YMCA of Martha's Vineyard

After-School Program Enrollment Form 2026 – 2027

STAFF USE ONLY: Received on:
_____Registered:
_____ Y Financial Assistance _____%
_____ Bailey Boyd _____%
_____ CCFA Voucher
_____ Wampanoag Tribe

Dear Families,

Thank you for your interest in the YMCA of Martha's Vineyard's After School Program! Enclosed you will find the 2026 -2027 Enrollment Form.

Enrollment Procedure:
When a parent requests care, they will receive an Enrollment Application. Once the **completed application** is returned, your child will be enrolled **based on space availability**. If space is unavailable, they will be placed on a **waitlist**.

To complete your child's enrollment in the program, please submit the following:

- A completed **Enrollment Form**. Please note that your enrollment packet will be considered incomplete if the **Payment Agreement** and **Payment Plan** sections are not completed.
- Please notify **Jessey, Program Director**, if your child will be receiving **YMCA Financial Assistance** or third-party funding, such as **Child Care Financial Assistance (CCFA)**, the **Bailey Boyd Associates Childcare Scholarship**, or the **Wampanoag Tribe**.
- Confirmation that you have reviewed the **Family Handbook**, including the updated **Health & Safety Protocols**, available at **ymcamv.org/programs/youth/after-school**
- An **Individual Health Care Plan**, if your child has allergies, a medical condition, or requires medication during program hours. Please contact **Jessey, Program Director**, to obtain the required medical forms.
- A copy of your child's **Individualized Education Program (IEP)**, if applicable. Families of children with an IEP are required to meet with, or schedule a phone call with, Jessey before their child's first day in the program.
- Notification to your child's **teacher and school** of their after-school schedule, including the days they will ride the bus to the YMCA.

Submission Instructions
All enrollment materials must be submitted to **Jessey Powell**, After School Program Director, **at least one week prior** to your desired start date. You may:

- Email: jpowell@ymcamv.org
- Drop off: Front Desk at the YMCA

Please Note:
Program space is limited and registration is accepted on a **first-come, first-served basis**. Applications will not be processed unless all required documents and fees are submitted.
Financial Assistance is available through the YMCA's *Membership and Programs for All* Financial Assistance Program.

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

We look forward to working with you and your child this school year!
Warm regards,

Jessey Powell
After School Program Director
YMCA of Martha's Vineyard
(508) 696-7171 ext. 117
jpowell@ymcamv.org

YMCA of Martha's Vineyard

After-School Program Enrollment Form 2026 – 2027

STAFF USE ONLY: Received on:
_____Registered:
_____ Y Financial Assistance _____%
_____ Bailey Boyd _____%
_____ CCFA Voucher
_____ Wampanoag Tribe

Child's Name:		Date of Birth: ___/___/_____	Days of Care: □M □T □W □Th □F *A minimum two-day weekly commitment is required for regular program days. Kindergarten Orientation: September: □8th □9th □10th □11th □14th □15th □16th □17th □18th *These are all half day programs for Kindergarteners ONLY.
School:		Grade in Fall 2025:	
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 or non-binary:	Physical Description: □ Height: _____ □ Weight: _____ □ Eye Color: _____ □ Hair Color: _____ □ Identifying Marks: _____ □ Primary Language: _____
Desired Start Date: ___/___/_____			
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:

YMCA of Martha's Vineyard

After-School Program Enrollment Form 2026 – 2027

STAFF USE ONLY: Received on:
_____Registered:
_____ Y Financial Assistance _____%
_____ Bailey Boyd _____%
_____ CCFA Voucher
_____ Wampanoag Tribe

Health History

Allergies and Special Conditions
Please list any allergies, special diets, or chronic health conditions below:

_____
_____
_____

Please list any medications your child is currently taking:

_____
_____

Will your child need to take medication during program hours 3-6pm? _____

*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.

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

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 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 3pm-6pm 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 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 PG 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: _____

YMCA of Martha's Vineyard

After-School Program Enrollment Form 2026 – 2027

STAFF USE ONLY: Received on:
_____Registered:
_____ Y Financial Assistance _____%
_____ Bailey Boyd _____%
_____ CCFA Voucher
_____ Wampanoag Tribe

Payment Agreement	
INITIAL	I understand that payments must be made by credit card or bank account and will be automatically processed weekly on Fridays for the upcoming week of programming. If a payment is returned due to insufficient funds or any other payment issue, I am responsible for any applicable fees incurred. I understand that 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.

PAYMENT PLAN

Payments will be drafted weekly on Fridays for the following week of programming.
**THIS SECTION MUST BE FILLED OUT BEFORE YOUR CHILD CAN START THE PROGRAM!

Draft 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: _____