



Clark Memorial YMCA School Age Child Care Enrollment Packet

Check One: Before School Program After School Program Before & After School Program

Child Information

Child's Name		Date of Birth	Age	Grade
Street Address		City	State & Zip Code	
Home Phone		Eye Color	Hair Color	
Date of Admission (Start Date)	Primary Language	Skin Color	Sex	
Identifying Marks		Height	Weight	
Allergies				
Chronic Health Conditions				
Special Limitations or concerns / Special Diets				

Parent / Guardian Information

1st Parent/Guardian Name	2nd Parent/Guardian Name
Relationship to Child	Relationship to Child
Home Address	Home Address
Home Telephone	Home Telephone
Cell Phone	Cell Phone
Employer	Employer
Work Address	Work Address
Work Phone	Work Phone
Usual Hours at Work	Usual Hours at Work
E-mail Address	E-mail Address

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

Parent/Guardian Signature	Date
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Authorized Pick-Up & Emergency Contact List

I authorize the Clark Memorial YMCA permission to release my child to the following persons listed below. I also authorize the Clark Memorial YMCA to seek medical care and grant consent for treatment of my child in my absence. I understand that all persons listed below must process and display a valid photo ID at pick-up, or my child will not be released to them.

Child's Name	Parent/Guardian Signature	Date
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1 st Parent/Guardian Name		2 nd Parent/Guardian Name	
Cell Phone	Work Phone	Cell Phone	Work Phone

2 nd Non-Parent/Guardian Name		Relation to Child	
Address (Street Number and Name, City, State, Zip Code)			
Home Phone	Cell Phone	Work Phone	

3 rd Non-Parent/Guardian Name		Relation to Child	
Address (Street Number and Name, City, State, Zip Code)			
Home Phone	Cell Phone	Work Phone	

4 th Non-Parent/Guardian Name		Relation to Child	
Address (Street Number and Name, City, State, Zip Code)			
Home Phone	Cell Phone	Work Phone	

5 th Non-Parent/Guardian Name		Relation to Child	
Address (Street Number and Name, City, State, Zip Code)			
Home Phone	Cell Phone	Work Phone	



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Transportation Plan and Authorization

Please Check the appropriate line in each applicable box below.	
Before School	My child will arrive at the Before School Program by: parent drop off other (describe: _____)
	My child will depart the Before School Program by: school bus other (describe: _____)
After School	My child will arrive at the After School Program by: school bus other (describe: _____)
	My Child will depart the After School Program by: authorized pick-up unsupervised walk other (describe: _____)
ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.	

First Aid and Medical Care Consent

Child's Name	Date of Birth
Physician's Name	Physicians Phone
Physicians Address	
Child's Allergies	
Chronic Health Conditions	
Health Insurance Coverage	Health Insurance Policy #
<i>-I hereby authorize the Clark Memorial YMCA staff who are trained in basic first aid and CPR to administer basic first aid and/or CPR to my child 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 _____, or when delay would be dangerous to my child's health. -I hereby authorize the Clark Memorial YMCA to contact persons listed on the Authorized Pick-Up & Emergency Contact List if I cannot be reached to inform them of a medical emergency.</i>	
Parent/Guardian Signature	Date

Notification of Absence or Alternate Transportation

<i>The Following are mandatory; Please read and initial all.</i>	
Initials	I understand that it is my responsibility as the parent to notify my child's school in writing of any changes in childcare or after school arrangements including changes to transportation arrangements. This notification must be done in writing (no phone calls) and be submitted to my child's homeroom teacher.
Initials	I understand that I must notify the Clark Memorial YMCA (978-297-9622) by 2pm if my child is going to be absent from the program.
Initials	Neither Toy Town Elementary or Memorial School or their secretaries are to be asked to relay information to or from the Before and After School Program. The Before and After School Program is operated by the Clark Memorial YMCA, not the school district. Please be sure to address any concerns or issues with the appropriate party.
Initials	Should for any reason, the school not be notified in the correct and timely manner of any changes to transportation or other arrangements, the school will follow procedure and your child will follow their normally scheduled dismissal routine, and the parent will need to make other arrangements.



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Authorizations

The following are mandatory ; please INITIAL all.	
Initials	I understand that a late fee of \$1/minute will be assessed to me for all late pick-ups from the After School Program and I am responsible to pay for all childcare services rendered by the Clark Memorial YMCA, and I am responsible for all payments regardless of my child's attendance.
Initials	I must give two weeks notice to the billing department of my intent to withdraw my child from the Before and/or After School Program.
Initials	I have received and agree to abide by the policies stated in the Parent Handbook.
The following are OPTIONAL ; please read carefully and initial those you choose.	
Initials	I give permission for my child to be transported to and from any off-site field trips.
Initials	I give permission for my child to attend all field trips to locations within walking distance of the program.
Initials	I give permission for the Clark Memorial YMCA to use my child's picture, sound recording, or video recording in YMCA publicity and media promotions.
Initials	give permission for outside media sources (i.e. the local newspaper) to use my child's photo in their publications.
Initials	I give permission for my child to be observed and interact with authorized student interns and/or volunteers.
Initials	I would like my child to complete their homework in the After School Program.
Initials	I give permission for the Clark Memorial YMCA to have open communication with my child's school about any relevant information pertaining to the success of my child in both the YMCA Before and/or After School Program.

Parent/Guardian Statement

Child's Name	Date of Birth
<p>While it is the aim of the Clark Memorial YMCA to provide your child with a safe and enjoyable experience, you must realize that participation in YMCA program has some inherent risks. As a result we require the signing of the release set forth below.</p> <p>-I hereby release for myself and my above mentioned child, our heirs, executors and administrators, and forever discharge the Wendell P. Clark Memorial YMCA, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs which my child may receive/ incur as a result of participation in any program / activity / service conducted and / or provided by the Clark Memorial YMCA, on or off-site.</p> <p>-Additionally, I have thoroughly read and understand all information throughout this enrollment packet and agree to all terms set forth here and in the parent handbook.</p>	
Parent/Guardian Signature	Date

CLARK YMCA USE ONLY-NOTES

EFT on File?

Membership info?

Child Information Form

Wendell P. Clark Memorial YMCA

Child's Name: _____ Age: _____

Home Address: _____

Allergies/Special Limitations: _____

Chronic Health Conditions: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Home Telephone: _____ Cell Phone: _____

2nd Emergency Contact Name: _____

Relationship to Child: _____

Home Telephone: _____ Cell Phone _____

I hereby certify that the above information is accurate. I understand that only the above listed emergency contacts may pick my child up from the Wendell P. Clark Memorial YMCA with a VALID PHOTO ID.

Parent Signature: _____ Date: _____

Child Information Form

Wendell P. Clark Memorial YMCA

Child's Name: _____ Age: _____

Home Address: _____

Allergies/Special Limitations: _____

Chronic Health Conditions: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Home Telephone: _____ Cell Phone: _____

2nd Emergency Contact Name: _____

Relationship to Child: _____

Home Telephone: _____ Cell Phone _____

I hereby certify that the above information is accurate. I understand that only the above listed emergency contacts may pick my child up from the Wendell P. Clark Memorial YMCA with a VALID PHOTO ID.

Parent Signature: _____ Date: _____



Clark Memorial YMCA EFT – Childcare Payment Agreement

Adult Name	Home Phone	Cell Phone
Address	City	State & Zip
E-Mail Address	Weekly Draft Amount	
Children in Program	\$	

Childcare payments will be withdrawn every Friday for the above stated amount. It may take up to 3 business days for the amount withdrawn to reflect upon your personal account.

Below, please fill in either valid bank account information OR credit card information; do not put information in both columns!

Bank Account Information	OR	Credit Card Information
Circle One: CHECKING SAVINGS		Circle One: VISA MC AMEX
Name on Account		Name on Card
Bank Name		Card #
Account #		Expiration Date
Routing #	CID # (3 or 4 digit number on back, next to signature line)	

Bank Account / Credit Card Agreement

- 1. Bank Account:** I authorize the Clark Memorial YMCA to access my savings or checking account for my weekly program fees payment. I understand that my fees will be electronically transferred weekly from my account to the Clark Memorial YMCA.
- 2. Credit Card:** I authorize the Clark Memorial YMCA to access my Visa, MasterCard, or American Express credit card for my weekly program fees payment. I understand that my fees will be electronically transferred weekly from my account to the Clark Memorial YMCA.

Clark Memorial YMCA - EFT Payment Agreement

1. I understand that the EFT payment is **automatically withdrawn each week** for the duration of this program.
2. If I wish to cancel my enrollment, **2 weeks written notice** must be received by the Clark Memorial YMCA.
3. Should any drafts not be honored by my bank / credit card company for any reason, I realize that I am still responsible for paying dues, in addition to any and all "returned check fees" assessed by the Clark Memorial YMCA. Three returned payments may result in dismissal from the program.
4. I agree to immediately notify the Clark Memorial YMCA of any changes in my credit card or bank account information that may affect payment of my fees.
5. ***I have read, understand and agree to abide by the above terms and conditions of this agreement.***

Signature	Date
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