



Y-ACES Child Information Sheet

Child's Name: _____ Eye Color _____ Skin Color _____

Home Address: _____ Hair Color _____ Height _____

Telephone: _____ Sex _____ Weight _____

Date of Birth: _____ Primary Language: _____

Identifying Marks _____

Allergies/Special Diets/Chronic Health Conditions/Special Limitations

Child's Physician/Clinic _____ Address/Phone _____

Insurance Provider _____ Policy Number _____

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Work # _____ Work # _____

Cell/Pager _____ Cell/Pager _____

Hours at work _____ Hours at work _____

Email Address _____ Email Address _____

Name of school your child will attend: ACES RCS ARMS Grade: _____

Emergency Contacts (to be contacted if parents cannot be reached)

You must provide at least one emergency contact. The people listed below also serve as alternative pickups.

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Parent/Guardian Signature

Date



Y-ACES ENROLLMENT SHEET

Child's Name: _____ Eye Color _____ Skin Color _____

Home Address: _____ Hair Color _____ Height _____

Telephone: _____ Sex _____ Weight _____

Date of Birth: _____ Primary Language: _____

Identifying Marks _____

Allergies/Special Diets/Chronic Health Conditions/Special Limitations **(please complete the Individual Health Care Plan on page 9)**

If there are no conditions, please indicate by writing "none".

Child's Physician/Clinic _____ Address/Phone _____

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Work # _____ Work # _____

Cell/Pager _____ Cell/Pager _____

Hours at work _____ Hours at work _____

Email Address _____ Email Address _____

Name of school your child will attend: ACES RCS ARMS **Grade:** _____

Has your child been screened for developmental delays: Yes _____ No _____

Does your child have an Individual Education Plan (IEP) with school? Yes _____ No _____ (Please provide copy)

Does your child have a 504 plan with the school? Yes _____ No _____ (Please provide copy)

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Date

For Office Use Only: Date of Admission: _____

Age at Admission: _____



FIRST AID/EMERGENCY/MEDICAL CONSENT

Child's Name _____ Date of Birth _____

I authorize staff in the Y-ACES program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone Number: _____

Child's Dentist: _____

Health Insurance Coverage: _____ Policy Number: _____

**Emergency Contacts (to be contacted if parents cannot be reached)
You must provide at least one emergency contact.**

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

You may also provide additional names and phone numbers of authorized emergency contacts separately.

Parent/Guardian Signature

Date



CHILD INFORMATION FORM

To assist us in supporting your child's experience while in the after school program, please share your thoughts.

- 1) How do you normally handle any behavior or other concerns?

- 2) How would you like us to respond if a concern arises?

- 3) Is there anything that triggers or complicates a situation?

- 4) Is there anything that your child should avoid doing?

- 5) What are the medical limitations that we should be aware of?

- 6) Are there things that you find will make a situation worse?

- 7) Are there things that you find will make a situation better?

- 8) Please describe any non-emergency situations when you would prefer to be phoned by a staff member to alert you to the situation?

Signature of Parent/Guardian

Date



FEE SCHEDULE

After School Program (until 5:45 PM)

\$90.00/ 5 days per week
\$72.00/ 4 days per week
\$58.00/ 3 days per week
\$40.00/ 2 days per week

Vacation week programs: (7:45 AM to 5:45 PM)

\$24.00 Per Day OR \$120.00 Per Week for Y-ACES Families
\$29.00 Per Day OR \$145.00 Per Week for non Y-ACES Families

Note: Because EEC Sliding Fee Scale and Child Care Circuit Vouchers have full day programs calculated in their rates, families will pay their predetermined weekly fee regardless of attendance. Families who receive Y financial aid will take their allotted percentage off the program fee. (This includes full day and vacation days). *These are blended rates, there will not be any adjustments made for snow days or holidays.*

My child will register for the following days: (**minimum of two days required, not including Friday**)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Fee Policy:

- All families are encouraged to take advantage of our EPAY system, which is an automatic withdrawal from your credit card, bank or savings account for weekly tuition.
- We are a tuition based program and bill a fixed amount weekly based on your child's schedule each week of the school year.
- If a non-school day falls on your child's regularly scheduled service day, you will not pay any additional cost. This includes individual school holidays, teacher development days, and half days. Should you choose to register for a non-service day a separate charge will be made.
- The YMCA cannot deduct days missed from your weekly fee. When you enroll, you are reserving the time, space, staffing, and provisions for your child whether the child attends or not.
- During school vacation weeks, enrollment is optional; a \$24 per day fee is charged for each day your child is registered.
- Failure to pay weekly tuition in a timely manner may result in termination of child care services.

I have read and understand the YMCA's School Age fee schedule. I understand that I will provide updated information on credit cards for those on EPAY. I further understand that I need to give the YMCA a **two week written notice** for any schedule changes and/or termination of care.

Parent/Guardian Signature

Date



TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ Supervised walk from classroom to YMCA program area (Grade K only)

_____ Unsupervised walk from classroom to YMCA program area (Grades 1 through 4)

_____ Supervised walk from ARMS to YMCA program area (Grades 5 and 6)

ON FULL DAY PROGRAMS MY CHILD WILL ARRIVE BY:

_____ Parent drop off

_____ Other HOW: _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent pick up

_____ Other HOW: _____

ON FULL DAY PROGRAMS MY CHILD WILL DEPART BY:

_____ Parent pick up

_____ Other HOW: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid one year from signature.

Parent/Guardian Signature

Date



HOMEWORK/CLASSROOM/TOOTHBRUSHING

HOMEWORK

Do you expect your child to work on/complete homework while in the program?

Yes _____ No _____

All activities for this portion of the children's day have been chosen to promote a quiet and productive time for all our after school students. Children who don't have to work on their homework at the program will have alternative activities and materials offered that may include:

Silent Reading
Crossword Puzzles
Word Searches
Puzzles
Coloring

Parent/Guardian Signature

Date

HELP IN THE CLASSROOM

Often, teachers ask the YMCA staff if a child may stay late and help in the classroom and/or complete their school work. Please sign below to indicate that your child may stay in his/her classroom after school when asked by his/her teacher. In order to do so, **the student MUST report to the YMCA after school program immediately after school** with a note from the classroom teacher informing the YMCA staff of his/her location, duration of visit, and teacher signature.

Parent/Guardian Signature

Date

TOOTHBRUSHING POLICY

The Y-ACES after school program, in accordance with the Department of Early Education (EEC), offers the opportunity for children to brush their teeth if they are in the program for more than four (4) hours. Parents/guardians are to read the following policy and complete the form below.

1. Parents/Guardians must complete the ***Tooth Brushing Policy*** form below. The form will be placed in their child's file.
Parents/Guardians may change the status of the form at anytime.
2. The program provides a toothbrush for each child, that is reused each day.
3. Tooth brushing in the Afterschool Program will be conducted one time on full days and early release days.

YES I have read the above policy above and I **DO** give my child permission to brush their teeth at the Y-ACES Afterschool Program.

NO I have read the above policy above and I **DO NOT** give my child permission to brush their teeth at the Y-ACES Afterschool Program.

Parent/Guardian Signature

Date



CONSENT FORMS

UNAUTHORIZED ACTIVITIES CONSENT FORM

I, _____, give my child, _____, permission to participate in the following activities:

- _____ Publicity
- _____ Media Interviews
- _____ Photographs

I understand that the activities listed above that are not related to child care will require a separate written consent from me.

Parent/Guardian Signature

Date

PARENT HANDBOOK RECEIPT

I have received and reviewed the Athol Area YMCA Y-ACES Parent Handbook. I understand and agree to abide by the policies that have been established by the Athol Area YMCA and Y-ACES.

Parent/Guardian Signature

Date

RELEASE OF INFORMATION FORM

I give permission to the Athol Area YMCA Staff, to speak to and/or exchange documents with the following person/agency.

Check all that apply:

- DCF Worker Therapist School Adjustment Counselor Principal
- School Teacher Other: _____

I give permission to the Athol Area YMCA Staff, to receive copies of the following forms from Athol Community Elementary School. (please circle all that apply)

- Assessment scores Current school schedule Individual Education Plan
- Behavior/Social background behaviors Income eligibility (free/reduced lunch) 504 Plan

The information obtained is to ensure the well-being of the child and will be held completely confidential.

Parent/Guardian Signature

Date



INDIVIDUAL HEALTH CARE PLAN

Name of Child: _____

My child has Allergies Medical condition

Training of staff should be done by: child's parent a health care professional

This Health Care Plan includes additional information attached Yes No

Medical condition/Allergy:

Symptoms:

Treatment: _____

What are the potential consequences if treatment is not administered?

Side effects of treatment:

What accommodations does the program need to make for this child?

Signature of Physician

Phone

Date

Signature of Parent/Guardian

Phone

Date

Staff trained: (Print and sign name, print date)

