



BEFORE/AFTER SCHOOL REGISTRATION CHECKLIST

Below are the required documents for a completed registration:

- Updated Physical (up to 18 months)
- Immunization Records
- Electronic Funds Transfer Form (regardless of payment method)

If your child has any medical conditions below, please attach the required documents:

- Asthma
 - Asthma Action Plan
 - Medication Consent Form
 - Letter from physician, stating an asthma action plan is not needed.

- IEP/504 Plan

- Diabetes
 - Diabetes Action Plan (if applicable)
 - Individual Health Care Form
 - Medication Consent Form

- Severe Allergy
 - Anaphylaxis Allergy Plan
 - Individual Health Care Form
 - Medication Consent Form

Staff Initials: _____

Date: _____

OFFICE USE ONLY	
Unit ID #: _____	Site: _____
Program: <u>Before only /After only or Both</u> Start date: _____ trans: Yes/No Payment Type Please circle: V, F/A, Private or EEC	

YMCA OF GREATER SPRINGFIELD BEFORE & AFTER SCHOOL'S OUT PROGRAM 2023-2023 REGISTRATION FORM

Child's Name:	Birthdate:
Sex: M F T	
Home Address:	City:
State:	Zip Code:
Cell Phone:	Home:
Who does child live with: _____ Age at Admission: _____	
Does your child have an IEP/IHP/504/BIP? Yes or No	
School attending in 2023-2024:	
Grade:	
Please circle the Program registering for:	
Before school only	After School only
Both	
Before School programs are only for elementary schools	
I would like my child to start on please specify month and day: _____	

Please indicate your child's program schedule

Before School care	Monday	Tuesday	Wednesday	Thursday	Friday
After School care	Monday	Tuesday	Wednesday	Thursday	Friday
Payment	Private	F/A	EEC	Voucher	Third Party

Note for staff pertaining to your child's wellbeing:

Parent/Guardian Information

Parent/Guardian Name:	Parent/Guardian Name:
Date of Birth	Date of Birth
Relationship to child	Relationship to child
Phone number	Phone number
Email	Email
Occupation	Occupation
Place of employment	Place of employment
Daytime Phone #	Daytime Phone #
Hours that you work	Hours you work

If parent cannot be reached, I authorized the following people to be contacted and pick up my child in case of an emergency

Name	Relationship to child	Phone Number

The following people are authorized to pick up my child

Name	Relationship to child	Phone Number

The following people are **UNAUTHORIZED** to pick up my child due to legal reasons
(Please supply all documents to be placed with child's file)

Name	Was document submitted

2023-2024 First Aid and Emergency Medical Consent 102 CMR 1.09(3)

I authorize staff in the school age childcare program who are trained in the basics of first aid to give my child first aid 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 secure necessary medical treatment for my child.

If something is not applicable please put N/A do not leave blank

Child's Physician Name:
Address & Phone Number:
Child's Allergy:
Child's Medication:
Chronic Health Conditions:
Special Identifying Marks:
Concerns/Limitation
Eye Color: _____ Skin Color _____ Hair Color _____ Height _____ Weight _____
Primary Language _____

First Aid & Emergency Medical Care

Health Insurance Coverage: _____

Policy Number: _____

I certify that documentation of physical examination and immunization in accordance with public school health requirement, and lead poisoning screening in accordance with public health requirements are on file at my child's school

Waver of Liability: While it is the aim and the responsibility of the YMCA of Greater Springfield to provide your child with a safe and enjoyable experience, you must realize that participation in the YMCA program has some inherent risks. I hereby release myself and my child, out heirs, executors, and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representative and employee for any injury, loss, liability, damage, or cost which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by the YMCA of Greater Springfield

Parent/Guardian Signature: _____ Date: _____
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YMCA Of Greater Springfield 2023-2024 School's Out Program Authorization Form

Child's Name: _____

The following are optional; Please initial those you choose

I give permission for:

- My child to attend all field trips to locations within walking distance to the center.
- My child to watch movies of a rating no higher than PG.
- Schools, Administrators or school teaching staff to access any records (enrollment forms, assessments, any medical documentation) from my child's file.
- My child to participate in a supervised YMCA gym program.
- My child to participate in a supervised YMCA swim program.
- My child to be observed and interact with authorized student interns and volunteers.
- My child to begin their homework while at the program but understand that they may not complete all their homework during program hours.
- The YMCA to use my child's picture in the YMCA publicity and media promotions
- The YMCA to use my child's picture inside the school building
- The YMCA to communicate with my child's school any information that is relevant to the success of my child in both school and the YMCA School's Out program. I authorize _____, _____, and _____ to sign/and /or review any childcare documents in my absences.

Parent Signature: _____ Date: _____

Springfield 2023-2024 School's Out Program Payment & Registration Contract

Parents enter into a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the Center's policies, and support of the program.

Please INITIAL you are understanding and agreement to all the following (read carefully)

Billing

___ I understand I am responsible for payment until the day of programming which is June 21st, 2024.

___ I understand that tuition is due every Friday for the following week unless an alternate payment schedule has been set up and approved by the Education Billing Department.

___ I understand that failure to pay tuition for two weeks will result in a termination notice.

___ I understand that that I am responsible for payment regardless of my child's attendance, including extended days, full day and vacation week programs. Additionally, these days your parent fee will be higher due to extended/full day services.

___ I understand that a two-week written Notice of Withdrawal from the before or after school program is required and must ONLY be submitted to the Youth Desk prior to my child's last day.

___ I understand that I will continue to be billed and are responsible for all fees two weeks from the date the YMCA is informed of my child's intended withdrawal from the program.

___ I understand that all monies must be paid on my account for my child to be readmitted to a YMCA program.

Additional Policy

___ I understand if there are any changes in my child's wellbeing, I will update the YMCA with all information and necessary legal or medical information including medication if applicable.

___ I understand all schedule changes require one week's advance notice to the Youth Desk.

___ I understand that an administrative charge of \$25 will be added to my bill if One or more changes relating to my child's schedule. This fee will be automatically withdrawn on the next billable date based on your payment schedule.

___ I understand that a late fee will be charged to me for late pickups, and that I am responsible to pay in full all fees for childcare services provided to me by the YMCA.

___ I understand that failure to respond to a termination notice within a given time frame will result in termination from all YMCA Programs.

___ I understand that I have access to a copy of the YMCA of Greater Springfield School Age Policies and Procedure on the www.springfielddy.org website.

Parent signature: _____ Date: _____

YMCA OF GREATER SPRINGFIELD 2023-2024

TRANSPORTATION PLAN AND AUTHORIZATION [7.09(3) and 7.12(1)]

Child's Name: _____

My child will be dropped off to the before school program by:

Parent Drop off

My child will arrive to school by the

YMCA bus/van

My child will arrive at the after-school program by:

Bus/Van for Springfield & Chicopee only

(HWRSD transportation will be provided by HWRSD school department)

Parent Drop off

Other _____

My child will depart from the after-school program by:

Parent Pick Up

Other _____

Parent Signature: _____ Date: _____

Electronic Funds Transfer (EFT) Release form

As stated in the Payment and Registration Contract the YMCA automatically deducts weekly childcare fees unless an alternative payment schedule is submitted. Below are the options available from the account being submitted.

By signing this agreement, you acknowledge that using a bank account may take up to three business days to post to your account. You acknowledge that weekly payments must be made prior to services rendered.

I understand that and agree to the forms and policies as stated above. I understand that if my EFT payment is returned, I will be subject to a \$15 return fee per return. After two returns your childcare will be in jeopardy of termination.

Child's Name:
Child's Date of Birth:
Name on Account:
Routing Number:
Accounting Number:
Account type (please circle): Checking Savings

Payment Schedule: Please indicate your payment schedule including the next available pay date to make sure all fees are charged according to your payment schedule.

Weekly will default to Friday Unless otherwise specified:
Biweekly will default to Friday Biweekly unless otherwise specified:
Please keep in mind all payments will be set to next available payment schedule date unless other wise stated.
Please indicate which day you would want payments to begin (must be prior to services rendered)

Parent Signature: _____ Date: _____

**INCOME ELIGIBILITY FORM FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to:

[Name of Sponsor] _____

If you need help, call [phone number of Sponsor] _____

Follow these instructions, if your household gets SNAP, TAFDC, participates in Head Start, or is homeless:

Part 1: List participant's name and a SNAP or TAFDC case number or indicate Head Start participation or homelessness.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions. Please Note: Foster children are children formally placed in foster care by a State child welfare agency or a court and the state must retain legal custody of the child. It does not apply to informal arrangements with relatives or others.

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP or TAFDC case number in Part 1 and did not indicate Head Start or homelessness.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

**INCOME ELIGIBILITY FORM FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to:

[Name of Sponsor] _____

If you need help, call [phone number of Sponsor] _____

Follow these instructions, if your household gets SNAP, TAFDC, participates in Head Start, or is homeless:

Part 1: List participant's name and a SNAP or TAFDC case number or indicate Head Start participation or homelessness.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions. Please Note: Foster children are children formally placed in foster care by a State child welfare agency or a court and the state must retain legal custody of the child. It does not apply to informal arrangements with relatives or others.

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP or TAFDC case number in Part 1 and did not indicate Head Start or homelessness.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B-Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list **ALL OTHER INCOME SOURCES** including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names
(First, Middle Initial, Last)

SNAP or TAFDC case # (if any). **Skip to Part 4 if you listed a case # or indicate Head Start or Homeless.**

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please **contact [name of Sponsor] at [phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP or TAFDC case number or indicate Head Start or homelessness in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____ Categorical Eligibility: _____ Eligible _____ Not Eligible _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____