



2019



CAMBRIDGE YMCA AFTER SCHOOL APPLICATION



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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[<cambridgeymca.org>](http://cambridgeymca.org)

Full-Time ONLY (5 days per week) \$550

CHILD INFORMATION

Child 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: _____

Gender: _____ Height: _____ Weight: _____

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: _____



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Parent/Guardian #2 Name: _____

Relationship to Child: _____

Home Address: _____

Email Address: _____

Reachable Phone Number: _____

Work Name: _____ Work Phone Number: _____

Work Address: _____

Hours at Work: _____

ADDITIONAL INFORMATION

Child's Physician: _____

Physician's Address: _____

Allergies/Special Diets: _____

Individual Health Plan for a Child with a Chronic Health Condition? If yes, please attach _____

Are there any custody agreements, court or restraining orders, pertaining to the child? If yes please attach _____

Special Limitations or Concerns: _____

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 full responsibility to make on-time payments. 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 **6:00 p.m.**

_____ I give the Cambridge YMCA 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, transport my child to the nearest hospital

_____ I understand that payments are based on a monthly/weekly flat rate 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, marking, or mailings

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: 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.



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First Aid and Medical 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: _____

Physician Address: _____

Physician 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 the child to be released to this person? Yes: _____ No: _____

Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the child to be released to this person? Yes: _____ No: _____

Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the 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: _____



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Small and Large Group Transportation Plan and Authorization

Child's Name: _____

My Child Will Arrive at the Program:

My Child Will Depart from the Program:

- | | |
|---|---|
| <input type="radio"/> Supervised Walk | <input type="radio"/> Supervised Walk |
| <input type="radio"/> Unsupervised Walk | <input type="radio"/> Unsupervised Walk |
| <input type="radio"/> Public/Private Van | <input type="radio"/> Public/Private Van |
| <input type="radio"/> Program Bus/Van | <input type="radio"/> Program Bus/Van |
| <input type="radio"/> Contract/Van | <input type="radio"/> Contract/Van |
| <input type="radio"/> Private Transportation Arranged by Parent | <input type="radio"/> Private Transportation Arranged by Parent |
| <input type="radio"/> Other | <input type="radio"/> 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 RESTRAINING ORDER, PLEASE SUBMIT ORDER TO THE PROVIDER

Name #1: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name #2: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name #3: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date _____



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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 and understand this release:

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Signature: _____

Child's Name: _____



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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 the 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: _____



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POOL PERMISSION

I give my child, _____ permission to swim in the Pool at the Cambridge YMCA. I understand that my child will be escorted to and from the Pool by the Childcare Staff. 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: _____



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CHILDCARE SCHOLARSHIP REQUEST FORM

Name of Parent(s): _____

Home Address: _____

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 income: _____
4. Please list any other sources of income received (i.e. child support, alimony, TANF, etc.)

Children Enrolled in the Cambridge YMCA Childcare Program(s):

Name: _____ DOB: _____ () Preschool () After School () Summer

Name: _____ DOB: _____ () Preschool () After School () Summer

Name: _____ DOB: _____ () Preschool () After School () Summer

Name: _____ DOB: _____ () Preschool () After School () 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 the information provided is truthful and accurate

Parent/Guardian Signature: _____ Date: _____



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CHILDCARE VOUCHER INFORMATION FORM

Name of Parent(s): _____

Name of Child(ren): _____

Phone Number: _____

Client ID #: _____

Please answer the following questions:

What is the name of the agency providing the voucher? _____

What is the name of the caseworker at the 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 _____