



ASP Enrollment Form 2024-2025
YMCA of Martha's Vineyard

STAFF USE ONLY: Received on:
_____ Registered:
_____ Y Financial Assistance _____%
_____ Bailey Boyd _____%

YMCA of Martha's Vineyard
After School Program Kindergarten Orientation
ENROLLMENT FORM

Dear Families,

Thank you for your interest in the YMCA of Martha's Vineyard's After School Program!
Enclosed you will find the 2024-2025 Enrollment Form.

Enrollment Procedure:

When a parent requests care, they will receive an Enrollment Application. Upon receipt of the completed application, the child will be enrolled based on the availability of space or placed on a waitlist if space is unavailable.

To enroll your child in the program, the following items are required:

- A Completed Enrollment Form
- Payment plan must be provided. All payments will be processed weekly on Friday's.
- Read the Family Handbook which includes updated Health & Safety Protocols, which is available on our website at <http://www.ymcamv.org/programs/youth/after-school>
- Individual Health Care plan if child has any allergies, medical conditions, or taking medication (while in program). Please contact Jessey, Program Director, for all medical forms.
- Copy of IEP (Individualized Education Plan) if applicable. If your child has an IEP, families must meet or phone call with Jessey before child begins the program.
- Inform your child's teacher about their After School Schedule & what days they will need to take the bus to the Y.

All items must be returned to Jessey Powell, After School Program Director, **at least one week prior to your desired start date** via email at jpowell@ymcamv.org OR dropped off at the front desk.

Program space is limited, and registrations are accepted on a first come, first serve basis. If our program is full at time of registration, your child will be placed on a waitlist. No registrations will be processed unless the completed application, along with all required documents and fees, are submitted. Financial Assistance for families is available through the Y's Membership and Programs for All Financial Assistance Program.

Looking forward to working with you & your child this school year!

Best,

Jessey Powell
After School Program Director
(508) 696-7171 ext. 117
jpowell@ymcamv.org



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Child's Name:		Date of Birth: ____/____/____	*3-day commitment REQUIRED. Kindergarten Orientation: September: <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th *These are all half day programs for Kindergarteners ONLY 12pm – 3pm.
School:		Grade in Fall 2024:	
Age at admission: Desired Start Date: ____/____/____	Does your child have an Individualized Education Plan (IEP) on file with the school? _____ If yes, please provide a copy.	Male or Female or non-binary:	Physical Description: <input type="checkbox"/> Height: _____ <input type="checkbox"/> Weight: _____ <input type="checkbox"/> Eye Color: _____ <input type="checkbox"/> Hair Color: _____ <input type="checkbox"/> Identifying Marks: _____ <input type="checkbox"/> Primary Language: _____
Child's Home Address:			

Parent/Guardian Contact Information

Parent/Guardian Name #1:		Relationship to child:	Reachable Phone Number:
Home Address (if different from child):		Email address:	Primary Language:
Work:	Work Address:	Work Phone Number:	Work Hours:

Parent/Guardian Name #2:		Relationship to child:	Reachable Phone Number:
Home Address (if different from child):		Email address:	Primary Language:
Work:	Work Address:	Work Phone Number:	Work Hours:

Emergency Contact/Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Relationship to Child:
Name:	Phone#:	Relationship to Child:



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<u>Health History</u>	<u>Authorization for Medical Treatment</u>
<p>Allergies and Special Conditions Please list any allergies, special diets, or chronic health conditions below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please list any medications your child is currently taking:</p> <p>_____</p> <p>_____</p> <p>Will your child need to take medication during program hours 3-6pm? _____</p> <p>*All medications must include a medication consent form on file for each medication, be prescribed by a doctor and delivered to the Afterschool Program in its original bottle. We do not administer over-the-counter medications. Please schedule a meeting or phone call with the Director to better understand your child's needs.</p> <p>Copies of any custody agreements, court orders, & restraining orders pertaining to the child? _____ (If yes, please attach)</p>	<p>Name of Licensed Physician: _____</p> <p>Street Address: _____</p> <p>Phone Number: _____</p> <p>*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.</p> <p>Parent Signature: _____ Date: _____</p> <p>*I authorize staff members in the After School 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 to secure necessary medical treatment for my child.</p> <p>Parent Signature: _____ Date: _____</p>

<u>Admission Agreement</u>					
INITIAL		Transportation Plan: I give permission for my child to be transported in an authorized Martha's Vineyard Public School Bus to the YMCA Afterschool Program location. Parent/Guardian will pick up child from the program by 6:00pm.			
INITIAL		Swimming: I give permission for my child to participate in recreational swimming during program hours at predetermined times.			
INITIAL		Restroom Supervision: Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. Children will be sent with at least one other child and a staff member, known as the rule of three.			
INITIAL		Policies and Procedures: I acknowledge that I have reviewed the Family Handbook online on the YMCA of Martha's Vineyard website at: https://www.ymcamv.org/after-school-program			
INITIAL		Hours of Care: I understand that hours are Monday-Friday 12pm-3pm and I will be charged an additional \$5.00 every minute I am late after close of site.			
INITIAL		Field Trip Transportation During school vacation program days, we often take children on field trips off-site. I give YMCA After School Program permission to take my child off the premises of the site for field trips using the school bus system.			
INITIAL		Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.			
INITIAL		Absences: I understand that it is my responsibility to notify the YMCA by 11am daily if my child will not attend the program that day. I understand I must call the designated YMCA Site Phone. Refunds cannot be given due to absences.			
INITIAL		Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Name:</td> <td style="width:33%;">Phone#:</td> <td style="width:33%;">Relationship to Child:</td> </tr> </table>			Name:	Phone#:	Relationship to Child:
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I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Martha's Vineyard from all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Payment Agreement	
INITIAL	I understand I must pay by credit card or banking account, and I will be charged weekly on Fridays or the 15 th of the month. If my payment is returned due to insufficient funds, I am responsible for all fees incurred. It is my responsibility to notify the YMCA of any changes to my child's schedule or payment plan.
INITIAL	I understand if my draft returns, I have until Friday at 4pm in the current week to take care of my past due balance.
INITIAL	I agree to give a two-week written notice to the YMCA if I plan to exit the program. If I fail to give a two-week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.
INITIAL	I understand if I cancel the YMCA Afterschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.

Primary Parent/Guardian Signature: _____ Date: _____

PAYMENT PLAN

***Payment will be drafted Weekly on Fridays for the following week of programing.**

****THIS SECTION MUST BE FILLED OUT BEFORE YOUR CHILD CAN START THE PROGRAM!**

<u>Draft Account Information</u>	
CREDIT CARD or DEBIT CARD	
Circle: Visa Master Card American Express Discover	
Circle: CREDIT CARD DEBIT CARD	
Card Number: _____	Exp. Date: ____ / ____ / ____
	3 OR 4-digit Security Code: _____
Name on Card/Account: _____	
Billing Address: _____	
CHECKING ACCOUNT	
Account Number: _____	Routing Number: _____
Name on account: _____	Exp. Date: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended



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from the program and that my YMCA of Martha's Vineyard program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____

For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)



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