



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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**YMCA CAPE COD
SCHOOL-AGE CHILD CARE
(SACC)
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**

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FOR YOUTH DEVELOPMENT®
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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: _____
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 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?

- | | |
|---------------------------------------|--|
| <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: _____ |

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** _____