



The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

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 #1: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number (during program): _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name #2: _____

Relationship to Child: _____

Home Address: _____

SG/LG/SACChildEnrollmentForm20100122

*Parent/Guardian #2 Continued*

Reachable Phone Number (during program): _____

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. _____

**Request from center or Download & Print:*<https://www.mass.gov/doc/individual-health-care-plan-policy-and-form/download>

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach. _____

Special limitations or concerns? _____

School Age Only

Current School: _____

School Address: _____

School Phone 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:

Parent/Guardian Signature**Date**

SG/LG/SACChildEnrollmentForm20100122



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND 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 (*When unable to reach parent/guardian, three emergency contacts will be contacted in priority order.*)

1.) Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

2.) Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

3.) 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)

SG/LG/SAEmergencyMedicalConsent20100122



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____ CHILD'S DOB: _____

SITE LOCATION: _____

BEFORE CARE _____

AFTER CARE _____

MY CHILD WILL **ARRIVE**

MY CHILD WILL **DEPART**

MY CHILD WILL **ARRIVE**

MY CHILD WILL **DEPART**

AT THE PROGRAM:

FROM THE PROGRAM:

AT THE PROGRAM:

FROM THE PROGRAM:

___ PARENT DROP OFF

N/A PARENT PICK UP

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

N/A SUPERVISED WALK N/A

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

N/A UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

N/A PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ SCHOOL BUS

___ SCHOOL BUS

___ SCHOOL BUS

N/A SCHOOL BUS

N/A PROGRAM BUS/VAN

N/A PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

N/A PROGRAM BUS/VAN

___ CONTRACT/VAN

N/A CONTRACT/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS.

___ PRIVATE TRANS.

___ PRIVATE TRANS.

___ PRIVATE TRANS.

ARRANGED BY PARENT

ARRANGED BY PARENT

ARRANGED BY PARENT

ARRANGED BY PARENT

___ OTHER _____

___ OTHER _____

___ OTHER _____

___ OTHER _____

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

AUTHORIZED PICK UP INFORMATION

Parent/Guardian Information

Parent/Guardian Name #1: _____ Phone: _____

Parent/Guardian Name #2: _____ Phone: _____

Authorized Pick-Up Persons

Please list all individuals (including parents/guardians) authorized to pick up your child.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

All authorized individuals must show photo ID at pick-up.

Parent/Guardian Signature: _____ Date: _____

Please notify the YMCA immediately of any changes to this list. SG/LGTransportationAuthorization20100326



► WALKING PERMISSION SLIP

_____ I DO _____ I DO NOT

... give my child permission to attend spontaneous outings within walking distance of the Berkshire Family YMCA program site with program staff. I understand that a separate field trip permission slip which requires vehicle transportation will be sent home prior to the field trip with a field trip description.

Child's name: _____ Child's DOB: _____

Parent/Guardian Signature: _____ Date: _____

► AUDIO/PHOTO/VIDEO/EXPERIENCE RELEASE

_____ I consent and authorize _____ I do not consent and authorize

... to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of my child, soundtrack recordings of my child, photo reproductions of my child, and any narrative account of my child's experience for my child's participation in activities to be conducted by Berkshire Family YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein. I understand that I receive no reimbursement for allowing my child's audio, photo, video, or experience to be taken or for the use of my child's audio, photo, video, or experience.

Child's name: _____ Child's DOB: _____

Parent/Guardian Signature: _____ Date: _____

► SUNSCREEN PERMISSION SLIP

_____ I GIVE _____ I DO NOT GIVE

... permission to Berkshire Family YMCA staff to apply sunscreen to my child for protection from the sun.

Name of parent-provided sunscreen: _____

Child's name: _____ Child's DOB: _____

Parent/Guardian Signature: _____ Date: _____

► SWIMMING PERMISSION

_____ SWIMMING PERMITTED _____ SWIMMING NOT PERMITTED

Berkshire Family YMCA must comply with local and state codes and laws regarding water safety and the management and operation of water facilities. To allow your child to participate in our program's swim time, you must provide consent. There is always an American Red Cross-certified lifeguard on duty, and American Red Cross First Aid and CPR-certified staff members are available in the pool area to offer support to the lifeguard.

Child's name: _____ Child's DOB: _____

Parent/Guardian Signature: _____ Date: _____



Automatic Payment Authorization

BFYMCA Branch: Pittsfield Northern Berkshire Bennington

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/camp) payments from my: Checking Savings account.

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/camp) payments from my: Visa Mastercard AMEX Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____ Date: _____

Non-Sufficient Funds Procedure: If your ACH draft is returned unpaid, it will be collected electronically. If your check is returned unpaid, the payment is to be made by check writer in the amount of said payment plus service charges, if applicable.

I, _____, agree to be charged \$ _____ each (choose one) month or week. Membership payments are debited on the (choose one) 1st or 15th of month. Childcare payments are debited each Monday morning. The payment will be charged to the method stated above.

Signature

Date

**SCHOOL AGE REGISTRATION FORM** (Please fill out form for each participating child.)

Child's First & Last Name: _____

Child's DOB: _____ Start Date: _____

Parent/Guardian's Name: _____ DOB: _____

Primary Ph#: _____ Work Ph#: _____ Alt. Ph#: _____

Address: _____ Town/State/Zip: _____

Parent/Guardian's Email Address: _____

Payment Type: (Check One)☐ **Private Pay** ☐ **Voucher*** ☐ **Financial Scholarship***

*Attach a copy of voucher or award letter.

School Age Care Locations: (Check one)PITTSFIELD: ☐ Downtown - Pittsfield Branch ☐ Allendale ☐ Egremont ☐ WilliamsNORTH ADAMS: ☐ Hoosac Hall @ MCLA**School-Age Care Needs:** (2-Day Minimum|5-Days Given Priority)

Choose Below	Choose corresponding days of the week				
<input type="checkbox"/> Before & After Care > \$31.00/day*	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Before Care Only > \$10.00/day*	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> After Care Only > \$21.00/day*	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

*Private Pay Rates

Drop Off Time: ☐ 6:30AM ⁽¹⁾ ☐ 7:00AM ☐ 7:30AM ☐ 8:00AM ⁽²⁾ ☐ 8:30AM⁽¹⁾ 6:30AM Downtown Only Drop Off ⁽²⁾ 8:00AM Downtown Latest AM Drop Off**Pick Up Time:** ☐ 3:30PM ☐ 4:00PM ☐ 4:30PM ☐ 5:00PM ☐ 5:30PM**ENROLLMENT AGREEMENT**

- 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. I agree to make weekly childcare payments at my local Berkshire Family YMCA branch, by scheduled automatic payments, or through my Daxko online account. Consistent late payments will result in the termination of my child's slot.
- 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 being billed according to the set prices by the Y for the program attended.

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