



YMCA SOUTHCOAST Early Education and School Age Care Registration Form

Date of Admission _____

PLEASE PRINT LEGIBLY

CHILD'S NAME _____ Birth Date _____ Male Female

Address _____ Age at Admission _____

City _____ State _____ Zip _____

Who does child live with _____

Program registering for Preschool Before School Care After School Care School Closures only

Parent - Guardian Information

Parent #1/Guardian	_____	Parent #2/Guardian	_____
Relation to child	_____	Relation to child	_____
Date of Birth	_____	Date of Birth	_____
Home address	_____	Home address	_____
City State Zip	_____	City State Zip	_____
Home phone	_____	Home phone	_____
Cell phone	_____	Cell phone	_____
Email	_____	Email	_____
Employer	_____	Employer	_____
Employer address	_____	Employer address	_____
City State Zip	_____	City State Zip	_____
Employer phone	_____	Employer phone	_____
Hours at work	_____	Hours at work	_____

■ **School Age Only:** Current School (2020-2021) _____ Grade _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file.

Parent Guardian Initials _____

Documents Needed for Registration

- 1. Immunization with most recent physical record from physician
- 2. Any current custody agreements, court orders, and /or restraining orders pertaining to your child
- 3. Does your child have an IEP (Individual Educational Plan), IFSP (Individual Family Services Plan), or a 504. Y N

I authorize _____ to sign/and /or/review all child care documents in my absence.

Parent - Guardian Signature

Date



YMCA SOUTHCOAST Early Education and School Age Care Emergency Consent Form

PLEASE PRINT LEGIBLY

CHILD'S NAME _____ Birth Date _____ Female Male

I authorize staff members 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 _____ Phone _____
Address _____ City _____ MA _____ Zip _____

List Chronic Conditions:

- Please list any **allergies, special diets, or chronic conditions** below. Include all conditions such as food allergies, asthma, insect bites/stings **that are diagnosed and documented by child's doctor.**
- If yes to the above, please see the **Child Care Director** to complete the state mandated Individual Health Care Plan for each chronic health condition and a Medical Consent Form.
- Please list any physical condition that might require special accommodations.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Parent #1 _____
 Relationship _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____

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

Parent #2 _____
 Relationship _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____

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

Name _____
 Relationship _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____

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

Health Insurance Coverage

Insurance Company _____
 Policy Number _____
 Insured _____
 Relation to child _____
 Phone _____
 Parent/Guardian _____
 Phone _____

Name _____
 Relationship _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____

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

Name _____
 Relationship _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____

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

Parent • Guardian Signature

Date



YMCA SOUTHCOAST Early Education and School Age Care Transportation Plan & Authorization

CHILD'S NAME _____ Birth Date _____

My child will **ARRIVE** at the **Preschool** program by:

_____ Parent Drop Off _____ Released from school _____ Other · Describe _____

My child will **LEAVE** at the **Preschool** program by:

_____ Parent Pick Up _____ Released to school _____ Other · Describe _____

My child will **ARRIVE** at the **Before School** Program program by:

_____ Parent Drop Off _____ Other · Describe _____

My child will **ARRIVE** at the **After School** program by:

_____ Parent Drop Off _____ Released from school _____ Other · Describe _____

_____ Bus/Van _____ Supervised walk

My child will **LEAVE** at the **After School** program by:

_____ Parent Pick Up _____ Other · Describe _____

The following is MANDATORY. Please initial

I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the Y. I must give the Y two weeks notice of my intent to withdraw my child from the Y program and I am responsible for payments regardless of my child's attendance.

I have received and understand that it's my responsibility to read and adhere to all policies and procedures outlined in the Parent Handbook and Health Care Policy.

The following is OPTIONAL. Please initial those you choose. I give permission for:

_____ My child to attend all walking trips within 5 minutes of the center · Field trips will have prior permission forms

_____ The Y to use my child's picture in the Y publicity and media promotions

_____ The Y to use my child's picture inside the facility/school building

_____ My child to participate in a supervised Y gym/swim program as offered

_____ My child to work on their homework in the after school program

_____ The Y to communicate with my child's school for any information that is relevant to the success of my child in both school and the Y program.

_____ The Y staff to apply sunscreen and /or bug repellent as needed on exposed skin if no broken skin is readily apparent. I will supply above items(s), labeled with my child's name.

_____ The Y staff to apply hand sanitizer as needed on exposed skin if no broken skin is readily apparent.

Parents enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the Center's policies, and support of the program.

Waiver of Liability: I hereby give permission to the medical personnel selected by the child care director to act in the best interest of my child in the event of an emergency, every effort will be made to contact the parent, guardian and emergency contacts. In consideration of being allowed to participate in the activities and programs of the Y and to use its facilities, and equipment, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively "the Y"), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y. I agree to adhere to all policies set forth by the Y

Parent · Guardian Signature

Date



YMCA SOUTHCOAST Early Education and School Age Care Enrollment Form

TO BE COMPLETED BY PARENT · PLEASE PRINT LEGIBLY

Child's Name _____ Birth Date _____
School Attending _____ Primary Language _____
Parent's Name _____ Home Phone _____
Cell Phone _____ Work Phone _____
Email Address _____

How did you hear about the Y ?

- | | | |
|---|---|--|
| <input type="checkbox"/> Voucher Agency | <input type="checkbox"/> Bus Sign | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Billboard or Sign | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Re-registration |
| <input type="checkbox"/> School | <input type="checkbox"/> Member | |
| <input type="checkbox"/> Y Associate | <input type="checkbox"/> Radio | |

Has your child previously attended a YMCA SOUTHCOAST child care program? Yes No

Please check choice of days? Weekly Fee

After School Age Care	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Before School Age Care	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Preschool Full Day	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____
Preschool Half Day	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	_____

EFT Draft - Credit Card Payments

If your child is currently enrolled and you have an EFT or credit card payment, would you like to continue with that payment? yes no
If you would like to change or add new bank information, please complete the following page.

FOR OFFICE USE ONLY **Registration Fee** _____

Type of Payment Private PACE EEC Financial Aid Staff 3Rd Party

Voucher Service Code _____ Subsidized Daily Parent Fee _____

Program Start Date _____ Subsidy End Date _____

Site _____ Class or Group _____

Child Care Director Approval _____



YMCA SOUTHCOAST Child Care Payment Options

PLEASE PRINT LEGIBLY

All Families enrolled at a Y Program in a public school MUST pay by Electronic Funds Transfer.
Payments CANNOT be accepted off-site from a Y Branch.

CHILD'S NAME _____ Program _____

EFT Draft

I hereby authorize YMCA Southcoast to initiate electronic fund entries from my checking account or credit card(s). This authorization remains in effect until the Y has received a 15-day written notification from me indicating my desire to discontinue.

CHECKING ACCOUNT

Name on Account _____
Bank Name _____
Routing/Transit Number _____
Account Number _____

CREDIT CARD

Name as Appears on Card _____
Account Number _____ Security Code _____
Expiration Date _____

AMEX VISA MASTERCARD DISCOVER

EFT Draft Agreement

I understand that I am still responsible for any payment plus the Y will apply a service charge of \$25.00 should an EFT draft be declined by my bank or other financial institution. This is in addition to any fee charged by my bank or other financial institution.

I understand that I am responsible to inform the Y within 3 days of any account change with updated information.

Authorized Signature

Date

FOR OFFICE USE ONLY

Type of Payment Private PACE EEC Financial Aid Staff 3rd Party

Parent Weekly Payment \$ _____ EFT Start Date _____

Branch and Site _____