



Child's Information

Child's Name:		Age:	D.O.B.:
Address:			
City:	State:		Zip:
School:			Grade in the fall:
Does your child have an IEP/BIP/504?			
Yes No If Yes Please provide a copy			

While the YMCA collects copies of your child's IEP/BIP/504, we are not a therapeutic program, we collect them to better serve your child but are not able to provide the same level of services your child receives at school

Additional Information regarding your child's well-being:

The section below is for OFFICE USE ONLY

Camp:		Transportation: Yes or No
After School Site:	Before School:	Transportation: Yes or No
Payment Method: Private Financial Aid EEC Voucher Key Program		



Parent/Guardian Information

Please print legibly

Primary Parent/Guardian 1

(Please note that the primary parent/guardian will become the primary on the account and is required to make changes to the account)

Name: _____

Address: _____

D.o.B: _____

Phone Number: _____

Work Name & Number: _____

Email: _____

Parent/Guardian 2

Name: _____

Address: _____

D.o.B: _____

Phone Number: _____

Work Name & Number: _____

Email: _____

Unauthorized Pickup

Please list anyone not allowed to pick up, and please supply documentation.

Name	Document



Emergency & Authorized Contact Information

I authorize the following people to be contacted and pick up my child in case of an emergency. Emergency contacts will be called in the order placed. We **require** at least 2 emergency contacts

Emergency Contact 1:

Name: _____

Phone Number: _____

Relationship: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 1:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 2:

Name: _____

Phone Number: _____

Relationship: _____

Authorized Contact 3:

Name: _____

Phone Number: _____

Relationship: _____



School Year Program 2025/2026

☐ **I DO NOT NEED THE AFTER-SCHOOL PROGRAM FOR 2025/2026 SCHOOL YEAR**

(Please skip to the camp portion)

By checking the following program, I acknowledge that my child will participate in the following school year program offered by the YMCA of Greater Springfield.

I acknowledge that if I do not select a specific program now and the capacity is reached, I will be placed on a waiting list.

☐ I will need vacation weeks and full/extended care.

☐ I will NOT need vacation weeks and full/extended care.

☐ **Before school (elementary school only)**

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

☐ **After School**

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

☐ I will need School Closure **ONLY**. (This is when the public school is closed, it will include professional development days/vacation weeks and summer.)

Parent Signature:

Date:



Summer Camp & Program 2025

Please check off your camp choice: (If you want your child to attend more than one camp more than one registration does need to be completed)

- ☐ Camp Weber (**please select a transportation option**)
- ☐ Fun City summer program (**No transportation**)
- ☐ Camp Stony Brook Acres (**No transportation**)
- ☐ Small Fry summer program (**5 going into Kindergarten, No transportation**)
- ☐ Small Fry at Stony Brook Acres (**5 going into Kindergarten, No transportation**)
- ☐ Teen Adventure camp at Weber (**Must be 13-15, Please select a transportation option**)
- ☐ Teen Adventure Camp at Stony Brook Acres (**Must be 13-15**)

Early Riser for Camp Weber and Fun City Only

- ☐ Yes, I need the early riser 6:00 AM – 7:30 AM (**additional cost of \$50 per child per week**)

(No children will be accepted later than 7:30 AM. If you miss the bus, you will have to drop off at Camp Weber)

Please select the sessions you would like your child to attend:

Please note that a \$50 fee per week per child will be due at registration. A onetime \$15 maintenance fee per child will be charged for financial assistance and private pay families at the time of registration and applied to the weekly fee

<u>Session 1</u> <input type="checkbox"/> June 23-June 27	<u>Session 2</u> <input type="checkbox"/> June 30 -July 4 (No camp 7/4/25)	<u>Session 3</u> <input type="checkbox"/> July 7 -July 11
<u>Session 4</u> <input type="checkbox"/> July 14 -July 18	<u>Session 5</u> <input type="checkbox"/> July 21 -July 25	<u>Session 6</u> <input type="checkbox"/> July 28- Aug 1
<u>Session 7</u> <input type="checkbox"/> Aug 4-Aug 8	<u>Session 8</u> <input type="checkbox"/> Aug 11- Aug 15	<u>Session 9</u> <input type="checkbox"/> Aug 18 -Aug 22 (No camp 8/22/25)



Transportation for camp

If you do not select a transportation route, you will automatically be registered for pick-up and drop-off at camp.

	Check	AM Pick Up	Check	PM Drop Off
Duggan Middle School (Bradley Road behind the school)		8:00 am		4:15 pm
Stefanik (Meadow Street back lot)		8:30 am		4:30 pm
Congress St. & Main Street		8:30 am		4:30 pm
Save A Lot Plaza (Indian Orchard)		8:30 am		4:30 pm
Kensington Elementary		8:30 am		4:30 pm
Smead Arena parking lot		8:30 am		4:30 pm
Birch Park Circle		8:30 am		4:30 pm
North End Youth Center		8:15 am		4:30 pm
Tower Square (Early Risers Only)		8:00 am		

I choose to Pick up and drop off at Camp Weber

Camp Weber		7:30 am		4:00 pm
-------------------	--	----------------	--	----------------

- Please arrive 10 minutes before the morning pick up and the afternoon drop off.
- An adult over 18 must be present at both pick up in the morning and drop off in the afternoon.
- IDs will be required for a child to be released.
- Any child that is not picked up on time will be taken to Tower Square.

New to the summer of 2025, we will possibly be offering transportation from Palmer High School to Stony Brook Acres, once everything is confirmed it will be shared with any interested families. Please let the YMCA know at the time of registration if this is a service you are looking to utilize.



First Aid

I authorize the YMCA staff for school-age and camp programs trained in the basics of first aid to give my child 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 and do not leave blank.

Child's Physician Name:		
Address & Phone Number:		
Child's Allergy:		
Chronic health condition:		
Special Identifying marks:		
Concerns or limitations:		
Eye Color:	Hair Color:	Skin Color:
Height:	Weight:	Primary Language:
Health Insurance Coverage:		
Policy Number:		

Parent Signature:	Date:
--------------------------	--------------

Child's Name: _____



Transportation Plan and Authorization

☐ Transportation will not be used.

My child will be dropped off at the YMCA before school program.

☐ Parents drop off.

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

- ☐ Bus or Van (Springfield & Chicopee schools ONLY)
- ☐ HWSRD transportation will be provided by the HWSRD school department
- ☐ Parent Drop off.
- ☐ Other: _____

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

- ☐ Parents pick up.
- ☐ Other: _____

Parent Signature:	Date:
--------------------------	--------------



Authorization & Permission Form

The following statements are optional and by initialing you acknowledge my child's participation and involvement. I permit for:

- ☐ My child to attend all field trips to locations within walking distance from the center.
- ☐ My child to watch movies with a rating no higher than PG.
- ☐ School, 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 supervised YMCA Gym/playground programming.
- ☐ My child to participate in supervised YMCA swim programming.
- ☐ 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 their homework during program hours.
- ☐ The YMCA to use my child's picture in YMCA publicity and media promotions.
- ☐ The YMCA to use my child's picture inside the school building.
- ☐ I hereby authorize that my child (only 1st grade and up) is ready to experience an outdoor camp setting.
- ☐ I give permission for him/her to travel on the bus to camp/or on field trips.
- ☐ I also give permission for the camper to participate in all planned camp activities and programs.
- ☐ I give permission for my child to receive emergency medical attention in my absences.
- ☐ 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's school out program. I authorize _____, and _____ to sign/and/or review any childcare documents in my absence.

Wavier of Liability

While it is the aim and the responsibility of the YMCA of Greater Springfield to provide your child with an enjoyable experience, you must realize that participation in the YMCA Program has some inherent risk. I hereby release myself and my child, our heirs, executors, and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representatives and employees 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 Signature:	Date:
--------------------------	--------------



Registration & Payment Policy

Parents enter 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 rates, acceptance of the center's policies, and support of the program. These policies are required

___ I understand that I am responsible for updating all information on my child's registration.

___ I understand that if I do not **renew** my child's subsidy or ensure their **placement** is done prior to any program starting or program change (EEC, voucher, or financial aid) and my child attends the program, **I will be charged and am responsible** for the private rate until reassessment or placement is completed.

___ I understand that tuition is due every Monday for the following week.

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

___ I understand that I am responsible for payments regardless of my child's attendance including the vacation week.

___ I understand that I will only pay my weekly rate during vacation week even though I have opted to not send my child.

___ I understand that if I did not sign up for those full care/ extend care or vacation weeks and my child attends it will be a \$50.00 charge for that specific day.

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

___ I understand that I will continue to be billed and responsible for all fees two weeks from the date that the YMCA was 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 into a YMCA program.

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

___ I understand that an administrative charge of \$25.00 will be added to my bill if one or more changes related to my child's schedule. The fee will automatically be withdrawn on the next billable date.

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

___ I understand that failure to respond to termination notice within a given timeframe will result in termination from all YMCA programs.

___ I understand that field trips are optional to attend my account must be in good standing and any fees must be paid at the time of registration.

___ I understand that the YMCA of Greater Springfield may use SMS or text messaging to contact me regarding my program registration at the Y and I can opt out any time.

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



Electronic Funds Transferred EFT

As stated in the Registration and Policy Contract the YMCA will automatically deduct weekly childcare fees unless there is a zero-parent fee. Vouchers are not exempt from filling this form, if there is a zero-parent fee no monies will be deducted. If there is a late fee, or field trip the money will be deducted from the account given.

I understand that if I opt to use a bank account it may take up to three days to post to your account.

All Payments will be deducted on the **Monday** prior to services rendered. This will be 7 days early to ensure all accounting activities are current.

Only one form of payment is required, you do not need to complete both sections

Please print legibly.

Child's Name:

Child's Date of Birth:

Debit/Credit Card

Name on Account:

Type of Card:	Master Card	Visa	Discover	American Express
---------------	-------------	------	----------	------------------

Card Number:

Card Exp:

Billing Address:

Zip:

Banking Account

Name on Account:

Routing Number:

Account Number:

Account Type:	Checking	Savings
---------------	----------	---------

Parent Signature:

Date:



This combination packet is for our Summer 2025 Camp Season and Fall 2025-2026 School year. We are offering the programs listed below. Please pay close attention to the programs that being selected to ensure that all your childcare needs are met. If all programs (school age and camp) are needed, the entire registration MUST be completed.

Programs Being Offered

- Before School 2025/2026
- After School 2025/2026 (schools do vary)
- Camp 2025
- Early Riser Breakfast Program for Camp 2025 (6:00 AM-7:30 AM)

Required Documents

- ☐ Physical (within 18 months)
- ☐ Immunizations
- ☐ Asthma/ Allergy Action Plan (If applicable)
- ☐ Medication Consent Form (If applicable)
- ☐ IEP/504 (If applicable)

Camp Information

- A one-time \$15.00 maintenance fee and Deposit of \$50.00 (per child/per session) are due at the time of registration.
- The Early Riser Breakfast Program is an optional program for families needing care before camp hours (6:00 AM-7:30 AM). This is an additional \$50.00 (per child/ per week). Drop off after 7:30 AM will have to drop off at camp.
- Camp is a 5-day program Monday – Friday 7:30 AM-5:30 PM. We do not offer a part-time schedule.
- Payments for camp and the school year program will be deducted every Monday by EFT. This is one week before services are rendered. Payment will be deducted from the method you submitted at the time of registration.
- If an account is behind, your child may be turned away from our childcare services.
- You may be subject to termination if your account falls more than two weeks behind.
- Lunch is NOT provided for all camps.

School Age Program

- Before School runs 6:00 AM-7:30 AM no late drops will be accepted.
- The after-school program runs from dismissal until 6:00 PM.
- After-school sites are based on school locations and cannot be changed.
- Meal forms will be required for children based on their camp and school year program.