



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

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

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



**FOR YOUTH DEVELOPMENT®**  
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**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) \_\_\_\_\_

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- 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?

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

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

|                   | Yes | No | Comments            |
|-------------------|-----|----|---------------------|
| CHIP              |     |    | <b>CONFIDENTIAL</b> |
| EEC Wait List     |     |    |                     |
| EIC               |     |    |                     |
| EAEDC             |     |    |                     |
| Homeless          |     |    |                     |
| LIHEAP            |     |    |                     |
| Mass Health       |     |    |                     |
| Medicare          |     |    |                     |
| Section 8 Housing |     |    |                     |
| SNAP              |     |    |                     |
| SSDI              |     |    |                     |
| SSI               |     |    |                     |
| WIC               |     |    |                     |
| TAFDC             |     |    |                     |
| Veterans          |     |    |                     |

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)

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**\*\* 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**
- \_\_\_ **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** \_\_\_\_\_