$85 |
| Before School: 2 Days M T W Th F \$47 | After School: 2 Days M T W Th F \$72 |

NON-REFUNDABLE REGISTRATION FEE is \$35- first child, \$25- siblings: \$ _____
 DEPOSIT FEE: is equal to 1st weeks tuition \$ _____
 TOTAL DUE at time of registration: \$ _____

Check all that apply and complete:

I have a full time or part time voucher through child Care Circuit – Circle Voucher

Parents must ask the YMCA billing department for an "intake form" to bring to your voucher appointment. **The YMCA must receive a copy of your voucher, deposit and the first week's tuition before your child's first day.** Weekly tuition is specified on the CCC contract.

My Childcare will be ___ fully or ___ partially subsidized by a 3rd party (other than the YMCA)

Name of organization: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____

I am applying for financial assistance through the YMCA

Financial aid application must be complete and approved before the child's first day. Any person applying for financial aid must also apply for a childcare voucher at childcarecircuit.org. The confirmation page needs to be attached to the financial aid application.

Full Day Rates & Miscellaneous Fees:

- Registration Fee: \$35 for first child and \$25 for every additional child
- School Vacation: \$220 per week or \$47 per day
- No school holidays: \$44 per day
- Occasional full days during a school week: \$22 per day extra fee (only available to participants already enrolled on that day of the week)
- Late pickup fee: \$1 per minute after program closure time (repeat offenders will be terminated)
- Voucher recipients: Follow full day rates as listed on your voucher.

**** I agree to pay the tuition and fees specified above for my child's care each week. U understand that it is the YMCA policy to collect tuition one week prior to attendance. I agree to pay a late fee of \$10 when my account is not paid in full. I understand the YMCA reserves the right to increase the above rates and fees at any time. Should this be necessary, the YMCA is obliged to give a 2 week notice to participants before the implementation of any increase. I agree to pay such changes in fees and tuition as required.**

 Signature of Parent/Guardian

 Date

Please Complete in Blue or Black Ink

Child's Name: _____

Program: _____

Greater Lowell Family YMCA
Child Care Recurring Credit Card Authorization Form

Please complete and return this form to the Greater Lowell Family YMCA at 35 YMCA Drive, Lowell, MA 01852.

I (we) authorize the Greater Lowell Family YMCA to initiate recurring credit/debit card charges to the below referenced credit/debit account ending in the last 4 digits _____ for the purpose of collecting childcare related payments.

I (we) authorized the Greater Lowell Family YMCA to withdraw sufficient funds to pay my (our) childcare tuition and/or other childcare related fees that are due and payable.

Cardholder Name

Phone Number

Cardholder Billing Address

City State Zip

This authorization will remain in full force and in effect until I (we) notify the YMCA in writing of its termination which must be received at a minimum of 5 business days in advance of the termination date.

The Greater Lowell Family YMCA accepts Mastercard, Visa, American Express and Discover.

Credit/Debit Card Number

Expiration Date

CID (3 numbers on back)

Cardholder Signature

Date

The next page is for students who have a child care voucher ONLY. This form is required to be signed/dated and turned in with your child's completed packet.

If you have any questions please reach out to Cynthia in the Billing Department @ ext. 827.



Department of Early Education and Care

CONFIRMATION OF PROVIDER

Once you have chosen the *child care provider* who will care for your child(ren), please have the provider complete and sign this form to help the completion of the voucher.

If you will be using more than one provider, use one form per provider. All Providers Please Print Clearly.

Parent Name: _____ Parent Contact Number: _____

Child #1: _____ Child #2: _____

Child #3: _____ Child #4: _____

Program Type: Child # 1: _____; Child # 2: _____; Child # 3: _____; Child #4: _____

Please use the following **Program Type Abbreviations** when completing the section above: IN (Infant); TO (Toddler); PS (Preschool); HS (Headstart); NU (Under 2 w/ Independent Provider); NO (Over 2 w/ Independent Provider); SU (Under 2 w/System Provider); SO (Over 2 w/ System Provider); AS (After School); BS (Before School); BA (Before & After School); SC (School Closures Only)

PROVIDER INFORMATION - To be completed by the Child Care Provider:

| | |
|---|------------------------------------|
| What is your program/agency name, address and phone number? (Systems: Please write the provider Name, Address, and your agency) | |
| What is the expected <i>date of enrollment</i> for the child (ren)? | |
| Please verify the earliest date the child can start | |
| What is the latest date the voucher can start and you will agree to take the child? (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll) | |
| How many absences are you willing to accept prior to enrolling? Please refer to EEC's Attendance Policy | |
| Please circle one | Full time or Part time |
| Please circle the days care will be provided | Su-M-Tu-W-Th-F-Sa |
| Please circle one- Is the parent requesting transportation services to be included on the voucher? (Subject to approval by the Child Resource and Referral Agency) | No Yes- One Way Yes- Two Way |

This form is NOT confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for enrolled children with a signed, current voucher. Children are not considered enrolled in subsidized care until the first day the child actually attends the program following the start date indicated on the voucher.

Parent Signature

Date

Provider Signature

Date

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
ATTENDANCE NOTIFICATION AGREEMENT**

Your child(ren) are receiving an EEC child care subsidy and are expected to attend the early education and care program, as agreed on your child care authorization. Your provider is responsible to make sure that your child(ren) attends based on the agreed schedule.

EEC defines **Excessive Absences** as more than 45 non-attended days, including any unexplained absences, within a 12 month Authorization period, or more than 15 non-attended days during an initial 12-week Provisional Authorization period. Parent(s) will have to pay for all non-attended days over the 45 day limit during a 12 month authorization or all non-attended days over the 15 day limit during a 12-week Provisional Authorization.

To help avoid having to pay for Excessive Absences you must:

- 1. Make sure that your child(ren) attend(s) the early education and care program;**
- 2. Notify your Subsidy Administrator of any changes in your child(ren)'s schedule of care (i.e. after school programs, sports, custody arrangements) which will result in your child(ren) not needing child care on a particular day or days of the week;**
- 3. Provide at least 2 weeks advance written notice if you plan to remove your child(ren) from the child care program; and**
- 4. Request an Approved Break in Care for absences that are going to be longer than 2 weeks.**

You will receive notices from your Subsidy Administrator after your child(ren) have reached 30 absences and 40 absences. If you have a 12-week Provisional Authorization, you will be notified after your child(ren) have reached 10 absences. The purpose of these notices are to inform you when your child(ren) are approaching the Excessive Absence limit so that you can be aware of the impact of future absences.

After your child(ren) have reached their 45th absence, or the 15th absence during a 12-week Provisional Authorization period, you will be notified that your child(ren) have reached the Excessive Absence limit and that you are now responsible for the payment of all additional absences during the authorization period at the full rate that EEC pays for your child care. You will be asked to sign the Excessive Absence Warning Notice form confirming that you are willing to remain in care and will be responsible for the payment of all absences during the remainder of the authorization period. Please note that failure to sign the form **will not** excuse you from paying for additional non-attended days. **Failure to pay for additional absences may result in the termination of your subsidized child care.**

EEC defines **Excessive Unexplained Absences** as failure to attend a subsidized child care program for more than three consecutive Days without contacting the provider. The first time your child is absent more than 3 days in a row during a 12 month Authorization, your provider or the Subsidy Administrator will issue you an Excessive Unexplained Absence Warning Notice that any additional instances of Excessive Unexplained Absences may result in the termination of child care. **To avoid having unexplained absences, you must make sure to contact your provider every day that your child(ren) will not attend.**

My signature below indicates that I understand the information in this document and agree to comply with the requirements above.

Printed Name of Parent

Date

Signature of Parent