



Child's Name: _____

A GREAT PLACE TO GROW

Lowell Kids Club Summer Program

New Enrollment Packet

June 24, 2024 - August 23, 2024

Ages 5-8 @ Main YMCA Facility
Ages 9-13 @ Lowell Catholic High School

GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852
978-454-7825

*This camp must comply with regulations of the MDPH & be Licensed by the LBOH.

Date received: _____



Child Information 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:
Work/School Name:
Work/School Address:
Work Days/Hours:

Parent/Guardian's phone number:
Parent/Guardian's work number:
Date of Birth:
Email:
Work/School Name:
Work/School Address:
Work Days/Hours:

Child lives with: Include all members living in the household

Table with 3 columns: Name, Relationship, Date of Birth

Program Emergency/Authorized Release

Please list the people you authorize Greater Lowell YMCA Staff to release your child to from Greater Lowell YMCA services. People listed below need to have a picture id and be at least 13 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 Greater Lowell 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



Health Information Sheet

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	<input type="checkbox"/>	
Food intolerance	<input type="checkbox"/>	
ADD/ ADHD	<input type="checkbox"/>	
IEP/504/ Behavior Plans	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
Medication(s) at home	<input type="checkbox"/>	
Medication(s) at program	<input type="checkbox"/>	
ODD / Mood disorder(s)	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Autism	<input type="checkbox"/>	
CRA	<input type="checkbox"/>	
Allergies (environmental)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

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 Greater Lowell 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 Greater Lowell YMCA employees (verbally, written, and electronically) for the purpose of making a referral or providing services. I also understand that Greater Lowell YMCA utilizes software for tracking my family information

Parent/Guardian Signature & Date _____

Please Complete in Blue or Black Ink



GREATER LOWELL FAMILY YMCA
35 YMCA Drive
Lowell, MA 01852

LKC Summer Program 2024

Permission Sheet

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 Greater Lowell YMCA 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 Greater Lowell YMCA to administer bug spray containing Deet of 7% or more.

Hand Sanitizer

Yes No I authorize Greater Lowell YMCA 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 the following off-site locations: McPherson's Park, Shedd Park, North Common, South Common, Frank Ryan Field, O'Donnell Park, Gage Field, the school grounds of mychild's site, Armory Park and Clemente Park.

Greater Lowell YMCA Transportation

Yes No I give permission to the Greater Lowell YMCA School Age Staff and Lowell Public School Transportation to transport my child in the event of an emergency, and if my child needs to leave the current location. I also give Greater Lowell YMCA School Age Staff and Lowell Public School Transportation permission to transport my child for field trips, pool days and any other off-site activities. I understand that all LPS 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 into the program.

I also understand that I have to walk my child into and out of the program daily.

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

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

LKC Summer Program 2024

Information Release Sheet

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

Greater Lowell YMCA to **request and release** from/to _____, the

following information may be obtained through oral, electronic, and written communication for the following:

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

Regarding my child, _____,
Child's Name

_____ and my family.
Date of Birth

Parent/Guardian Signature

Date

Address

Phone Number

Greater Lowell YMCA Staff 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.



Schedule and Fees Sheet

Child's Name: _____ Site Attending: _____

The fee is \$231 per week. A registration fee and deposit are due at the time of registration. Registration fees are non-refundable. Please select the weeks your child will attend the LKC Summer Program:

- Week # 1: June 24th -June 28th
- Week # 2: July 1st -July 5th (Closed 4th & 5th)
- Week # 3: July 8th -July 12th
- Week # 4: July 15th -July 19th
- Week # 5: July 22nd -July 26th
- Week # 6: July 29th -Aug 2nd
- Week # 7: Aug 5th -Aug 9th
- Week # 8: Aug 12th - Aug 16th
- Week # 9: Aug 19th -Aug 23rd

Registration Fee	(\$35 1 st child, \$25 siblings)	\$ _____
Deposit Fee	(Number of weeks attending _____ X \$20.00)	\$ _____
Total Fees due at registration		\$ _____

If you are receiving payment assistance, please complete the section below.

- I have a Voucher through Childcare Circuit or another Childcare Agency.
 - Parents must obtain a "Confirmation of Provider Form" from the Greater Lowell YMCA to bring to their Voucher Appointment. The Greater Lowell YMCA must receive your voucher before your child can begin care. Your weekly fee will be specified on your voucher.
- My childcare will be fully or partially subsidized by a 3rd Party. The Billing Dept must receive confirmation directly from the 3rd Party Organization that they will be responsible for the fees incurred.

Name of Organization: _____
 Address: _____ City: _____ State: _____
 Contact Name: _____ Phone #: _____

- I am applying for Financial Assistance through the YMCA.
 - Registration fee of \$35 is due at time of registration, along with a completed enrollment packet and financial assistance application.
 - Financial Assistance applications must be completed along with all required documentation before it will be processed. Incomplete applications will NOT be processed.
 - Parents must apply for a Childcare Voucher at childcarecircuit.org. The confirmation of the application submittal must be returned with the Financial Assistance Application.

Please Complete in Blue or Black Ink



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LKC Summer Program 2024

Transportation Sheet

Child's Name: _____ Site Attending: _____

Arrival to Program:

My child will arrive at the LKC Summer Program by the following means:

_____ Parent Drop Off

_____ Other: _____

Departure from Program:

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

My child will leave the LKC Summer Program by the following means:

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

_____ Other: _____

I understand that my child is not in the care of the Greater Lowell 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.



Greater Lowell Family YMCA's School-Age Billing Policies

Fees & Payment Policies: 1st week's tuition is due at the time of registration along with a **non-refundable** \$35 registration fee (\$25 sibling). (**Voucher recipients excluded*)

Voucher recipients must pay an initial deposit based on their full-time parent fee.

Your weekly fee specified on the Parent Fee Agreement Form/Voucher are due on Fridays prior to services being rendered. Weekly tuition is required **regardless of attendance, holidays, or inclement weather** as we do not prorate fees.

Substitution of days cannot be made for holidays, inclement weather, or if your child is absent from the program.

School Vacation Weeks: Balances must be at \$0 to sign up for school vacation weeks. If signing up for school closure weeks, you'll be charged for the days you sign up. **Fees will be charged regardless of attendance if not cancelled prior to the week of services.**

If you sign up for automatic draft, in the event the charge does not go through you will be notified by email with an invoice and it is your responsibility to call the office with an alternative method of payment.

Late Fees/Late Pick Up: Payments not received by Monday morning will incur a \$10.00 late fee. If your child is not picked up by 6pm, an additional charge of \$1.00 per min will be assessed to your account.

Non-Sufficient Fund: For any returned checks there will be a \$25 NSF charge that will be assessed to your account. **Returned checks will result in future payments of cash or credit card only.*

Accounts are not to be past due more than two weeks which can result in termination of care.

**Continued late payments of tuition/late pickups can result in suspension or termination of care.*

Schedule Changes & Withdrawal: All schedule changes or withdrawal from the program require a written 2-week notice. Please email [Cynthia carzola@lowellymca.org](mailto:Cynthia_carzola@lowellymca.org) or [Destinie dkeovilay@lowellymca.org](mailto:Destinie_dkeovilay@lowellymca.org). If we're not notified your account will be charged accordingly.

Vacations: We are pleased to allow **one week** of vacation per year, without fees, after six months of enrollment in our program. However, please give two weeks written notice before scheduled vacation. (**Voucher families excluded.*)

For Voucher Recipients ONLY

Children are expected to be in care the days they're registered. If your child is absent, you must contact us, or the absence will be considered an Unexplained Absence. Excessive Unexplained Absences (*more than 3 consecutive absences*) may result in termination of childcare. Please email Cynthia and your child's site coordinator to report any absences.

Voucher expirations are the responsibility of the parent's/guardians. Expired vouchers will result in full tuition fees until we receive a new voucher.

Payments that are not made by due dates will receive a Non-Payment of Parent Fees Warning Notice (prior to the next payment due date). If a parent fails to make payment or communicate with the billing department, you will be issued a Two-Week Notice of Termination.

Please sign this notice acknowledging that you have read and understand the billing policies and procedures of Greater Lowell Family YMCA's School Age Childcare.

Child's Name

Parent's Name

Parent's Signature

Date

To contact the Billing Department:

Cynthia Arzola

(E) carzola@lowellymca.org

(P) 978-454-7825 ext.827

Destinie Keovilay

(E) dkeovilay@lowellymca.org

(P) 978-454-7825 ext. 829

Child's Name: _____

Program: Lowell Kids Club

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**:

Family Child Care:

NU (Under 2 w/ Independent Provider)

NO (Over 2 w/ Independent Provider)

SU (Under 2 w/ System Provider)

SO (Over 2 w/ System Provider)

Center Based Child Care:

IN (Infant); **TO** (Toddler); **PS** (Preschool);

HS (Headstart); **BA** (Before & After School);

BS (Before School); **AS** (After School)

SCO (School Closures Only); **SA** (School Age – Summer Only)

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

(This form should only be completed upon receipt of all enrollment paperwork submitted by the parent)

What is your program/agency name, address and phone number? (Systems: Please write the providers Name, Physical Address, and then your agency)	
What is the <u>expected</u> date of enrollment for the child(ren)?	
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)	
Please circle one (Full time = full day Part Time = half day up to 6 hours INT = Full on Non School Days)	Full time Part time INT
Please circle the days care will be provided	Su Mo Tu We Th Fr 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 One Way 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/System Admin Signature Date

Provider/System Admin Name (Printed)

**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