



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear School-Age Parents/Guardians,

Welcome to the Berkshire Family YMCA School-Age program!
Before your child begins our program, please review these must-know items:

1. Please see the School-Age Manager before your child begins in the program.
2. All paperwork must be received before your child begins.
3. When you register your child, you must pay the first week of care before you can start.
4. Monday morning of the registered week, your payment must be made to the Y. Payments may be made through automatic draft, cash, credit/debit card, check/bank check/money order mailed to Childcare Billing, 292 North Street, Pittsfield, MA 01201 or all payment types in person at the Welcome Center.
5. If you have any questions pertaining to your bill, please call 413-499-7650 x144.
6. When making a payment, be sure to give your child's first and last name, the school where they attend school-age care, and the amount to apply to each child. This will ensure that the payment is made to the correct account.
7. Your child must be registered in our program for at least 2 days each week.
- 8. Please call to let us know that your child will be absent. This will help to ensure his/her safety.**
9. If you want your child to attend the Y during school vacations, you MUST register him/her in advance with your site coordinator. A sign-up sheet will be available.

Once again, welcome to the Berkshire Family YMCA School-Age program!
If you have any questions, please feel free to call me at 413-499-7650 x145.

Sincerely,
Laurie Vanuni
Childcare Director
Phone: 413-499-7650 x145
E-mail: lvanuni@bfymca.org

Child's Enrollment Form

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____
Date of Admission: _____ Age: _____ Grade: _____
Child's Home Address: _____
Home Phone Number: _____
Primary Language: _____ Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Sex: _____ Height: _____ Weight: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Date of Birth: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____ Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____ Hours at Work: _____

Parent/Guardian Name: _____ Date of Birth: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____ Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____ Hours at Work: _____

ADDITIONAL INFORMATION

Child's Physician: _____
Address: _____ Phone Number: _____
Allergies/Special/Diets? _____
Individual Health Plan for child with a chronic health condition? If yes, please attach
copies of any custody agreements, court orders, and restraining orders pertaining to the child? If
yes, please attach: _____
Special limitations or concerns? _____
Current School: _____
School Address: _____ School Number: _____

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 initials:** _____

I grant permission for the school nurse to release information to the Berkshire Family YMCA
regarding any health related issues. **Parent/Guardian initials:** _____

Parent/Guardian Signature: _____ **Date:** _____

First Aid & Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care 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 attention 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 Allergies: _____ Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____
Address: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____
Do you give permission for child to be released to this person? Yes No

Name: _____
Address: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____
Do you give permission for child to be released to this person? Yes No

Name: _____
Address: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____
Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: _____ **Policy #** _____
Parent/Guardian Name: _____ **Phone:** _____ **Cell:** _____
Parent/Guardian Name: _____ **Phone:** _____ **Cell:** _____

Parent/Guardian Signature: _____ **Date:** _____
(valid for one year)

Small Group and Large Group Transportation Plan and Authorization

Child's Name: _____

Before-Care

My child will arrive at the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Program Bus/Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Program Bus/Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other

After-Care

My child will arrive at the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Program Bus/Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Program Bus/Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other

Parent/Guardian Signature: _____ **Date:** _____

Due to licensing regulations, we are required to obtain a signature and date on all of the following:

Photograph Release Form

Child's Name: _____

- I give permission for the Berkshire Family YMCA to release my child's photograph and name for marketing purposes and fundraising events.
- I **DO NOT** give permission for the Berkshire Family YMCA to release my child's photograph and name for marketing purposes and fundraising events.

Parent/Guardian Signature: _____ **Date:** _____

Enrollment agreement

I have read and understand the parent handbook policies.

I agree to make weekly childcare payments by Monday of the registered week at the Berkshire Family YMCA, 292 North Street.

Consistent late payments will result in termination of my child's slot.

Parent/Guardian Signature: _____ **Date:** _____

Swimming Permission Form

In order for your child to participate in swimming and pool activities at the Berkshire Family YMCA, we must have your permission.

- I give permission for my child to participate in swimming and pool activities while attending the Y's School-Age program.
- I **DO NOT** give permission for my child to participate in swimming and pool activities while attending the Y's School-Age program.

My child's swimming ability is designated as: (Check one.)

- Beginner
- Advanced beginner
- Intermediate
- Swim Team
- Advanced

Child's name: _____ **School:** _____

Parent/Guardian's name: _____

Parent/Guardian's signature: _____ **Date:** _____

Walking Field Trip Consent Form

Child's Name: _____

- I give permission for my son/daughter, named above, to participate in short walking field trips.
- I **DO NOT** give permission for my son/daughter, named above, to participate in short walking field trips.

Parent/Guardian Signature: _____ **Date:** _____

Oral Health Non-Participation Form

In January, 2010, EEC issued new regulations for childcare programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than 4 hours or if children have a meal while in care [606 CMR 7.11(11)(d)].

This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to childcare programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the childcare program. You do not need to fill out this form to have your child(ren) participate in tooth brushing while they are in childcare. However, if you do not want your child to brush his or her teeth while s/he is attending the childcare program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at the Berkshire Family YMCA.

Child's name: _____

Parent/Guardian's name: _____

Parent/Guardian's signature: _____

Date: _____

If you have any questions or concerns, please call the Childcare Director at 413-499-7650 x145

PRIVATE PAY BILLING PROCEDURES

(This page also appears in the Parent Handbook.)

When enrolling your child in the Berkshire Family YMCA's School-Age program, you must complete and sign a Student Form that indicates the days of the week you wish to enroll your child. This form will also indicate the rate for the program in which you are enrolling and the fee you will be responsible for on a weekly basis. If you are paid bi-weekly or monthly, arrangements can be made with the billing office to pay in that manner, as well. Verification with a pay stub will be required and you must pay two-weeks or one month in advance.

Attendance: You will be required each week to sign the attendance sheet in your child's classroom. You, as a parent/guardian, are responsible to do this on a weekly basis. If you know your last day will be on Thursday, then sign the sheet on Thursdays.

Absences: If at any time your child is absent on a day in which they are enrolled, you are still charged for that day at your regular rate and responsible for that payment.

Holidays: There are 12 state-approved holidays in which the Y is closed. You are charged your regular rate for these days if they fall on a day in which your child is enrolled. If the holiday falls during a vacation week and your child does not attend programming at the YMCA, you will still be charged for the holiday if it falls on a day your child is regularly enrolled.

Trainings: There are two approved training days. You are charged your regular rate for these days if they fall on a day in which your child is enrolled.

School Closings: Approved school closings are in accordance to the Pittsfield Public School Calendar. Prior to these closings, you will be required to sign your child up if you plan on attending. We will then staff our facility accordingly. **If you sign your child up and do not attend, you will still be charged the full-day rate.** If your child is not signed up and does not attend on these days, you will be charged at your regular rate providing they fall on a day in which your child is enrolled. Sign-up sheets are cross-referenced with attendance sheets.

Vacations (School-Age: Christmas, February and April): If your child attends the program during vacation weeks you will be charged the full day rate of \$38.00. If you do not need care we ask that you provide 2 weeks notice and you will not be charged for care, however you will still be responsible for paying for any approved state holiday if it falls over a vacation week and lands on a day your child regularly enrolled the program.

Snow Days: When schools are closed due to inclement weather, you may bring your child to the Y for childcare. All other childcare locations for the Y will be closed, and those employees will be required to staff the rooms at the Y. If your child is in attendance, you will be charged the full-day rate. If your child is not in attendance, you will be charged at your regular rate providing it falls on a day in which your child is enrolled.

Failure to Make Payment: All payments are due Monday of the registered week. If at any time you fail to make your childcare payment, you will be considered in arrears. This will result in a letter being mailed to your home. In this letter, there will be a date in which you need to respond to the billing office. Failure to respond on or before the date indicated will result in the immediate termination of your child from the school-age program until payment is either received in full or a payment arrangement is agreed upon with the billing office. Failure to comply with a payment arrangement will result in the immediate termination of your child from the program until payment is received in full for the outstanding balance.

Returned Check Policy: Any payment made by check returned to the Y by the bank for any reason will be charged a \$25 returned check fee. You will be notified by phone and given 24 hours to make payment for the returned check fee via cash, bank check, money order or credit card. An alternate form of payment must be used for all future payments.

Termination: A two-week written notice is required when you plan on ending care with the Y. Your two-week deposit collected upon enrollment will then be applied. Failure to submit a two-week written notice will result in you being charged your regular rate for 10 days beyond the last day of attendance.

If you have any questions, please call the childcare billing office at 413-499-7650 x144.

Automatic Transfer of Funds Authorization

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I authorize my bank or credit card institution to honor Electronic Funds Transfers or credit card charges against my account for membership/childcare/programs/contributions payments as indicated below. When the bank or credit card institution honors the EFT transfer or credit card charge by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT transfer or credit card charge not be honored by said bank or credit card institution when received by the Y, then it is understood that the payment is to be made by me in the amount of said payment plus applicable service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then the Y, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly (for membership) or weekly (for childcare) payments from my: **Checking** **Savings account. **PLEASE ATTACH VOIDED CHECK.**

Bank Name: _____

Name on Account: _____

Routing/Transit Number: _____

Account Number: _____

Authorized Signature: _____ Date: _____

I choose to utilize the credit card payment option for monthly (for membership) or weekly (for childcare) payments from my: **Visa** **Mastercard** **AMEX** **Discover**

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____ Date: _____

Non-Sufficient Funds Procedure: If your check/ACH draft is returned unpaid, it will be collected electronically and you will be assessed a minimum fee of \$25 (or the maximum amount allowed by law). Check writer is also responsible for all other collection costs. (E-Cashflow Systems, Inc.)

I, _____, agree to be charged \$ _____ each (circle one) month or week. Membership payments are debited on the 15th of month. Childcare payments are debited each Monday morning. The payment will be charged to the method stated above.

Parent/Guardian Signature: _____ **Date:** _____

School-Age Student Registration Form

(Please fill out form for each participating child.)

Child's First and Last Name: _____ DOB: _____ Start Date: _____
Parent(s)/Guardian's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Town/State/Zip: _____ Alternate Phone: _____
Parent(s)/Guardian's Email Address: _____

School-Age Locations: (Check one, if applicable.)

- Allendale Downtown Crosby Egremont
 Richmond Stearns Williams

Days of Attendance: (Please be specific.)

- Before-care** \$8.98/day
 Monday Tuesday Wednesday Thursday Friday
- After-care** \$18.86/day
 Monday Tuesday Wednesday Thursday Friday

Payment Type:

- Private Pay**
 Voucher: Please attach a copy of voucher.
 Financial Scholarship: Please attach a copy of award letter.

AGREEMENT

When payment is required, you must pay a \$50 deposit, which will be applied, to your first week of care. Payment is expected each week by Monday morning. Failure to make a payment may result in the termination of your child's participation in our program. Schedule changes require a written one- week notice. Termination of a program requires a written two-week notice. If you fail to give a two-week notice of termination, you will be responsible for two weeks of payments beyond the last day of attendance. If you have a voucher that expires or does not cover all days in attendance, you are subject to be billed according to the set prices by the Y for the program attended.

Parent/Guardian's signature: _____ **Date:** _____

FOR OFFICE USE ONLY

- Daxko Weekly Billing Folder

SCHOOL/AGENCY _____ GRADE _____

DAY CARE BUS REQUEST FORM

NOTE: DAY CARE TRANSPORTATION MUST BE 5 DAYS A WEEK AT THE SAME LOCATION AND ON THE SAME BUS. ANY CHANGES DURING THE YEAR TO THIS ARRANGEMENT MUST BE IN WRITING.

Section A- Parent **Date** _____

I am requesting that _____

(Student name)

be picked up dropped off at a day care.

Day Care address _____

Signature of parent _____

Parent Telephone #: Home _____ **Work** _____

Cell _____

Section B- Day Care Provider

As the day care provider for the above student, I accept the responsibility for this child before school after school .

Day Care Provider Name (Print) _____

Day Care Provider Signature _____

Day Care telephone number: _____ **cell** _____

Section C- Please End Daycare

(Sign here only to end your daycare arrangement)

Parent Signature _____ **Date** _____

MUST BE RESUBMITTED YEARLY
FAX - 447-7573