YMCA Cape Cod
School-Age Child Care
Falmouth Program*
Enrollment Packet
2020-2021

Rev. 1/22/2020

YMCA CAPE COD
SCHOOL-AGE CHILD CARE PROGRAM
2245 Iyannough Rd.
West Barnstable, MA 02668
508-362-6500 EXT. 148
WWW.YMCACAPECOD.ORG

*Registration for West Barnstable, Harwich or Early Education Centers call 508-362-6500
YMCA Cape Cod School Aged Child Care

Falmouth* Program 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 in the following sessions:

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. an IEP or behavior plan if one exists
5. a deposit covering the following charges
   • $25 registration fee
   • first and last Weekly or Drop-In charges

The charge for each elementary schools session is $11.
The charges for Morse Pond are $7 for each AM session and $13 for each PM session.

Parent/Guardian Signature: ___________________________ Date: ____________

*Registration for West Barnstable, Harwich or Early Education Centers call 508-362-6500
**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? ______________
________________________________________________________________________________

**Does your child have an IEP or behavior modification plan for the current school year?**

___Yes   ___ No  If yes, a copy of the plan is required before their registration can be completed.
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.

___ I understand I must provide the SACC program with a copy of my child’s IEP or behavior modification plan if one currently exists or one is written for my child during the school year.

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 without identifying my child.

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 sunblock to my child before outdoor play.

Parent/Guardian Signature: ____________________________ Date: __________

Program Waiver

WAIVER I knowingly release and hold YMCA Cape Cod, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to me and/or my children resulting from our participation in all and any YMCA Cape Cod programs and activities. I will indemnify YMCA Cape Cod, and its employees, agents, volunteers, officers and directors for all costs which it or they may incur due to claims and demands alleging such loss or injury, including settlement payments, court judgments, and legal defense fees. I agree that YMCA Cape Cod shall have final authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers, officers or directors, claiming any such loss or injury.

Parent/Guardian Signature: ____________________________ Date: __________

Program Knowledge

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

- Radio
- YMCA
- Direct Mail
- E-Mail
- Social Media
- Newspaper
- Magazine
- Place of Employment
- YMCA Member
- Former YMCA Member
- Friend/Family
- 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: __________________________________________________________

Family pets at home: __________________________________________

Family favorites or interests: ______________________________________

Public Subsidies Information

The YMCA is required to report survey information gathered from the families in its programs if it wants to continue to receive state funding. Please complete the following.

Child’s Last Name: ____________________________________________

Child’s First Name: ____________________________________________

Classroom Age (circle one):  Infant Toddler Preschool  OST

Enrolled Location: ____________________________________________ (circle one):  AM   PM   Both Currently

Have a voucher? (circle one):   Yes     No

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If yes to any of the above, copies of approvals or recent benefit statements may be requested.

Parent/Guardian Signature: __________________________________________ Date: ______________________

Parent/Guardian Signature: __________________________________________ Date: ______________________
SCHEDULING & DEPOSIT, PAYMENT, START DATE, AND HANDBOOK

Scheduling and Deposit

The charge for each elementary school session is $11. The charges for Morse Pond are $7 for each AM session and $13 for each PM session. 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 the first and last charges of the most expensive session ($14, $22 or $26.)

___ **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: __________

Voucher Client Deposit: No registration fee + 2 times daily rate. See Site Directors for rates.

Start Date

Requested Start Date: __________

(The Start Date must be a Monday or the first school day of the week)

** ** TO BE COMPLETED BY YMCA PERSONNEL ** **

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
- ____ An IEP or Behavior Plan if applicable
- ____ 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 __________