



# AFTER SCHOOL PROGRAM APPLICATION

Cambridge YMCA • Janet, 617-661-9622 x722 or jbelanger@cambymca.org

• www.cambridgeymca.org

## Select Enrollment:

- Full – Time (5 days per week \$525)
- Part – Time (4 days per week \$450) List days: \_\_\_\_\_

## Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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## Parent/Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

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Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

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**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies / Special Diets? \_\_\_\_\_

Individual Health Plan for a child with a chronic health condition? If yes, please attach: \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach. \_\_\_\_\_

Special Limitations or concerns? \_\_\_\_\_

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**School Age Only**

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School 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 / Guardian initials: \_\_\_\_\_

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**Please Initial Each Statement And Sign Below.**

\_\_\_\_\_ Payment in full will be due on the **first** day of each month/week. I understand I **will not** receive a bill in advance. It is my responsibility to pay on time. Please see the Sign-Up Guide for payment policy details.

\_\_\_\_\_ I will contact the Cambridge YMCA when my child will not attend, and I understand that I will be contacted if I fail to do so.

\_\_\_\_\_ I agree to pay a late fee of **\$2.00 per minute** if my child is not picked up by **6:00PM**.

\_\_\_\_\_ I give the Cambridge YMCA staff permission to take my child on short walks or daily outings.

\_\_\_\_\_ I give the Cambridge YMCA staff permission to administer first aid, or in the event of a medical emergency, to transport my child to the nearest hospital.

\_\_\_\_\_ I understand payments are based on a monthly / weekly flat fee and are **not** pro-rated for holidays or days not attended.

\_\_\_\_\_ I have read the Sign-Up Guide and fully understand all application procedures and payment policies.

\_\_\_\_\_ I have provided the Cambridge YMCA with my child's latest medical forms.

\_\_\_\_\_ (Optional) I give the Cambridge YMCA permission to photograph my child for use in brochures, marketing, or mailings.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application will not be accepted unless all information is completed and deposit made payable to the Cambridge YMCA, is included.** Please return the completed application and deposit (or voucher to waive deposit) to the Cambridge YMCA, 820 Massachusetts Avenue, Cambridge, MA 02139. The Cambridge YMCA is licensed by the Massachusetts Office of Child Care Services.

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the Cambridge YMCA 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/or to: \_\_\_\_\_ and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Small Group and Large Group Transportation Plan and Authorization**

CHILD'S NAME: \_\_\_\_\_

My Child Will Arrive At The Program;

My Child Will Depart From The Program:

- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Program Bus/Van
- Contract/Van
- Private Trans. Arranged By Parent
- Other

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- Other

I give permission for my child to be released from the program at the end of the program day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

**\*IF A CHILD IS PROTECTED BY A RESTAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AFTER SCHOOL WAIVER  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY  
AGREEMENT**

IN CONSIDERATION, of being permitted to utilize the facilities, services, and programs of the Cambridge YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, children and next of kin, hereby acknowledges, agrees and represents that he or she releases the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in the Cambridge YMCA activities whether on or off the YMCA's premises. He or she understands that this release included any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members and guests.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I have read this release:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_



### Field Trip Permission

I give my child, \_\_\_\_\_ permission to attend field trips with the Cambridge YMCA childcare staff. The trips include, but are not limited to: area parks, pools, local libraries, stores, and walks around Central and Harvard Square areas. Parents will be notified about all trips in advance.

**Please Note:** The methods of transportation for field trips will be the MBTA, walking and/or school bus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

### **Pool Permission**

I, \_\_\_\_\_ give my child, \_\_\_\_\_

permission to swim in the pool at the Cambridge YMCA. I understand that my child will be escorted by the childcare staff to and from the pool area. Also, while in the pool, I understand that my child will be supervised by certified lifeguards on staff at the Cambridge YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**CHILDCARE SCHOLARSHIP REQUEST FORM**

Name of Parent(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Town / State / Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Please answer the following questions:**

1. Are both you and your spouse working or in school? \_\_\_\_\_
2. Total number of persons in your household: \_\_\_\_\_
3. Total household gross monthly income: \_\_\_\_\_
4. Please list any other sources of income received (e.g. child support, alimony, TANF, etc.):  
\_\_\_\_\_

**Child(ren) enrolled in the Cambridge YMCA program(s):**

- |    | FULL NAME | DATE OF BIRTH  |                          |           |                          |             |                          |        |
|----|-----------|----------------|--------------------------|-----------|--------------------------|-------------|--------------------------|--------|
| 1. | _____     | ____/____/____ | <input type="checkbox"/> | Preschool | <input type="checkbox"/> | Afterschool | <input type="checkbox"/> | Summer |
| 2. | _____     | ____/____/____ | <input type="checkbox"/> | Preschool | <input type="checkbox"/> | Afterschool | <input type="checkbox"/> | Summer |
| 3. | _____     | ____/____/____ | <input type="checkbox"/> | Preschool | <input type="checkbox"/> | Afterschool | <input type="checkbox"/> | Summer |

**Note: The following MUST be submitted along with this request**

- A copy of your most recent Federal Income Tax Return for EACH WAGE EARNER in the household OR a month's worth of the most recent consecutive pay stubs for EACH WAGE EARNER in the household.

I attest that all information provided is true and accurate:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**CHILDCARE VOUCHER INFORMATION FORM**

Name of Parent(s): \_\_\_\_\_ Name of Child(ren): \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Client ID #: \_\_\_\_\_

**Please answer the following questions**

What is the name of the agency providing you with a voucher? \_\_\_\_\_

What is the name of your caseworker at this agency? \_\_\_\_\_

Voucher agency address: \_\_\_\_\_

Voucher caseworker phone #: \_\_\_\_\_

**Please initial each statement and sign below**

\_\_\_\_\_ I am aware that at the Cambridge YMCA I must pay my parent fee in full for each week, on or before the first day of each week. e.g. If your parent fee is \$2.00, you will owe us \$10 (\$2.00 x 5 days) at the beginning of each week.

\_\_\_\_\_ It is my responsibility to make sure my voucher is kept current. If I let my voucher expire for any reason, and it cannot be renewed, I understand that I will owe the Cambridge YMCA the regular cost of tuition for services rendered or continued service, or my child will be removed from the program.

\_\_\_\_\_ The Cambridge YMCA staff will do their best to work with me and my voucher agency regarding my voucher, but ultimately I understand that I will have to perform all duties required by both the Cambridge YMCA and the voucher agency in a timely fashion to continue my child(ren)'s enrollment.

\_\_\_\_\_ I understand that if I fall behind with my voucher payments I am jeopardizing my child(ren)'s continued enrollment and the Cambridge YMCA may contact my voucher agency to inform them of the bill.

\_\_\_\_\_ In accordance with the attendance policy of my voucher agency, my child will not have more than 3 unexplained absences within one month and will not have more than 10 explained absences within one month.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_