



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y AFTERSCHOOL '19 – '20

## Stoughton Registration Form

Dear Families,

Thank you for choosing the Old Colony Y as your child care provider. Below is the official registration form. We ask that you return this form as soon as possible with your \$25 registration fee. Once we receive this registration form, we will email (or mail) you all of the paperwork required for your child to attend the program.

Thank you!

Jodi Ward- Associate Program Director

[jward@oldcolonymca.org](mailto:jward@oldcolonymca.org)

781-341-2016 x277

.....  
Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Grade ('19-'20 school year): \_\_\_\_\_ Child's School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_

I would like to enroll in weekly auto charge and have a card on file

I would like to enroll in weekly auto charge please contact me for the card information

\*There is a 2 day requirement to enroll in the afterschool program\*

| Please select your child's schedule  | Circle your choice of days<br>(2 day minimum to enroll) | Weekly Fee<br>w/trans* |
|--------------------------------------|---|------------------------|
| <input type="checkbox"/> 2 days/week | M T W TH F  | \$52                   |
| <input type="checkbox"/> 3 days/week | M T W TH F  | \$78                   |
| <input type="checkbox"/> 4 days/week | M T W TH F  | \$104                  |
| <input type="checkbox"/> 5 days/week | M T W TH F  | \$130                  |

Please return this form to your child's afterschool site or to the Stoughton Y with the \$25 registration fee.

\*Please note: You are committing to this schedule for the 10 month school year and any change to this schedule requires 30 days notice and must be received in writing. For more information, please see the parent handbook.



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.

(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 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. 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. APPRANGED 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 the newspaper, YMCA bulletin boards, YMCA newsletters, 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.

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_



**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.: |
|----------------|---------|

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:<br><input type="checkbox"/> Parent/Guardian<br><input type="checkbox"/> Doctor or Licensed Practitioner<br><input type="checkbox"/> Program's Health Care Consultant<br><input type="checkbox"/> Other: _____ | Plan is maintained by:<br><input type="checkbox"/> Director/Asst. Director<br><input type="checkbox"/> Site Coordinator<br><input type="checkbox"/> Old Colony Y Staff/Educators<br><input type="checkbox"/> Other: _____ |
|--|---|

**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*



Commonwealth of Massachusetts  
Department of Early Education and Care

## On-Site Swimming Consent

I give permission for \_\_\_\_\_ to participate in swimming  
(Child's Name)  
activities, while under the supervision of Old Colony YMCA School Age Child Care Program.

**Program:** Stoughton Old Colony YMCA School Age Child Care

**Responsible party for each child:** Ellis Certified Lifeguards, and School Age Educators

**Location and Address of On-Site swimming:** 445 Central St. Stoughton, Ma. In the indoor pool

**Date of on-site swimming:** no school days, vacation programs, and pre-planned special activity.

**Child's date of birth:** \_\_\_\_\_

**This child is a:** swimmer or a non-swimmer

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





Commonwealth of Massachusetts  
Department of Early Education and Care

**OFF SITE ACTIVITIES PERMISSION FORM**

Program Name: OCY Stoughton Branch School Age Child Care  
Address: 445 Central Street, Stoughton, MA 02072

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

I, \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled  
(Parent/Guardian's Name)

School Age Child Care Program activities located within the Stoughton YMCA:

- Basketball Gym
- Indoor & Outdoor Pool
- Indoor Track
- Karate Dojo
- Fitness Studios
- Multi-purpose rooms
- Indoor play space
- Camp field
- Ropes Course
- Auditorium
- Camp Pavilion

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date