



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **YMCA of Martha's Vineyard After School Child Care Program ENROLLMENT APPLICATION**

Dear Families,

Thank you for your interest in the YMCA of Martha's Vineyard's After School Child Care Program!

Enclosed you will find:

- Enrollment Contract
- 2015-2016 Enrollment Application
- Child's Introduction Sheet

### **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.

In order to enroll your child in the program, the following items are required:

- A Completed Enrollment Application, including the Enrollment Contract
- 2 weeks tuition
- Current physical and record of immunizations
- New child orientation (required for all children not previously in program)
- Signed Family Guide Acknowledgement

All items must be returned to Tara Dinkel, After School Program Coordinator, **at least one week prior to your desired start date.**

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, is submitted. All checks and money orders should be made payable to the YMCA of Martha's Vineyard. Financial Assistance for families may be available through the Y's Membership and Programs for All Financial Assistance Program.

We look forward to meeting you and your child in the near future!

Thanks,  
Tara Dinkel, After School Program Coordinator



## YMCA of Martha's Vineyard School Age Child Care Program

Please be sure to have the entire following checklist completed. We will not register your child until we have everything listed below

✓ **Enrollment Contract**

- Complete Enrollment Information
- Payment Information
- Half and Full Day Information
- Parent /Guardian Signature & Date

✓ **Child's Enrollment Form**

- Desired Start Date/ New Child Orientation Date
- Complete Child's Information Section
- Complete Parent/Guardian Information Section\*
  - *Please be sure to provide a current email address for our monthly newsletter*

✓ **First Aid & Emergency Medical Care Consent Form**

- Up to date Immunization record (required before admission)
- Complete Medical Information Section
  - *A separate Medical Release Form is required for all medications to be administered*

✓ **Emergency Contacts/Authorized Pick-Up List**

- Name of Emergency Contacts/Authorized Pick-Ups
- Full Addresses & Phone Numbers for Listed Contacts
- Parent/Guardian Signature & Date

✓ **Additional Information & Parent/Guardian Sign-Offs**

- Any Additional Information if Needed
- Release of Information Initialed
- Non-Prescription and Topical/Sunscreen Application Initialed
- Restroom Supervision Initialed
- General Permission (Basic Transport)
- Written Acknowledgement of Receipt of Family Guide and Health Care Policy

✓ **Swim Permission & YMCA Photo Consent**

- Child's Name
- Swim Consent Parent/Guardian Signature & Date
- Photo Consent Parent/Guardian Signature & Date

✓ **Transportation Policy**

- Complete Transportation Plan
- Complete Transportation Agreement
- Parent/Guardian Signature & Date
- Child's Signature & Date

✓ **YMCA School Age Child Care Statement of Understanding**

- Child's Name
- Parent Signature & Date

✓ **Family Guide Acknowledgment**

- Parent/Guardian Signature & Date

✓ **Child's Introduction Sheet**



YMCA of Martha's Vineyard
After School Program
ENROLLMENT CONTRACT

PLEASE COMPLETE ALL SECTIONS. Enrollment will not be accepted if this form is incomplete.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ENROLLMENT INFORMATION\*:

Please indicate the days your child will be attending by placing an X to the left of the desired days:

Monday Tuesday Wednesday Thursday Friday

\* All scheduled days must stay consistent every week. You may request to change days by completing a Change Request Form at least one week prior to the schedule change. Approval will be based on availability. No days changes may occur until confirmation is received. Please note that if proper notice is not given, you are responsible for your original billing agreement.

PAYMENT INFORMATION

\*KINDERGARTEN HALF DAY FEES SEPTEMBER 8-11 12:30-6:00 PM: \*SEPTEMBER 14-18 12:30-6:00 PM:

- 2 day enrollment: Member \$74; Non-Member \$84
3 day enrollment: Member \$111; Non-Member \$126
4 day enrollment: Member \$148; Non-Member \$168
2 day enrollment: Member \$74; NM \$84
3 day enrollment: Member \$111; NM \$126
4 day enrollment: Member \$148; NM \$168
5 day enrollment: Member \$185; NM \$210

AFTER-SCHOOL PROGRAM FEES:

- 2 day enrollment: Member \$40/weekly; Non-Member \$46/week
3 day enrollment: Member \$60/week; Non-Member \$69/week
4 day enrollment: Member \$80/week; Non-Member \$92/week
5 day enrollment: Member \$85/week; Non-Member \$100/week

SELECT PAYMENT SCHEDULE:

- In full. Payments will be made for the full session.
Monthly. Payments will be made for 4 weeks of enrollment at a time.
Weekly. Payments will be made for 1 week of enrollment at a time.

PLEASE SELECT PAYMENT METHOD:

- Schedule draft on credit card (please present card at registration)
Schedule draft on bank account (please provide voided check)
Invoice\*:
o Email Address: \_\_\_\_\_
o Mail Address: \_\_\_\_\_

\*I understand that my account must be in good standing in order to pay by invoice. I agree to make payments according to the payment schedule provided at the time of enrollment. I understand that if at any time I default on payment of program fees, my enrollment may be suspended until my balance is settled.

\_\_\_\_\_ (initial)

INFORMATION ON SCHEDULED PAYMENTS:

Payments will automatically be set up to draft from the credit card or checking account provided at registration.

PLEASE NOTE: automatic payments are drafted on Sundays. If you need payments to draft on a day other than Sunday, please specify day: \_\_\_\_\_

**SUBSIDY/THIRD PARTY BILLING**

All subsidy/third party billing agreements will need to be approved by both parties before being applied to program fees. If you choose to participate in the program before your subsidy is processed, you will be responsible for the full amount of your program fees. No exceptions will be made. Awards will not be applied retroactively.

**I am applying for:**

- Bailey Boyd Subsidy
- Y FOR ALL Financial Assistance Program (*A completed scholarship application must be received and approved by the Scholarship Committee before an adjustment will be applied. Applications for assistance are not handled by the program or program staff. Applications can take up to 30 days to process.*)
- Other: \_\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial: \_\_\_\_\_

**HALF/FULL DAY PROGRAMS AND SCHOOL BREAK CAMPS**

School vacation programs are run in accordance with the school calendar. All programs have registration deadlines in order to give us time for staffing, field trips, etc. Minimum numbers must be met in order for program to run. You will be given at least 24 hrs notice of any cancelled program. Payment is due at registration.

**HALF DAYS: Your child will be automatically signed up for any half day program that falls on your scheduled day (dates listed below), and you will be billed accordingly.** If you do not need care on those days, please notify us at registration. You may also register for any half days that do not fall on your regularly scheduled days.

**Hours:** 12:30-6:00pm. **Fees:** Member \$37; Non-member \$42. **Register by:** 1 week prior to program date.

**Please select any HALF DAYS you would like to register your child for below:**

- |   |                     |                     |
|---|---------------------|---------------------|
| <b>Session I:</b>   | <b>Session II:</b>  | <b>Session II:</b>  |
| ____ Wed, Oct 21 (PT Conferences)                           | ____ Tues, March 8  | ____ Wed, June 1    |
| ____ Tues, Oct 27 (PT Conferences)                          | ____ Thurs, April 7 | ____ Thurs, June 23 |
| ____ Thurs, Oct 29 (PT Conferences)                         | ____ Mon, April 11  |                     |
| ____ Wed, Nov 25 (8:30-12:30) *Transportation not provided. | ____ Wed, April 13  |                     |
| ____ Wed, Dec 23  |                     |                     |

**FULL DAYS & BREAK CAMPS** Separate registration is required for full day and break camp programs. **Hours:** 8:30am-5:30pm. **Fees:** Member \$58; Non-member \$66. **Register by:** 1 week prior to program date.

**Please select FULL DAYS & BREAK CAMPS you would like to register your child below:**

- |  |   |                      |
|--|---|----------------------|
| <b>Session I:</b>                              | <b>Session II:</b>                                      | <b>Session III:</b>  |
| ____ October 9 (Prof. Develop. Day)            | ____ January 18 (MLK Day)                               | No full day programs |
| ____ October 12 (Columbus Day)                 | ____ February 15 (President’s Day)                      | *No program May 30   |
| ____ November 11 (Veterans Day)                | *No program January 1                                   | Last Day June 23     |
| ____ December 28, 29, 30 & 31 (4 days)         |   |                      |
| * <b>No program Nov 26 &amp; 27, Dec 24-25</b> | <b>Vacation Camps: February 22-26; April 18-22*</b>     |                      |
|  | *Separate registration form required for vacation camps |                      |

**CONTRACT AGREEMENT**

A 2 week tuition deposit is due at the time of the contract agreement and is non-refundable. I agree to pay the full weekly tuition in advance of the program weeks my child is scheduled to attend. I understand that the fee remains the same regardless of the child’s absence, unless sufficient notice was approved for a planned vacation. Payment is required in advance prior to attending any additional days added during the month. I am aware of the program hours and that there will be a late pickup fee of \$1.00 for every minute that my child remains in the program after 6:00pm. I agree to give a two week written notice prior to termination.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**YMCA OF MARTHA'S VINEYARD  
After School Program  
CHILD ENROLLMENT FORM**

Date: \_\_\_\_\_

*Forms are valid from one year from original date of completion and a required to be updated annually.*

THIS IS A DOUBLE-SIDED DOCUMENT. Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). **Forms must be submitted at least one week prior to the first day your child begins care.** Please notify your educator if any of the information changes.

**CHILD'S INFORMATION:**

**Desired Start Date:** \_\_\_\_\_

**New Child Orientation Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

***\*An email address is required for parent communications.***

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM\***

I authorize staff members in the School Age 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Allergies/Special Diets: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Health Conditions\*: \_\_\_\_\_

*\* Please attach any Individual Health Plans regarding chronic health conditions for your child.*

Special Limitations or Concerns: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_ (please initial) **I certify that documentation of annual physical examinations, updated immunizations and lead screening is on file with my child's school.**

**PLEASE NOTE:** In order to give the child any medication, prescription or non-prescription, the parent must give written authorization and consent by signing a separate Medical Release Form. No child will be permitted into the program until all required documentation is received.

**EMERGENCY CONTACTS/AUTHORIZED PICK-UP LIST**

In the event of an emergency or illness, the parent/caregiver will be contacted. If the parent cannot be reached, we will contact the following persons in the order listed below.

\*The following people are authorized to pick up my child. All persons authorized to pick up my child must be listed in this enrollment packet and have a valid driver's license or picture ID with them at the time of pick up.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give permission for child to be released to the individuals listed above in my absence:

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADDITIONAL INFORMATION (Required)**

1. Does your child have an IEP\* on file at their school? \_\_\_ No \_\_\_ Yes\* \* If yes, please provide copy.  
An IEP is an individualized education program that is developed by the public school system to assist children with succeeding in school. Your child's school would have provided you with a copy of their IEP.

2. Are there custody agreements, court orders, or restraining orders pertaining to your child? \_\_\_ Yes\* \_\_\_ No  
\* If so, please attach copy and briefly describe here: \_\_\_\_\_

3. Is there any other information we should be aware of prior to your child starting in our program?  
\_\_\_\_\_  
\_\_\_\_\_

**Release of Information**

To best meet the personal and educational needs of my child, I give permission to the After School Program to speak to teachers and administrators at my child's school. I understand that all information shared will be kept confidential and will only be used to work towards my child's personal and educational goals.

Parent Initials: \_\_\_\_\_

**Non-Prescription and Topical/Sunscreen Application**

I give permission for the After School Program to use unanticipated, non-prescription and topical, non-prescription medications, if applicable. I also give my permission to help apply sunscreen with UVB and UVA protection with a minimum of SPF 15 to my child when necessary.

Parent Initials: \_\_\_\_\_

**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. This policy allows privacy for the children and protection for the staff members (i.e. not being alone with a child).

If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Children will always be sent with at least one other child and a staff member, known as the rule of three.

Parent Initials: \_\_\_\_\_

**General Permission (Basic Transport)**

During school vacation program days, we often take children on field trips off-site. Your written permission is required for us to do so. By signing this form, I hereby give the YMCA of Martha's Vineyard permission to take my child off the premises of the child care facility for the field trips using the school bus system.

Parent Initials: \_\_\_\_\_

**Written Acknowledgement of Receipt of Family Guide and Health Care Policy**

I acknowledge that have reviewed the Family Guide and Health Care Policy in hardcopy form or online on the YMCA of Martha's Vineyard website at the following link:  
<http://www.ymcamv.org/programs/youth/after-school>.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



YMCA of Martha's Vineyard
After School Program
SWIM AND PHOTO CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SWIM CONSENT

As a unique part of the YMCA After School Child Care Program, open swim is offered from September to June. Open swim will be offered here at our YMCA pool. The After School Child Care Staff are participating in and around the pool with the children during your child's specific swim time. There is no additional charge for your child to participate in the Open Swim Program. Please be sure to send your child's bathing suit and towel on swim days.

I give my child permission to participate in the YMCA of Martha's Vineyard After School Child Care Program Open Swim Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO CONSENT AND RELEASE FORM

I, the undersigned, consent to the use of my or my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the YMCA of Martha's Vineyard in connection with any publication, program or in any and all media, including the YMCA of Martha's Vineyard website, authorized by made or published by the YMCA of Martha's Vineyard, and to the advertising and publicity in any and all media now known or hereafter devised. The result and proceeds of my services in connection with the photographs, tapes, films and drawings shall be and remain solely the property of the YMCA of Martha's Vineyard. I hereby release all rights or claims in law or equity for any injuries, loss, or damage, which I may have now or in the future against the YMCA of Martha's Vineyard, and any other person or entity connected with these media products.

If the foregoing is a minor, at least one parent/guardian must sign the following:

I hereby acknowledge that I have read and fully understood and accepted the foregoing by signing this consent and release form. I have read and understood and agreed with the provisions of the foregoing release and give my consent for my afore mentioned minor child or ward to be photographed, taped, filmed, or drawn in connection with the YMCA of Martha's Vineyard for the use set forth in the foregoing release and consent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

I do not give my child, \_\_\_\_\_, permission to have pictures taken.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# YMCA of Martha's Vineyard After School Program TRANSPORTATION POLICY

**TRANSPORTATION PLAN:**

My Child Will Arrive at the Program:

- \_\_\_\_\_ School Bus
- \_\_\_\_\_ Parent Drop-Off
- \_\_\_\_\_ Supervised Walk
- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Private Transportation Arranged by Parent

My Child Will Depart the Program:

- \_\_\_\_\_ Parent Pick-Up
- \_\_\_\_\_ Supervised Walk
- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Private Transportation Arranged by Parent
- \_\_\_\_\_ Other Describe: \_\_\_\_\_

**TRANSPORTATION AGREEMENT:**

We are happy to accommodate your transportation needs from your school if your child is 13 years old and/or a program participant that meets directly after school. If your child is not 13 years of age they need to be accompanied by an adult until program begins; for a list of programs please visit [www.ymcamv.org](http://www.ymcamv.org)

Please circle your school:    **Edgartown**    **Oak Bluffs**    **Tisbury**    **West Tisbury**

**\*\*If your child is on the bus and not on the roster, or is on the roster and not on the bus a phone call will be made to the parent or guardian. If we cannot make contact after a 10 minute timeframe we will follow our *Abandoned Child Protocol* and the proper authorities will be called, your child's safety and well being is our goal. It is YOUR responsibility to alert the Y of any changes in attendance.**

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Phone numbers

\_\_\_\_\_  
Address (Mailing and Physical)

Transportation from your designated school to the YMCA is a privilege. If your child abuses the busing system by getting off anywhere other than the Y or exits the bus at the Y and heads toward any other, riding privileges will be revoked. Transportation is provided to the Y with written parental consent, by a licensed and insured school bus. Children are expected to wear safety restraints at all times while being transported if provided. Children are also expected to behave appropriately while on the bus. Transportation can and will be suspended without notice if a child is behaving in an unsafe manner or being inappropriate while being transported. **In case of emergency we do not provide transportation; the proper authorities will be called; parents are responsible for all fees incurred by calling emergency services.**

**Children must be picked up by parents or designated adult alternative.**

By signing this form you acknowledge and agree to these terms.

\_\_\_\_\_  
**Parental Signature and Date**

\_\_\_\_\_  
**Child Signature and Date**



## YMCA of Martha's Vineyard After School Program STATEMENT OF UNDERSTANDING

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that I will receive a copy of the YMCA of Martha's Vineyard School Age Child Care Family Guide including policies and procedures. By signing below I understand that it is my responsibility to read and understand all policies and procedures included in the YMCA of Martha's Vineyard School Age Child Care Family Guide.

I agree that my child will abide by the rules and regulations set by the YMCA of Martha's Vineyard After School Child Care Program. I understand that failure to do so may result termination from the program.

I understand that my child/family may be terminated from the program if there are concerns for the safety and well being of the staff, program, and/or other children and/or if a parent or guardian is physically or verbally abusive to a staff member or child.

I agree that in case of an accident or emergency, emergency medical care may be given to my child in the event that I cannot be reached immediately. I understand that I will be held responsible for any medical related costs.

I understand that I must call the YMCA of Martha's Vineyard in the event my child is absent from his/her school. Continued (3 times) failure to call may result in suspension from program.

I understand that my child will not be allowed to leave the After School Program with an unauthorized person. All persons authorized to pick up my child must be listed in this enrollment packet and have a valid driver's license or picture ID with them at the time of pick up.

I understand that if a person arrives at the program to pick up my child and appears to be under the influence of drugs or alcohol, for the child's safety, staff will have no other alternative but to contact the police.

I understand that the law mandates the YMCA of Martha's Vineyard to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I understand that YMCA of Martha's Vineyard staff and volunteers are not allowed to babysit my child or transport my child in their own vehicle at any time even outside of the After School Child Care Program, unless approved by the YMCA.

I understand that the After School Program ends promptly at 6:00pm. Excessive late pick-up may result in additional fees or suspension/termination from the program.

I understand that I am obligated to pay for days that schools and the After School Child Care Program are closed due to inclement weather or other emergencies.

I understand that seven (7) days notice must be given in writing to withdraw my child from the program, or to change program enrollment status (switching of days, etc.). If 7 days notice is not given, I am obligated to pay for 7 days of care following my termination from the After School Program.

I understand that the School Vacation Programs are separate from the After School Program and require a separate registration.

I understand that a space is reserved for my child and can't be used by any other family on a daily basis. Therefore, I am obligated to pay for family-scheduled vacations unless written notice is provided at least one week in advance of the child's absence from the program.

I understand that if I am a voucher/subsidy client, I must pay my parent fee, according to my voucher agreement, to be considered current. I understand that I am responsible for keeping my voucher current, and if I do not, my child will be unable to continue to attend the After School Child Care Program until it is renewed or private pay arrangements are made with the YMCA of Martha's Vineyard.

I understand that if I fall behind on my tuition payments and do not arrange a payment plan with the After School Program, care for my child will be suspended immediately. Payment must be received for the care of my child to continue or I understand that my child will be terminated from the program. Any balance due must be paid off before registering for any other programs within the YMCA.

I agree to all policies/procedures listed on the Policy Page at the beginning of this enrollment packet.

I understand that although we strive to meet the needs of every child there are circumstances where a child cannot function in our environment. If certain aggressive behavior causes a significant risk or harm to the health and safety of children and/or staff, the After School Program may terminate the enrollment, without notice, of any child whose behavior creates a significant risk of harm to children or staff.

**Parent Signature:** \_\_\_\_\_



**YMCA of Martha's Vineyard  
After School Program  
FAMILY GUIDE ACKNOWLEDGMENT**

**NAME OF CHILD** \_\_\_\_\_

Please sign this form to acknowledge that you have read the Family Handbook and agree to the policies and procedures outlined below. Signature of parent/guardian is required for your child to enter the After School Program.

The full handbook can be found online at <http://www.ymcamv.org/programs/youth/after-school>, or you may request a print copy.

**Medical Consent**

As the parent/guardian, I hereby give consent to the YMCA of Martha's Vineyard After-School Program to provide emergency medical treatment for the above named child in the event that I cannot be reached. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA of Martha's Vineyard from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

**Participation Agreement** *(Please go over these items with your child):*

1. Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
2. All medications will be brought directly to the site staff in accordance with the Plan for Administration of Medication and will be accompanied by a medical consent form.
3. The YMCA is not responsible for lost, damaged or stolen personal belongings.
4. Continued inappropriate behavior, including but not limited to threatening, bullying, not following directions, teasing, sexual harassment/intimidation, fights, or improper behavior in vehicles, may result in immediate dismissal from the program with no refund.
5. Children will not be accepted at the center if they are ill. This includes, but is not limited to fever of 100°F or higher, stomach virus, or any contagious symptoms; rashes, sore throat, vomiting, etc. Should the child become ill during the day, the parent or designated emergency contact person(s) will be notified to pick up the child.
7. Children will be dropped off and picked up at the designated times. I understand that late pick-up penalties will apply.
8. The YMCA of Martha's Vineyard After-School Program has the right to refuse a child to the program if all required documentation has not been provided

**By Signing Below, I Agree That:**

✓ I have read and understand the parent/guardian consent and Family Handbook.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**



**YMCA of Martha's Vineyard  
After School Program  
CHILDS' INTRODUCTION SHEET**

**Parents/Guardians...please help your child complete this sheet so we can get to know your child better!**

My full name is \_\_\_\_\_, and my birthday is \_\_\_\_\_.

I go to the \_\_\_\_\_ School, and I am in the \_\_\_\_\_ grade.

I was born in the City/State/Country of \_\_\_\_\_

The names and ages of my brothers and sisters are \_\_\_\_\_

\_\_\_\_\_

The names and types of pets I have are \_\_\_\_\_

\_\_\_\_\_

Who is the most important person to you? \_\_\_\_\_

My favorite subject in school is: \_\_\_\_\_ My best friend is: \_\_\_\_\_

My favorite music group/singer is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_ When I grow up I want to be: \_\_\_\_\_

My favorite activity in the Fall: \_\_\_\_\_

My favorite activity in the Winter: \_\_\_\_\_

My favorite activity in the Spring: \_\_\_\_\_

My favorite activity in the Summer: \_\_\_\_\_

A drawing of me:



## YMCA of Martha's Vineyard After School Child Care Program POLICY PAGE

### Our Program Site

We are located primarily in the program room just inside the facility, and also utilize the Child Watch Room, Studio 2 (behind the Teen Center), swimming pool, pavilion, outdoor field and basketball court, and group exercise studio. Transportation to the YMCA is provided via the MVYPS bus system from Oak Bluffs, Edgartown, Vineyard Haven, West Tisbury and Charter Schools. You may pick up your child any time before 6:00pm.\* When you arrive at the Y, you may park in the Y parking lot or adjacent Ice Arena parking lot to enter the building. Please do not park in the No Parking zones in front of the building. Pick up will take place in the main program room unless we are outside. All children must be signed out with Tara Dinkel, Program Coordinator.

### Program Schedules and Curriculum

A monthly newsletter is sent out along with the curriculum themes and program schedules via email. Hard copies will be available in the program room. Please let us know at registration if you will be unable to receive our emails and we will arrange to print a hard copy for you regularly. For details regarding daily schedules, curriculums, transportation, staffing, etc. please contact Tara Dinkel, After School Program Coordinator at [tdinkel@ymcamv.org](mailto:tdinkel@ymcamv.org), or at 508 696 7171 x117.

### Registration

To enroll your child in our program, the registration packet must be filled out completely and returned with 2 weeks tuition deposit. Your registration cannot be processed without all information completed and all fees paid in full. All forms and payment must be returned no later than one week prior to your child's start date in the program. For all new students, a suggested new child orientation may occur before your child begins the program. This allows the staff and child to get to know each other before the first day of the program. Enrollment into the program is a commitment to that School Age Child Care slot while enrolled. Feel free to contact the Program Coordinator, Tara Dinkel, to confirm your child's start date.

### 2015-2016 Tuition

<i># of Days</i>	<i>Weekly Fees:</i>	<i>Member</i>	<i>Non-Member</i>
5		\$85.00 per week	\$100.00 per week
4		\$80.00 per week	\$92.00 per week
3		\$60.00 per week	\$69.00 per week
2		\$40.00 per week	\$46.00 per week

Included in our tuition is a nutritious daily snack (fresh fruit/vegetables, grains), transportation from school, and a free swim program. \*Half day program fees are built into your registration. If you would like to opt out of our half day programs, please notify us at the time of registration.

### Program Billing

Two weeks tuition is due before your child may start at the School Age Child Care Program. Every week thereafter you will be billed on your choice of either a monthly or weekly basis; weekly fees are due on Fridays.\*Our Express Payment Plan is designed to make payment easier for parents, and is strongly encouraged. The plan schedules automatic drafts from a checking account or credit card for one week's fee. We also accept check, money orders, or credit cards. Checks should be made payable to the YMCA of Martha's Vineyard with your child's name in the memo line. If you wish to pay in cash you must hand deliver to the Member Service Desk and receive a receipt. A receipt of all charges will be available upon request.

## Refunds

Full tuition will be charged for weeks in which school closings (i.e. snow days) occur. We do not give tuition refunds or discounts for days that your child is absent from our program.

## Financial Assistance and Child Care Subsidies

Financial Assistance is available through the YMCA's "Y For All" Financial Assistance program. Applications are available at the Member Service Desk. Child Care subsidies (i.e., Bailey Boyd) are accepted. Please be aware that subsidies are only valid from the date that they are approved from the agency; any fees incurred prior to that approval will be your responsibility.

## Late Payment Policy

Payments are due weekly by Sunday. If your payment is more than 5 days late, you will receive an invoice which will include a \$10.00 late fee. Three occurrences of failure to pay your balance by the due date will result in termination from the program.

## Late Pickup Penalty

The School Age Child Care Program closes promptly at 6:00 pm. Any pick-up occurring after 6:00pm will incur a late fee of \$1.00 per minute. The late fee will be added to the following tuition payment. Please be sure to allow enough time to greet your child, program staff, and gather their belongings so you will be departing the program by 6:00pm.

## Absences

When your child is going to be absent, please call the Member Service Desk at 508-696-7171 x 0 email your notification to [tdinkel@ymcamv.org](mailto:tdinkel@ymcamv.org) by noon. All call-outs are logged into a binder that is checked by After School staff at the beginning of the program. Continued failure to notify us when your child is absent will result in a suspension or termination from the program. \*Please note: we do not give tuition refunds or discounts for days that your child is absent from our program, if these absences are reoccurring a meeting will be made to discuss your after school needs. Tuition will not be charged if written notice is provided at least one week in advance of the child's absence from the program for a planned vacation. An email to [tdinkel@ymcamv.org](mailto:tdinkel@ymcamv.org) is considered sufficient notice if within the one week period.

## Withdrawal Policy

In the event that you wish to dis-enroll your child from the After School Program, we require one week notice in writing. If one week notice is not provided prior to dis-enrolling, you will still be charged for one week following the dis-enrollment. You may email your request to [tdinkel@ymcamv.org](mailto:tdinkel@ymcamv.org) or complete the form with the Member Service Desk. Until then, your account remains open and you will be billed accordingly even if your child is not in the program.

## Enrollment Changes

Our staffing is based on staff to child ratios; therefore we are unable to modify which days your child attends on a weekly basis. All scheduled days must stay consistent every week. You may request to change what days your child attends by completing a Change Request Form at least one week prior to the schedule change. Determination of approval will be based on availability and will be confirmed by the Site Coordinator who will contact you to confirm the status of this request. No day changes may occur until confirmation is received. Please note that if proper notice is not given, you are responsible for your original billing agreement. Occasionally, an additional day may be added with verbal approval from the Site Coordinator if space is available. Fee for added days is Member \$20/ day; Non-member \$23/day. Payment must be made at the time of agreement.

## Half/Full Day Programs and School Break Camps

We offer half and full day programs and school vacation camps to offset the school calendar. **Your child will be signed up for any half day program that falls on your scheduled day, and you will be billed accordingly.** If you do not need care on those days, please notify us at registration. Separate registration is required for full day and break camp programs. All programs have registration deadlines in order to give us time to determine staffing, supplies needed, field trips, etc. Registration is on a first come, first serve basis; we cannot guarantee availability of space. Late registration and schedule changes will only be accepted based on availability. Minimum numbers must be met in order for program to run. Payment is due at registration