



OFFICE USE ONLY: Start Date: _____

___ Voucher ___ Basic ___ Private ___ FSP ___ AM ___ PM

MA DEPARTMENT OF EARLY EDUCATION AND CARE: ENROLLMENT FORM

Child's Name: _____ First Day in Program: _____

Date of Birth: _____ Age at Admission: _____

Grade entering in 2019-2020: _____ School Attending: _____

Child's Home Address: _____ Home Phone # _____

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: ___' ___" Weight: ___ lbs. Sex: M F

Primary Language: _____ Identifying Marks (if any): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Reachable Phone: _____ Reachable Phone: _____

Parent/Guardian Date of Birth: _____ Parent/Guardian Date of Birth: _____

Email Address: _____ Email Address: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Employer Phone: _____ Employer Phone: _____

ADDITIONAL NEEDS INFORMATION REQUIRED "PRIOR" TO ATTENDING THE PROGRAM

If you have checked YES to any of the boxes below you must complete the Individual Health Care Plan (IHCP) & Medication Consent form (606CMR 7.11(2)(b)). One medication/condition per form with parent and physicians signatures. Enrollment to the program will not start until all paperwork is completed and reviewed by a YMCA staff. All medications must be at program site prior to child's first day in program in the original container. All copies of court orders, restraining orders, IEPs, 504s, medication consent forms must be received and reviewed prior to your child attending the program. Packet must be completed and reviewed in full PRIOR to any child attending our programs.

Does your child have a Chronic Health Conditions/Allergies?

Asthma Food Allergies Diabetes Autism Hyperactivity/Behavioral Issues Seizures/Epilepsy Other

Special Diets/Concerns/Conditions YES NO If yes, complete IHCP/MED consent form (page 6)

(Medically – not a dietary preference)

Are there any custody agreements, court orders, or restraining orders pertaining to child? YES NO. If yes, please attach copies.

Does your child have an Individual Education Plan (IEP) or 504 plan? YES NO. If yes, please attach copy.

I certify that documentation of a physical exam 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: _____

(Parent/Guardian Signature)

_____/_____/_____
(Date)



FIRST AID AND EMERGENCY MEDICAL CARE AUTHORIZATION AND CONSENT FORM

Child's Name: _____ Date of Birth: ____/____/____

I authorize staff in the childcare 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's Name: _____
Name of Clinic / Office: _____
Address: _____
Office / Clinic Number: (_____) _____

Child's Allergies: None known Allergy: _____

Chronic Health Conditions: None known Chronic Health Condition: _____

*(If your child has any allergies or chronic health conditions the IHCP form on page 6 must be submitted for review with paperwork prior to your child's first day in the program.)

Emergency Contact (place in order of contact). I give permission for my child to be released to the following Emergency Contacts (must be over 18 years of age). All individuals must show photo ID for Y staff to release child.

Name: _____ Address: _____
Relationship to Child: _____ Home Phone# _____ Cell Phone # _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship to Child: _____ Home Phone# _____ Cell Phone # _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship to Child: _____ Home Phone# _____ Cell Phone # _____
Do you give permission for your child to be released to this person? Yes _____ No _____

Required Information in the Event of a Medical Emergency

Health Insurance Coverage: _____ Policy #: _____

Parent/Guardian Name: _____
Phone (W) _____ (C) _____ (H) _____

Parent/Guardian Name: _____
Phone (W) _____ (C) _____ (H) _____

(Parent/Guardian Signature)

_____/_____/____
(Date)



TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____ DOB ____/____/____

Children must be signed IN by an authorized adult (18 years of age or older).

MY CHILD WILL ARRIVE AT THE AM PROGRAM

MY CHILD WILL DEPART THE AM PROGRAM

- ___ MY CHILD IS NOT IN THE AM PROGRAM
___ PARENT / GUARDIAN DROP OFF
___ PRIVATE TRANS. ARRANGED BY PARENT
___ OTHER

- ___ MY CHILD IS NOT IN THE AM PROGRAM
___ PROGRAM VAN/BUS
___ DISMISSED BY Y PROGRAM STAFF
___ OTHER

My child will be dropped off at the program no later than _____ am on scheduled days.

Children must be signed OUT by an authorized adult (18 years of age or older).

MY CHILD WILL ARRIVE AT THE PM PROGRAM

MY CHILD WILL DEPART THE PM PROGRAM

- ___ MY CHILD IS NOT IN THE PM PROGRAM
___ UNSUPERVISED WALK FROM CLASS
___ SUPERVISED WALK FROM CLASS
___ OTHER _____

- ___ MY CHILD IS NOT IN THE PM PROGRAM
___ PARENT / GUARDIAN PICK UP
___ PROGRAM VAN/BUS
___ PRIVATE TRANS. ARRANGED BY PARENT
___ OTHER _____

If your child is absent from the program on their scheduled day or being dropped off later - YOU MUST CONTACT THE SITE PHONE AND REPORT THE ABSENCE.

IMPORTANT: ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF THE SIGNATURE.

(Parent/Guardian Signature)

_____/_____/_____
(Date)



SIGNATURE RELEASE FORMS

CHILD'S NAME _____

Release to Speak to School Personnel

Consistency between home, school and the YMCA is important in providing your child with quality care. Therefore, it may be necessary at times to speak to various personnel. This is to confirm that the _____ School, its principals, teachers, nurses and counselors have my permission to discuss pertinent information regarding my child with an authorized Old Colony YMCA staff person. Similarly, I give Old Colony Y staff personnel my permission to discuss pertinent information regarding my child with aforementioned school personnel.

Parent/Guardian Signature

____/____/____
Date

Child Photo Release

I give my consent to the YMCA to use my child's photo and/or name for public relation purposes, such as but not limited to the newspaper, YMCA bulletin boards, YMCA newsletters, YMCA social media outlets, etc. I give my child permission to participate in on-site fundraisers. I also recognize that program participants take pictures for personal memories.

Parent/Guardian Signature

____/____/____
Date

Health/Accident Release

I hereby release myself, my heirs, executors and directors and forever discharge the Old Colony YMCA, its agents, servants, representatives and employees for any injuries which my child may receive as a result of participation in programs conducted by the Old Colony YMCA. I also understand that participation in athletic activities has an inherent risk, and assume the said risk. I understand that Health and Accident coverage is not provided by the YMCA and that it is my responsibility to obtain the same, both for myself and any member of my family in the program.

Parent/Guardian Signature

____/____/____
Date

Parent Handbook Receipt

I have received and read the handbook and agree to abide by all rules and policies. Failure to follow rules and policies may result in child's termination from the program. I also am responsible for checking the Parent Bulletin Board and Mailbox for weekly correspondence.

Parent/Guardian Signature

____/____/____
Date

Tuition and Attendance Agreement

I have read and agree to the following:

- I must give a two (2) week written advance notice of termination. If you terminate without notice you will still be expected to pay the 2 week.
- I must call and notify the program if my child is absent from the program.

Parent/Guardian Signature

____/____/____
Date

HEPA Standards

I am aware that the Old Colony YMCA follows the HEPA (Healthy Eating and Physical Activity) Standards and the YMCA's commitment to healthy living.

Parent/Guardian Signature

____/____/____
Date



OLD COLONY Y RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to enroll, attend, and participate in the Old Colony Y’s childcare program and of being permitted to utilize the facilities, including, but not limited to, gymnasiums, pools, playgrounds, athletic fields; services; recreational activities; and programs of the Old Colony Y for any purpose, including, but not limited to, the enrollment/attendance/participation in any on-site or off-site program affiliated with the Old Colony Y and the observation or use of the Old Colony Y’s facilities and/or equipment, the undersigned, for himself or herself, for any minor child(ren) of which the undersigned is a legal guardian, and for any personal representatives, heirs, and/or next of kin of the undersigned and his/her minor child(ren), hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering, enrolling, or participating will, inspect and carefully consider such childcare program, affiliated programs, premises, facilities, and/or equipment. It is further warranted that such entry into the Old Colony Y for attendance at or participation in the Old Colony Y childcare program and/or other affiliated programs, and/or for the observation or use of any facilities and and/or equipment, constitutes an acknowledgement that such childcare and affiliated programs, facilities, and equipment thereon 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 enrollment, participation, observation, and/or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE OLD COLONY Y FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, ENROLLMENT/ATTENDANCE//PARTICIPATION IN THE OLD COLONY Y CHILDCARE PROGRAM AND/OR ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE OLD COLONY Y, AND/OR FOR ANY OBSERVATION AND/OR USE OF THE OLD COLONY Y’S FACILITIES AND/OR EQUIPMENT, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED – FOR HIMSELF OR HERSELF, FOR ANY MINOR CHILD(REN) OF WHICH THE UNDERSIGNED IS A LEGAL GUARDIAN, AND FOR ANY PERSONAL REPRESENTATIVES, HEIRS, AND/OR NEXT OF KIN OF THE UNDERSIGNED AND/OR HIS/HER MINOR CHILD(REN) – HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Old Colony Y, its directors, officers, employees, staff, and/or agents (hereinafter referred to as “Releasees”) from all liability and responsibility to the undersigned, his/her minor child(ren), and the undersigned/minor child[ren]’s personal representatives, assigns, heirs, and next of kin for any loss or damage and any claim or demands made therefore on account of injury to their person or property or resulting in the death of the undersigned and/or his/her minor child(ren), whether caused by the negligence of the Releasees or connected in any way to the attendance and/or participation of the undersigned and/or his/her minor child(ren) in the childcare program and/or any affiliated program of the Old Colony Y.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE/HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost that the Releasees may incur due to the presence of the undersigned and/or his/her minor child(ren) in, upon, or about the Old Colony Y premises, and/or or due in any way to attending or participating in the Old Colony childcare program or any other program affiliated with the Old Colony Y, and/or due in any way to the observation or use of the Old Colony Y facilities and equipment, whether caused by the negligence of the Releasees or by the attendance and participation of the undersigned and/or his/her minor children in the childcare program and/or any affiliated program of the Old Colony Y.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of the Releasees or otherwise while the undersigned and/or his/her minor children are in, upon, or about the premises of the Old Colony Y, and/or are participating in the Old Colony childcare program or any other program affiliated with the Old Colony Y, and/or are observing or using the Old Colony Y facilities and equipment.

THE UNDERSIGNED AGREES THAT HE/SHE HAS READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THE UNDERSIGNED further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. THE UNDERSIGNED additionally expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts and that if any portion thereof is held invalid, then the balance shall continue in full legal force and effect.

I HAVE READ THIS RELEASE.

DATE: ____/____/____

Signature

Print Name

Old Colony Y
Individual Health Care Plan & Medication Consent Form 606 CMR 7.11(2) (b)

Name of child:	D.O.B.:
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Name and description of chronic health care condition/Reason for medication: (Individual forms are required for each chronic health care condition/Reason for medication if more than one)

Symptoms:

Medical treatment necessary while at the program (include medication name, dosage, dates and times needed):
 Medication Name: _____ **ONLY 1 medication per form – each medication needs a separate form**
 Dosage: _____ Dates Needed: From _____ to _____ Times Needed: _____

Check all that apply...

Plan was created by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Doctor or Licensed Practitioner <input type="checkbox"/> Program's Health Care Consultant <input type="checkbox"/> Other: _____	Plan is maintained by: <input type="checkbox"/> Director/Asst. Director <input type="checkbox"/> Site Coordinator <input type="checkbox"/> Old Colony Y Staff/Educators <input type="checkbox"/> Other: _____
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Above Listed Medication: Please all of the following that apply

Prescription Oral/Non-Prescription Unanticipated Non-Prescription for mild symptoms
 Topical Non-Prescription (applied to open wound/ broken skin) Topical Non-Prescription (NOT applied to open wound/ broken skin)
 My child has previously taken this medication
 My child has **NOT** previously taken this medication, but this is an emergency medication and I give permission for Old Colony Y staff to give this medication to my child in accordance with this individual health care plan & medication consent form

Potential side effects of treatment/medication:

Potential consequences if treatment/medication is not administered:

Directions for storage:

Name and phone number of the prescribing health care practitioner:

Name of educators that received training addressing the medical condition:
 Any Old Colony Y staff who have taken the "5 Rights of Medication" training, have current First Aid Certification, and have been trained by someone listed below.

Person who trained the educator (circle one)
 Child's Health Care Practitioner, child's parent, Old Colony Y's Health Care Consultant, Certified First Aid Instructor, School Nurse

REQUIRED AUTHORIZATIONS:

The undersigned authorizes Old Colony Y staff to receive training relative to the child's IHCP by the child's parent, Old Colony Y's health care consultant or another representative selected by the parent and for Old Colony Y staff to administer the above medication as indicated while at program.

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

**If the child has asthma/food allergies please attach copy of current Asthma/Food Allergy Action Plan to this form*