



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

**YMCA CAPE COD**  
**SCHOOL-AGE CHILD CARE**  
**(SACC)**  
**PROGRAM ENROLLMENT KIT**  
**2019-2020**

REV.5/24/19

**YMCA CAPE COD**  
**SCHOOL-AGE CHILD CARE PROGRAM**  
**NORTH FALMOUTH CONGREGATIONAL CHURCH**  
**155 OLD MAIN ROAD**  
**NORTH FALMOUTH, MA 02556**  
**508-362-6500 EXT. 148**

[WWW.YMCACAPECOD.ORG](http://WWW.YMCACAPECOD.ORG)



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## **YMCA Cape Cod School Aged Child Care Program (SACC)**

### **Enrollment Form**

#### **Site Information**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone #: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

**My child will be Drop-In only:** \_\_\_\_\_ If yes, skip to **Statement of Understanding** and continue.

**My child will have set days of Weekly attendance.** Check all that apply:

Mornings: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday  
Afternoons: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**Statement of Understanding: I understand that before my child can start in this program, I must provide the following:**

- 1. a completed Enrollment Form**
- 2. an up-to-date physical for my child**
- 3. an immunization record for my child**
- 4. a deposit covering the following charges**
  - \$25 registration fee
  - first and last Weekly or Drop-In charges

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's File Information**

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ PO Box: \_\_\_\_\_ Town: \_\_\_\_\_

Gender(circle): Male or Female Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Child's School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child's Developmental History and Background Information**

*Regulations for licensed child care requires this information to be on file to address the unique needs of children in their care.*

How would you describe your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite food/snacks: \_\_\_\_\_

Least favorite food/snack: \_\_\_\_\_

Favorite activities/hobbies: \_\_\_\_\_

Fears and strong dislikes: \_\_\_\_\_

Previous child care experiences: \_\_\_\_\_

How do you comfort your child when they are upset? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the method of behavior management at home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to share about your child's behavior? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian #1** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_  
House/Apt.# Street PO Box Town Zip

Phone #: Home \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Parent/Guardian #2** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_  
House/Apt.# Street PO Box Town Zip

Phone #: Home \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Custody Agreements** Describe and attach copies of court orders, restraining orders, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts/Authorized Pick Up**

**#1 Name** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Do you give permission for your child to be released to this person? (Circle) Yes or No

**#2 Name** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Do you give permission for your child to be released to this person? (Circle) Yes or No

**#3 Name** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Do you give permission for your child to be released to this person? (Circle) Yes or No

**Child's Medical Information/First Aid and Emergency Medical Care Consent**

Child's Physician's Name: \_\_\_\_\_

Physician's Practice Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy ID \_\_\_\_\_

Medication Allergies/Allergies/Special Diet:  
\_\_\_\_\_

Regular Medications:  
\_\_\_\_\_

Known complications at birth:  
\_\_\_\_\_

Serious illness and/or hospitalizations:  
\_\_\_\_\_

Special physical conditions and/or disabilities:  
\_\_\_\_\_

Special Limitations or concerns:  
\_\_\_\_\_

Describe Individual Health Plans for your child with any Chronic Health Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: Additional forms may be required and will be supplied by the Y)

\_\_\_ I authorize the staff in the SACC program that are trained in the basics of First Aid and/or CPR to administer basic First Aid/CPR to my child and/or take my child to the hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. However, I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

\_\_\_ I understand before starting the program, I must provide an up-to-date physical and immunization record for my child. These records must be kept in his/her file and renewed annually.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PARENT/GUARDIAN AUTHORIZATIONS, CONSENTS & ACKNOWLEDGEMENTS**

### **Field Trips, Transportation Plan & Authorization**

*If your child does not arrive at the program at the time denoted, we are required to call the guardian or contacts on the Emergency List.*

#### **Select ALL that apply:**

- I give permission for YMCA staff to walk my child to their classroom.
- I give permission for my child to be picked up from their classroom.
- My child has a special transportation plan: (please describe) \_\_\_\_\_

I give the YMCA Cape Cod permission for my child to participate in all the regularly scheduled activities located off-site, on walking field trips on the grounds and on any additionally scheduled off-site trips.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Media Release**

I give permission for the YMCA Cape Cod to use photographs, video, or any likeness of my child for media purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Topical Treatments**

I authorize the staff of the YMCA Cape Cod SACC to apply a DEET free bug repellent to prevent any insect or tick bites while outside.

I authorize the staff of the YMCA Cape Cod SACC to apply a sunblock to my child before outdoor play.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Program Knowledge**

How did you hear about the School Age Child Care program?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Radio        | <input type="checkbox"/> Magazine            |
| <input type="checkbox"/> YMCA         | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Direct Mail  | <input type="checkbox"/> YMCA Member         |
| <input type="checkbox"/> E-Mail       | <input type="checkbox"/> Former YMCA Member  |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend/Family       |
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Other: _____        |

**Family Questionnaire**

Please take a few minutes to complete this questionnaire about your family. The information provided will help our teachers develop an inclusive curriculum tailored to your child and all children and families in our program. Thank you!

Primary Language spoken at home: \_\_\_\_\_

Traditions (cultural, religious or other) in your family:

Spring: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Winter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family pets at home: \_\_\_\_\_

Other members of your child's household family: \_\_\_\_\_  
\_\_\_\_\_

Child's favorite books, toys, animals: \_\_\_\_\_  
\_\_\_\_\_

Other family favorites or interests: \_\_\_\_\_  
\_\_\_\_\_

Interests in helping with the program (i.e. Party planning, parent committee, special expertise to teach, etc.): \_\_\_\_\_  
\_\_\_\_\_

Other YMCA programs participating in: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULING, PAYMENT, START DATE, AND HANDBOOK**

**Scheduling**

Check your Program option. Only ONE option can be chosen.

\_\_\_ **OPTION 1: Enroll my child in the Weekly Program:** Select sessions below.

**AM Program:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**PM Program:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**Deposit due** is \$20 for each session chosen.

\_\_\_ **OPTION 2: Enroll my child in the Drop-In Program**  
**NOTICE: Drop-In availability is NOT guaranteed.**

**Deposit due** is \$80

**Payment**

**Total Deposit Amount Due:** Registration fee \$25 + Option deposit: \_\_\_\_\_

**Start Date**

**Requested Start Date:** \_\_\_\_\_

(Must be a Monday or first school day of the week)

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**Final Action and Handbook \*\* TO BE COMPLETED BY YMCA PERSONNEL \*\***

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**Registration is not complete until the following items are submitted:**

- \_\_\_ **A completed Enrollment Form**
- \_\_\_ **An up-to-date physical for the child**
- \_\_\_ **An immunization record for the child**
- \_\_\_ **A deposit covering the following charges**
  - \_\_\_ **\$25 registration fee**
  - \_\_\_ **First and Last Weekly OR Drop-In deposits**

**Your application is complete! Please sign for the handbook which contains valuable information regarding School Age policies and procedures. And please let us know if you have any questions.**

**Parent Handbook/Health Care Consultant Acknowledgment**

I, \_\_\_\_\_, acknowledge that I have received, read, and understand the YMCA Cape Cod School Age Program (SACC): Parent Handbook. Also, per state regulation I authorize the licensed YMCA Cape Cod Health Care Consultant to have access to my child's medical information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**YMCA Personnel Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_