



## YMCA of Martha's Vineyard After School Program ENROLLMENT FORM

Dear Families,

Thank you for your interest in the YMCA of Martha's Vineyard's After School Child Care Program!  
Enclosed you will find the 2019-2020 Enrollment Form.

### **Enrollment Procedure:**

Upon receipt of the completed enrollment form, 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 Form (Will not accept the form unless all information is filled out, please be sure to initial & sign at all designated areas of the form).
- Orientation meeting scheduled \*IF\* this is your child's FIRST time in the program.
- Payment plan **must** be provided. Payments can be made either weekly on Fridays or on the 15<sup>th</sup> of every month.
- Read the Parent Information Packet & Family Handbook which is available on our website at [www.ymcamv.org](http://www.ymcamv.org)
- Individual Health Care plan \*IF APPLICABLE\* if your child has any allergies, medical conditions, or taking medication (while in program). Please visit our website for the form. **A meeting with Tara must be scheduled to discuss details of your child's allergies/conditions BEFORE your child can start the program.** All medication must be in the ORIGINAL box/container.
- Copy of IEP (Individualized Education Plan) if applicable. **If your child has an IEP, you must schedule a meeting with Tara BEFORE your child can start the program.**

All items must be returned to Tara Dinkel, After School Program Director, **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, are submitted. Financial Assistance is available through the Y's for All Financial Assistance Program. Please visit our website or stop by the front desk for a Financial Assistance Application.

Looking forward to a fantastic school year!

Tara Dinkel  
After School Program Director  
(508) 696-7171 ext. 117  
[tdinkel@ymcamv.org](mailto:tdinkel@ymcamv.org)



# After School Program Enrollment Form '19-'20

YMCA of Martha's Vineyard

ASP STAFF USE ONLY: Registered:  
 \_\_\_\_\_ 15<sup>th</sup> or Fridays  
 \_\_\_\_\_ Y Financial Assistance \_\_\_\_\_%  
 \_\_\_\_\_ Bailey Boyd \_\_\_\_\_%

Child's Name:		Date of Birth: ___/___/___	<b>Days of Care:</b> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
School:		Grade in Fall 2019:	<b>Kindergarten Orientation: September</b> <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 <b>*These are all half day programs for GRADE K ONLY!</b>
Age at admission:	Does your child have an Individualized Education Plan (IEP) on file with the school? _____ If yes, please provide a copy.	Male or Female:	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: _____
<b>Desired Start Date:</b> ___/___/___			
Child's Home Address:			

## Parent/Guardian Contact Information

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

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Home Address (if different from child):		Email address:	Primary Language:
Work:	Work Address:	Work Phone Number:	
		Work Hours:	

## Emergency Contact/Authorized Pick Up (other than parents): **Please inform Tara if there is anyone not allowed to pick-up**

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



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<p style="text-align: center;"><b><u>Health History</u></b></p> <p><b>Allergies and Special Conditions</b>          Please list any allergies, special diets or conditions, or chronic health conditions below:          _____          _____</p> <p>Individual Health Plan for child with a chronic health condition? _____ (Form is available on our website)          If yes, please attach.</p> <p>Copies of any custody agreements, court orders, &amp; restraining orders pertaining to the child?          _____ (If yes, please attach)</p> <p>Please list any medications your child is taking:          _____</p> <p><small>*All medications must include a medication consent form on file for each medication, be prescribed by a doctor and delivered to the After school Program in its original bottle. We do not administer over the counter medications.</small></p>	<p style="text-align: center;"><b><u>Authorization for Medical Treatment</u></b></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><b>Parent Signature:</b> _____ <b>Date:</b> _____</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><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>
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## **Admission Agreement**

<b>INITIAL</b>	<b><u>Transportation Plan:</u></b> 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.
<b>INITIAL</b>	<b><u>Swimming:</u></b> I give permission for my child to participate in recreational swimming during program hours at predetermined time.
<b>INITIAL</b>	<b><u>Restroom Supervision:</u></b> 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.
<b>INITIAL</b>	<b><u>Family Handbook:</u></b> I acknowledge that I have reviewed the Family Handbook and Health Care Policy (located online on the YMCA of Martha's Vineyard website at: <a href="http://www.ymcamv.org/programs/youth/after-school">www.ymcamv.org/programs/youth/after-school</a> )
<b>INITIAL</b>	<b><u>Hours of Care:</u></b> I understand that I will be charged an additional \$5.00 every minute I am late after 6pm.
<b>INITIAL</b>	<b><u>General Permission (Basic Transport):</u></b> 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.
<b>INITIAL</b>	<b><u>Photo Release:</u></b> 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.
<b>INITIAL</b>	<b><u>Behavior Policy:</u></b> I have read and understand the YMCA Afterschool Behavior Policy.
<b>INITIAL</b>	<b><u>Absences:</u></b> I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day. I understand I must call the designated YMCA Site Phone. <b>Refunds cannot be given due to absences.</b>
<b>INITIAL</b>	<b><u>Movies:</u></b> I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
<b>INITIAL</b>	<b><u>Admission Agreement:</u></b> I have read this Admission Agreement & fully agree to its terms. By my initial, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Martha's Vineyard from all claims & demands, cost or expense arising out of any injuries, & damages, sustained by me or any party to who I am responsible.



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 \_\_\_\_\_ Bailey Boyd \_\_\_\_\_%

**Payment Agreement**

<b>INITIAL</b>	I understand I must pay by credit card or banking account and I will be charged on Fridays or the 15 <sup>th</sup> of the month. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last debit will include all past due and remaining balances.
<b>INITIAL</b>	I understand payments are due every Friday for the next week of the After School Program <b>OR</b> monthly on the 15 <sup>th</sup> . It is my responsibility to notify the YMCA of any changes to my situation or tuition plan.
<b>INITIAL</b>	I understand if my payments are one debit behind I will be un-enrolled from the YMCA Afterschool Program.
<b>INITIAL</b>	I understand if my debit returns, I have until Friday at 4pm in the current week to take care of my past due balance.
<b>INITIAL</b>	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.
<b>INITIAL</b>	I understand if I cancel the YMCA Afterschool Program and my account has a past due balance, the balance will be debited at the time of cancellation.
<b>INITIAL</b>	I understand the YMCA will continue to debit outstanding balances until the past due amount is paid in full.

\*Please check payment option:  Weekly on Fridays  Monthly on the 15<sup>th</sup>

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

**Debit Account Information**

**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 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: \_\_\_\_\_



# ALL ABOUT ME

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

FAVORITE THING TO DO: \_\_\_\_\_

FAVORITE COLOR: \_\_\_\_\_

FAVORITE MOVIE: \_\_\_\_\_

FAVORITE FOOD: \_\_\_\_\_

LEAST FAVORITE FOOD: \_\_\_\_\_

IF I COULD GO ANYWHERE I'D GO TO: \_\_\_\_\_

MY BEST FRIEND IS: \_\_\_\_\_

MY FAVORITE SONG: \_\_\_\_\_

WHEN I GROW UP I'M GOING TO BE: \_\_\_\_\_

WHAT MAKES ME HAPPY: \_\_\_\_\_

WHAT MAKES ME SAD: \_\_\_\_\_

IF I COULD HAVE ONE WISH IT WOULD BE: \_\_\_\_\_

1. What does your child do that makes you smile?

\_\_\_\_\_

2. What does your child do that makes them smile?

\_\_\_\_\_

3. What makes your child angry or sad?

\_\_\_\_\_

4. What does it look like when they are angry or sad?

\_\_\_\_\_

5. How can we help your child when they are angry or sad?

\_\_\_\_\_



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## COST

**Normal Program Day:** \$21 members/ \$24 non-members. Weekly, \$95 members/\$105 non-members.

**Half Days:** \$39 members/ \$44 non-members

**Full Days:** \$59 members/ \$67 non-members

**Vacation Week:** May choose any day/days or the entire week. \$59 members per day & \$67 non-members per day.

**Full week vacation (discounted):** \$255 members \$305 non-members.

\*Please note: Separate registration is REQUIRED for all half, full, & vacation days. Sign-up sheets will be available in the After School Program classroom, under the PARENT board. Failure to sign up by deadline will result in a late sign-up fee.

\*Financial Assistance is available. Either through the Y Financial Assistance program or through Bailey Boyd 3<sup>rd</sup> Party Subsidy. Applications for either of these programs must be filled out and turned in PRIOR to your child starting the program.

## TIMES

**Normal Program Day:** 3:00pm-6:00pm (Bus drops off at the Y, parent pick up)

**Half Days:** 12:30pm-6:00pm (Bus drops off at the Y, parent pick up)

**Full Days/Vacation:** 8:30am-5:00pm (Parent drop off and pick up)

**\*Pick up is ongoing until the end time**

## Half Day & Full Day Schedule

- First day of program: Tuesday September 3<sup>th</sup>
- Kindergarten Orientation, Half Day Programs: September 3<sup>rd</sup>-6<sup>th</sup>, 9<sup>th</sup>-13<sup>th</sup>
- Professional Development Day, Full Day Program: Friday October 11<sup>th</sup>
- **NO PROGRAM:** Columbus Day, Monday October 14<sup>th</sup>
- October Parent Teacher Conferences, Half Day Programs: Tuesday October 22<sup>nd</sup>, Thursday October 24<sup>th</sup> & Monday October 28<sup>th</sup>
- Veteran's Day, Full Day Program: Monday November 11<sup>th</sup>
- Day before Thanksgiving, Full Day Program: Wednesday November 27<sup>th</sup>
- **NO PROGRAM:** Thursday November 28<sup>th</sup> & Friday November 29<sup>th</sup> (Thanksgiving)
- Winter recess half day: Friday December 20<sup>th</sup>
- **NO PROGRAM:** Tuesday December 24<sup>th</sup>-Wednesday December 26<sup>th</sup> (Christmas)
- **Winter Break Vacation, Full Day Program:** December 23, 27, 30, and 31<sup>st</sup>
- **NO PROGRAM:** Wednesday January 1<sup>st</sup>
- **January Break**, full day program: January 2<sup>nd</sup> and 3<sup>rd</sup>
- **NO PROGRAM:** Martin Luther King Day, Monday January 20<sup>th</sup>
- President's Day, Full Day Program: Monday February 17<sup>th</sup>
- **February Vacation Camp, Full Day Program:** Monday February 22<sup>th</sup>- Friday February 28<sup>th</sup>
- Professional Development Day, Half Day Program: Wednesday March 11<sup>th</sup>
- April Parent Teacher Conferences, Half Day Programs: TBA
- **April Vacation Camp, Full Day Program:** Monday April 20<sup>th</sup> – Friday April 24<sup>th</sup>
- **NO PROGRAM:** Monday May 25<sup>th</sup>
- Professional Development Day, Half Day Program: Wednesday June 3<sup>rd</sup>
- Last day of Program: Wednesday June 17<sup>th</sup>