

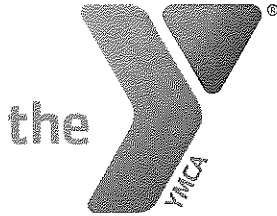


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

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

WWW.YMCACAPECOD.ORG



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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YMCA Cape Cod School Age Child Care Program (SACC): Enrollment Form

Child's Name: _____

School Your Child Attends: _____

Teacher's Name: _____ D.O.B. _____

Grade: _____ Email: _____

Parent's Name: _____

Parent's Phone #: _____

Start Date: _____

Amount Enclosed: _____

Will your child have set days please select days _____ Drop in Care _____

Please check the days your child will be attending our YMCA Cape Cod School(SACC)Age Child Care Program.

AM

Monday Tuesday Wednesday Thursday Friday

PM

Monday Tuesday Wednesday Thursday Friday

I understand that before starting these programs 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: _____

All Enrollment information along with physical/immunizations must be renewed annually.

Other Parent/Guardian Authorization, 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 offsite, on walking field trips on the grounds and on any additionally scheduled offsite 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 _____

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 _____

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:

Autumn:

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:

Registration Information

Select **ONE** option:

- Set Schedule Program

Please select days below:

AM Program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

PM Program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

OR

- Drop-In Program

Requested Start Date: _____
(Must be a Monday or first school day of the week)

Deposit Amount \$ _____
(First and Last Week for Scheduled Days or First and Last Day for Drop-In)

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: _____



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