



After School Program Enrollment Form '18-'19
YMCA of Martha's Vineyard

| | |
|-------------------------------------|--|
| ASP STAFF USE ONLY: Registered: | |
| _____ 15 th or Fridays | |
| _____ Y Financial Assistance _____% | |
| _____ Bailey Boyd _____% | |



YMCA of Martha's Vineyard
After School Child Care 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 2018-2019 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.

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!)
- Orientation meeting scheduled
- Payment plan must be provided, along with two weeks worth of tuition
- Read the Parent Information Packet & Parent Handbook 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 see Tara for form.
- Copy of IEP (Individualized Education Plan) if applicable.

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 for families 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,

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



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|----------------------------------|---|-----------------------------|---|
| Child's Name: | | Date of Birth: _ / _ / _ | Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F _____ |
| School: | | Grade in Fall 2018: | Kindergarten Orientation: September: <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th *These are all half day programs. |
| 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: _____ |
| Desired Start Date: _ / _ / _ | | | |
| 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: | |

| | | | |
|---|---------------|-----------------------------------|-------------------------|
| 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: | |

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

| | | |
|-------|---------|------------------------|
| Name: | Phone#: | Relationship to Child: |
| Name: | Phone#: | Relationship to Child: |
| Name: | Phone#: | Relationship to Child: |



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Health History

Allergies and Special Conditions

Please list any allergies, special diets or conditions, or chronic health conditions below:

Individual Health Plan for child with a chronic health condition? _____ (If yes, please attach)

Copies of any custody agreements, court orders, & restraining orders pertaining to the child? _____ (If yes, please attach)

Please list any medications your child is taking:

*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 meeting with the Director to better understand your child's needs.

Authorization for Medical Treatment

Name of Licensed Physician: _____
 Street Address: _____
 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 Signature: _____ Date: _____

*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.

Parent Signature: _____ Date: _____

Admission Agreement

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 time.

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 Guide and Health Care Policy in hardcopy form or online on the YMCA of Martha's Vineyard website at: www.ymcamv.org/programs/youth/after-school

INITIAL

Hours of Care: I understand that I will be charged an additional \$5.00 every minute I am late after close of site.

INITIAL

General Permission (Basic Transport): 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

Behavior Policy: I have read and understand the YMCA Afterschool Behavior Policy.

INITIAL

Absences: 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. 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.

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.

Primary Parent/Guardian Signature: _____ Date: _____



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***You may remove this page from the packet and keep with you.**

COST

Normal Program Day: \$20 members/ \$23 non-members

Half Days: \$37 members/ \$42 non-members

Full Days: \$58 members/ \$66 non-members

Vacation Week: May choose any day/days or the entire week. \$58 members & \$66 non-members.

Full week vacation (discounted): \$250 members/\$300 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 3rd 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 4th
- Kindergarten Orientation, Half Day Programs: September 4th-7th, 10th-14th
- Professional Development Day, Full Day Program: Friday October 5th
- NO PROGRAM: Columbus Day, Monday October 8th
- October Parent Teacher Conferences, Half Day Programs: Tuesday October 23rd, Thursday October 25th, & Monday October 29th
- Veteran's Day, Full Day Program: Monday November 12th
- Day before Thanksgiving, Full Day Program: Wednesday November 21st
- NO PROGRAM: Thursday November 22nd & Friday November 23rd (Thanksgiving)
- NO PROGRAM: Monday December 25th & Tuesday December 26th (Christmas)
- **Winter Break Vacation, Full Day Program:** December 27, 28, & 31
- NO PROGRAM: Tuesday January 1st
- NO PROGRAM: Martin Luther King Day, Monday January 21st
- President's Day, Full Day Program: Monday February 18th
- **February Vacation Camp, Full Day Program:** Monday February 25th- Friday March 1st
- Professional Development Day, Half Day Program: Wednesday March 13th
- April Parent Teacher Conferences, Half Day Programs: April 23rd, 25th, 29th
- **April Vacation Camp, Full Day Program:** Monday April 15th – Friday April 19th
- NO PROGRAM: Monday May 28th
- Professional Development Day, Half Day Program: Wednesday June 5th
- Last day of Program: Friday June 14th