YMCA CAPE COD
SCHOOL-AGE CHILD CARE PROGRAM

PROGRAM ENROLLMENT KIT

2019-2020

REV. 8/13/19

YMCA CAPE COD
SCHOOL-AGE CHILD CARE PROGRAM
2245 Iyannough Rd.
West Barnstable, MA 02668
508-362-6500 EXT. 148
WWW.YMCACAPECOD.ORG
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 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 $10.00.
The charges for Morse Pond are $6 for each AM session and $12 for each PM session.

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? ________________
________________________________________________________________________________

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: ___________________________________________

<table>
<thead>
<tr>
<th>House/Apt. #</th>
<th>Street</th>
<th>PO Box</th>
<th>Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone #: Home ________________ Mobile: ________________ Work: ________________

Personal Email: ______________________________

Work Email: ________________________________

Work Name: ________________________________

Work Address: ________________________________

**Parent/Guardian #2**

Name ____________________________ Relationship __________

Home Address: ___________________________________________

<table>
<thead>
<tr>
<th>House/Apt. #</th>
<th>Street</th>
<th>PO Box</th>
<th>Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

Parent/Guardian Signature: ________________________________ Date________________

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.
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 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?

- 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:

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 & DEPOSIT, PAYMENT, START DATE, AND HANDBOOK

Scheduling and Deposit

The charge for each elementary school session is $10.00. The charges for Morse Pond are $6 for each AM session and $12 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 $20 for each session chosen which covers first and last dates.

_____ 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 __________