



Child Care Department

School Age Programs

2018-2019

Enrollment Forms

The Y Package Plan Information Sheet

Please fill out this page so that we can help you choose the right package and payment plan for your family. Circle all programs that you think your child will need during the 2018-2019 School Year.

Child Name: _____ Parent Name: _____

Mailing Address: _____

Phone #: _____ E-Mail: _____

School: _____ Grade in School: _____

<u>Program Choices</u>			<u>Week Days Needed?</u>
Before School (6:15 a.m.-Beginning of School)	Yes	No	M T W Th F
After School (Release of School-6:00 p.m.)	Yes	No	M T W Th F
Before & After School	Yes	No	M T W Th F
½ Days (11:50 a.m.-6:00 p.m.)	Yes	No	M T W Th F
December Vacation	Yes	No	
February Vacation	Yes	No	M T W Th F
April Vacation	Yes	No	M T W Th F
Holidays (Columbus, Veterans, MLK, Election)	Yes	No	
School In-Service Days (6:15 a.m.-6:00 p.m.)	Yes	No	
Snow Days	Yes	No	
Transportation from school	Yes	No	Which School? _____
Late Late Care (\$5 a day fee)	Yes	No	(6:00 p.m.-7:00 p.m.)
Swimming Lessons	Yes	No	
Do you have a Child Care Voucher?	Yes	No	
Will you be applying for Financial Aid?	Yes	No	

This information is simply to help us find you the best custom package and price for the year. If any of this information does change, please let us know so that we can adjust your package plan. Thank you!

Mail or Drop off ALL FORMS To: 451 Main Street, Greenfield MA 01301
Fax To: 413-774-4312 Attn: Kara Younger: School Age Director

Child Information

Child's Name: _____ Date of Birth: _____ Sex: _____ Age at Admission: _____

Home Address: _____ Home Phone: _____

Height: _____ Weight: _____ Skin Color: _____ Hair Color: _____ Eye Color: _____

Identifying marks: _____ Primary Language: _____

Child's School & Teacher: _____ Grade for 2018-2019 School Year: _____

Parent Email : _____

Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Business Name: _____ Business Name: _____

Work Phone: _____ Work Phone: _____

Times at Work: _____ Times at Work: _____

Cell Phone: _____ Cell Phone: _____

Medical Information

Child's Doctor: _____ Phone: _____ Does your child take medication regularly?* _____

If so, please list: _____

Medical Conditions/Limitations/Concerns: _____

Allergies/special diets:** _____

*If child requires medication to be administered by the Y School Age staff, a medication administration form must be completed by the child's physician.

**If child has allergies, asthma or other emergent conditions, the child's physician must provide a detailed explanation of the reaction that occurs and the course of action that should be taken.

Health/Medical Insurance for child (name of provider and ID number): _____

Anything else we should know about your child's health or health history? _____

I certify that documentation of physical examination and immunization and lead poisoning screening in accordance with public school/health requirements are on file at my child's school.

Parent/Guardian Signature: _____ Date: _____

Child's Full Name: _____ Nicknames: _____

Siblings (Names/Ages): _____

Who lives in the house with the child? _____

Child's interests and activities: _____

Describe how your child gets along with other kids _____

Does he/she have any specific fears or concerns? _____

Is there anything about your child's behavior or social/physical development that we should know in order to effectively work with and integrate him/her into the program? _____

1. I give my permission for the Y staff to administer any standard first aid as needed. YES ___ NO ___

2. In case of medical or surgical emergency, after every reasonable effort has been made to contact parent or legal guardian, I hereby give my permission to the physician selected to provide whatever emergency medical or surgical treatment is necessary. I authorize School Age staff to obtain emergency transport to Baystate Franklin Medical Center.

YES ___ NO ___

3. I give permission for photographs of my child to be used in any promotional materials for the YMCA, including newspapers, brochures, Facebook, Twitter and the Y website (no names will be used). YES ___ NO ___

4. I give permission for my child to attend field trips within walking distance of the Y. (Any field trips that require a bus will be planned in advance and will require separate permission.) YES ___ NO ___

5. I give permission for my child to travel from the Y to his/her school (Before School) and/or to the Y from school (After School) on the bus provided by the Y. In cases such as a breakdown of the bus, other means of transportation will be obtained such as a Taxi or staff vehicles, with the proper insurance on file in the business managers office. YES ___ NO ___

By signing below, you acknowledge your responses to all six of the above statements.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact & Release

I give permission for the Y School Age staff to contact any of the following should an emergency occur and the parents/guardians cannot be reached. **(In order to be contacted) List at least 2 people.**

*Please check (✓) if you also give permission for your child to be RELEASED to this person.

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

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

2. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

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

3. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

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

4. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

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

Parent/Guardian Signature: _____ Date: _____

FAMILY HANDBOOK

I confirm that I have read and understand all information in the Family Handbook provided to me by the Y Child Care Department as well as the Tuition Agreement. I agree to comply with all policies of this program and to perform all obligations expected of the parent or guardian.

Parent/Guardian Signature: _____ Date: _____

AGREEMENT CONTRACT

THE GUIDELINES BELOW OUTLINE AN AGREEMENT ON THE PART OF PARENTS OR GUARDIANS WITH CHILDREN ENROLLED IN THE Y IN GREENFIELD SCHOOL AGE PROGRAMS AND THE Y ORGANIZATION.

1. The parents or guardian will read and comply with all written policies of the program. The Y will make all policies available either prior to the start of a child in the program, or upon request.
2. A parent or guardian shall furnish all medical and emergency information before the child attends one day of the program.
3. A parent, guardian or designated representative of the parents shall not send the child to the program if he/she is ill or has a temperature. All contagious illnesses a child contracts must be reported to the School Age Coordinator.
4. Parents or guardians shall notify the School Age Coordinator when someone other than those named on the child's emergency information sheet will be picking up the child (notification can be verbal or written).
5. The parents or guardians shall see that the child is dressed appropriately.
6. If it is determined during the day that the child is sick or has a temperature, the parent will be notified and it is their responsibility to have the child picked up from the program.
7. The parent or guardian shall notify the program of a child's absence on any regularly enrolled day.
8. The parent or guardian will give **2 weeks notice** or forfeit 2 weeks tuition and fees in case of withdrawal from the program or changes made to their regular schedule.
9. The parent or guardian will assist the staff in handling any behavior problems or other concerns in order to best service their child by being open to discussions and conferences with the staff.

THIS AGREEMENT SHALL BE TERMINATED IF ANY ONE OR MORE OF THE FOLLOWING OCCUR:

1. The school year has come to an end.
2. Serious illness of the child, preventing school attendance.
3. The parent or guardian allows their account to become delinquent by more than 30 days.
4. Failure of the parents or guardians to honor the obligations listed in this Agreement or in any rules, regulations or manuals promulgated or provided by the program.
5. The School Age Coordinator and the Youth and Family Director determine that it is not in the best interest of the child, the program or other children enrolled to have the child in attendance due to dangerous, disruptive, inappropriate behavior by parent or child(ren).
6. A two week probationary period will be given to any child who exhibits inappropriate behavior that continues beyond or in spite of the normal disciplinary routines of the program. Parents or guardians will be notified and a parent/teacher conference requested. Both child and parent understand that if in the 2 week period the identified behavior is still present the child will be terminated as agreed upon in the parent/teacher conference. See Family Handbook on Behavior Management Policy.
7. Failure of the child's parents or guardians to cooperate with the program in situations deemed serious enough to warrant termination.
8. The program will dismiss a child in an appropriate way that he/she will understand.

Parent/Guardian Signature _____ Date _____

WRITTEN PLAN FOR REFERRAL SERVICES

The Y in Greenfield School Age Programs shall use the following procedures for referring parents to appropriate social, mental health, educational and medical services for their child should the staff feel that an assessment for such additional services would benefit the child.

REFERRAL PROCESS

Whenever any staff member is concerned about a child's development or behavior and feels that further evaluation should be done, they should report it to the Child care director who will review concerns with the Executive Director in charge (according to administrative plan).

If the administrator agrees, the Child Care Director is requested to complete an observation report and review the child's record prior to making a referral.

The administrator will maintain a list of current referral resources in the community for children in need of social, mental health, educational or medical services. This list shall include the contact person for Chapter 766 and Early Intervention Program referrals.

REFERRAL MEETING WITH PARENTS

The Child Care Director schedules a meeting with parents to notify them of the Program staff's concern and prepares a current list of possible referral resources.

At the meeting, the Director will provide to the parent a written statement including the reason for recommending a referral for additional services, a brief summary of the program's observations related to the referral and any efforts The Y may have made to accommodate the child's needs.

The director will offer assistance to the child's parents in making the referral. Parents should be encouraged to call or request in writing an evaluation. If parents need extra support, administrators may, with written parental consent, contact the referral agency for them.

The director shall inform the child's parent(s) of the availability of services and their rights, including the right to appeal, under Chapter 766.

FOLLOW-UP REFERRAL

The director will, with parental permission, contact the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs at the center. If it is determined that the child is not in need of services from this agency, or is ineligible to receive services, The Y shall review the child's progress at the program every three months to determine if another referral is necessary.

I authorize that I have read the above information regarding Referral Services and procedures. I understand this policy and am willing to follow it should the situation arise.

Parent/Guardian Signature _____ Date _____

This form will allow Kara Younger, School Age Child Care Director, to communicate with such agencies as your child's school, counselors, doctors, etc. This will help us to better understand any specific needs your child may have, assist them through difficult times in any way we can, and to advocate for them when necessary.

Child Name: _____ Date of Birth: _____

Child School: _____

I give the staff of The Y Child Care Department permission to access and share any important information regarding my above named child with such agencies or groups checked below. I agree to allow Kara Younger to advocate in the interest of my child(ren) with respect to the following, but not limited to:

_____ School: _____

_____ Counselor/Psychologist: _____

_____ Massachusetts After School Research Studies

_____ Doctor: _____

_____ DCF Worker: _____

_____ Other _____

*If you do not wish to authorize the above statement, please write "NO" on the form and sign it.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

Transportation Policy 2018-2019

Transportation is provided by The Y Child Care Department to all of the Greenfield Public Schools, Gill Montague regional schools, by the YMCA in Greenfield for participants in the **Before School Program**. The Y School Age staff will be responsible for putting each child on the appropriate bus in the morning.

Transportation is also provided from each of the Greenfield Public Schools, and Gill/Montague regional schools to the Y in Greenfield for participants in the **After School Program** through Kuzmeskas Transportation. Children are dismissed onto the appropriate bus by teachers.

If a child misses the bus, the school secretary will call the program and the parent is responsible for transporting the child to the program. Children coming from any other school district must provide their own transportation.

The Y After School Program: All children must be picked up by a parent or authorized adult as indicated on the child's information form. There is no transportation provided at the end of the program day.

Field Trips: Any field trip will require a parent permission form to be signed and the means of transportation will be explained to each parent. No child may attend a field trip without permission.

Bussing Policies The Y Child Care Department

Once on the bus, children are responsible for their own behavior. Children are expected to follow the policy detailed below. This policy applies to children riding the bus from the Before School Program, to the After School Program, and on field trips. Each child riding the bus, his/her parent and any driver for the Child Care Department must review these policies and parents must sign to indicate acceptance of these guidelines.

Expected Behavior of Children:

1. Stay in the seats
2. Keep hands and bodies to yourself (not out the windows, not on other children)
3. Keep voices and noise level low so as not to distract the driver
4. Disrespectful treatment of others –(including throwing objects, inappropriate language, etc) will NOT be tolerated

Appropriate Steps for the Driver to Maintain Safety and Enforce Behavior Policy:

1. The first time a child exhibits inappropriate behavior, the driver should issue a verbal warning.
2. At the second offense, the driver should notify the staff in charge at the Y, who will then contact the child's parents to discuss the problem. Also, a written warning should be issued.
3. A third offense will lead to official probation of at least two weeks from the bus, making it the parent's responsibility to provide transportation for that period.
4. Three written warnings will result in the child losing transportation privileges for the remainder of the school year.

The bus driver must agree to: Not put any child in physical danger, not use their hands or bodies in any way against a child, not use inappropriate language, not threaten, demean or in any way verbally abuse a child. The driver's role is to maintain safety by using verbal reminders to children about the rules and written warnings, but not through discipline beyond what is listed here. The staff at the Y and the parent will be the primary disciplining adults.

Parent/Guardian Signature: _____ *Date:* _____

SG/LGTransportationAuthorization20100326
THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

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:

- ___ PARENT DROP OFF
- ___ SUPERVISED WALK
- ___ UNSUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN

- ___ PARENT PICK UP
- ___ SUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN

- ___ CONTRACT/VAN
- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ OTHER

- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ OTHER

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

Permission for Use of On-Site Swimming Pool

I hereby give the YMCA Before & After School permission to allow my child, _____ who is _____ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the aquatics staff at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent's/Guardian's Signature

Date

Permission for Use of On-Site Swimming Pool **this section will be given to parents after these forms have been reviewed.*

I hereby give the YMCA Before & After School permission to allow my child, _____ who is _____ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the aquatics staff at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent's/Guardian's Signature

Date

YOUR CHILDS SWIM DAY AND TIME WILL BE: _____