West Suburban YMCA
Out of School Time Registration Form
2025-2026 School Year

Child's Name:	Program Start Date:
Gender:	Date of Birth:
School Name for 2025-2026 School Year:	Grade for 2025-2026 School Year:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:
Parent/Guardian's Name:	Telephone number:
Address, City, Zip:	Email:

I wish to enroll my child in the West Suburban YMCA Out of School Time Program for the following schedule:
(Please note there is a **two-day minimum**. *Please circle preferred days.):*

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

2025-2026 School Year After School Program Fees:
Monday, Tuesday, Thursday, or Friday: $55.00/day
Wednesday: $65.00/day
Full Time Monday-Friday: $285.00/week (without transportation fees), $345.00/week with transportation
(Example of tuition costs: A child attends program M, T, and Th each week. Their weekly tuition bill would be $165 per week without transportation; $201.00 with transportation fees.)

There is a $12 a day bus fee for all schools we offer transportation from besides Underwood and Bigelow which are supervised walking routes.

For the 2025-2026 School Year, my child will be attending

Schools we provide transportation from:

***Bigelow *Bowen *Burr *Cabot *Franklin *Horace Mann *Lincoln Eliot *Underwood *Zervas *Mason Rice**

Other Self-Transportation From: _____

Registration Fee: I have enclosed the required **non-refundable** deposit of $200.00, via check. This deposit will be credited towards your first tuition payment.

WSYMCA Membership: All OST participants are required to have an active West Suburban YMCA Youth or Family Membership. This membership must remain current throughout the entire school year. Children who do not have a current membership at the time of registering for OST 2025-2026 will be required to have one before their first day. Please check the appropriate box below:

☐ My child has an active WSYMCA Youth or Family Membership.

☐ My child will have an active WSYMCA Youth or Family Membership before starting the program.

Billing Policies: Tuition is based on a weekly fee depending on which days child(ren) are registered for. The weekly rate will be the same regardless of snow days, school vacations, half days, holidays, or absences. Parents will be charged on Monday the week prior to your child's arrival, and this will continue for the remainder of the school year. The West Suburban YMCA reserves the right to suspend any child if payment is more than thirty days late. Parents will be notified by a "hand delivered" letter two weeks after payment is due. If the parent does not make the payment by the date stated on the letter, the child will not be allowed to attend the program for the following week. Child(ren) will be welcome to participate in the program when the balance is paid in full and if space is available. Please be aware that if your child is suspended from the program, his/her space will become available to other children on the waitlist. I understand that my child may not be enrolled while having any outstanding WSYMCA balance.

Cancellation/Drop Policy: When enrolling in the West Suburban Out of School Time program it is our expectation that you are enrolling for the entire school year. We understand that there are unforeseen circumstances that you will have to withdraw your child from the program or make changes to their schedule; in this case we require a two-week advanced written notice. **You will be required to pay tuition for these two weeks**. **Families are responsible for cancelling their Youth or Family Membership at the WSYMCA Welcome Center Desk.**

Registration Information:

1. Your child must have a **current** Youth or Family Membership at the West Suburban YMCA throughout enrollment in the program.
2. Complete an Out of School Time After School Program Application.
3. A recent physical dated no later than 12 months from the date of enrollment. Please note that this documentation is required by the Department of Early Education and Care through the State of Massachusetts and your child may not start in the program until this documentation is obtained. This documentation will be stored in your child's confidential file.
4. A **non-refundable** $200.00 payment is required when submitting your child's application.
5. Any child that has a special health care need including an allergy needs to have an Individualized Health Care Plan (IHCP), and is required at time of registration.
6. If applicable, Medication Consent forms, custody agreements, court orders, restraining orders are required at time of registration.
7. If your child has an IEP, 504 Plan or other, a copy of current IEP, 504 Plan or other, is required at time of registration and a meeting with the OST Director and Director of Preschool and Family Services before being admitted into the program.
8. If we are unable to accommodate your child, s/he will be placed on our waitlist, and we will contact you when space becomes available.
9. **All enrollment and registration forms need to be completed yearly**.

Financial Aid: Financial Aid is available to families accepted into the program. Applications can be requested from the Out of School Time Director or Director of Preschool and Family Services or found on our website http://www.wsymca.org. If you are eligible to receive financial aid, a letter stating your award will be sent within 7 days of receiving all required information. Please be aware that if you submit an incomplete application or do not provide all required documentation, your application will not be processed and the amount of your award, if any, may be affected. Families must re-apply for financial aid each school year. Please check the appropriate box regarding Financial Aid:

- ○ I do not anticipate needing financial assistance.
- ○ I plan on applying for financial assistance.
- ○ I have an EEC Voucher.

Parent Signature: _____ Date: _____

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Child Information Sheet

Child Information:

Child's Name: _____ Date of Birth: _____

Child's Nickname (if applicable): _____ Age at Admission: _____

Child's Home Address: _____

Gender: _____ Height: _____ Weight: _____

Skin Color: _____ Eye Color: _____ Hair color: _____

Identifying Marks: _____

Primary Language: _____ Secondary Language: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Signature: _____ Date: _____

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First Aid and Emergency Medical Care Consent Form

Child Name: _____ Date of Birth: _____

I hereby authorized staff of the West Suburban YMCA to administer First Aid and CPR to my child as needed and/or take my child to Newton-Wellesley Hospital, or the nearest hospital, for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature: _____ Date: _____

Parent Contact Information

Name of Parent/Guardian: _____

Address and Phone Number: _____

Name of Parent/Guardian: _____

Address and Phone Number: _____

Child's Allergies or Medical Concerns: _____

Medications: _____

Emergency Medical/Dietary Information/Religious Restrictions: _____

Behavioral Issues/Concerns: _____

Other Emergency Health Concerns: _____

Insurance Information:

Child's Name: _____ Date of Birth: _____

Address: _____

Medical Insurance Company: _____ Policy Number: _____

Other Coverage (Include Dental): _____

Child's Physician: _____

Phone Number: _____ Address: _____

Child's Dentist: _____

Phone Number: _____ Address: _____

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EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

How to reach parents/guardians (Please list the parent/guardian you want us to contact first in an emergency.):

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

Please list three (3) additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that the persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program.

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Pick-Up Authorization: Please list below individuals who are authorized to pick up your child from the program but would not be contacted in case of an emergency (i.e. neighbor, coach, etc.). These names must be different from those listed above.

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or retraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. **A license or other proof of identification must be shown at pick up time.** If you wish to change, add pr delete any of these authorizations, you must do so in writing. Children will only be released from the program to individuals/organizations for which the parent has provided written authorization. The West Suburban YMCA Preschool Center for Youth Development **closes promptly at 6:00PM. Picking up after 6:00PM will require a late pick up fee. Chronic lateness could jeopardize your child's participation in the program and could result in program suspension or termination.**

Parent Signature: _____ Date: _____

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Live Y'ers Afterschool/Out of School Time Program
Transportation/Release to and from Program Plan

REQUIRED BY THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

School Name for 2025-2026 School Year:	Grade for 2025-2026 School Year:
My Child will arrive to the program by: _____ YMCA School Bus or Van _____ YMCA Walking School Bus _____ Other School Bus Drop Off - Please list transportation company and phone number: _____ _____ Parent Drop Off _____ Parent Arranged Supervised Walk with _____ _____ Other - Please Describe: _____	My Child will depart from the program by: _____ Parent/Guardian pick-up _____ Authorized person (from authorized pick-up list) _____ Parent arranged supervised walk with _____ _____ Other please describe: _____

By signing here, I authorize my child to be transported to the OST program (if applicable) by YMCA School Bus, YMCA Van, or YMCA Walking School Bus.

Parent/Guardian Signature: _____ Date: _____

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Developmental History and Background Information

Please answer the following questions regarding your child's development. The information you provide will assist us in caring for your child. Thank you.

Child's Name: _____ Date of Birth: _____

School Information:

Does your child have an Individual Education Plan (I.E.P.), 504 Plan or other plan? _____ Yes _____ No

**If yes, please provide your child's plan upon registration.

Developmental History:

How would you describe your child? _____

Has your child had any previous group care experiences? _____

Does your child know other children in this program? _____

How does your child typically respond to new experiences? _____

Does your child have any special toys and/or activities? _____

How does your child express his or her emotions? _____

Does your child have any fears (i.e. dark, animals, etc.)? _____

How do you comfort your child? _____

How does your child comfort his or herself? _____

How do you discipline your child? _____

Have there been any major events or changes in your family in the past year (i.e. moving, deaths, divorce, birth)? _____

_____

What would you like your child to gain from this child care experience? _____

_____

Eating Habits:

Does your child have any food allergies? _____

Describe your child's general attitude toward eating: _____

Does your child have any favorite foods? _____

Does he or she refuse any foods? _____

Additional Information:

Please list any additional information you would like to share with us about your child. _____

_____

_____

_____

Parent Signature: _____ Date: _____

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Authorization and Consent Form

Please write your initials next to each statement.

_____ I give consent to enroll my child in the West Suburban YMCA Out of School Time After School Program and will abide by the rules and regulations of theprogram. In addition, I will submit and update all required forms and medical reports on an annual basis or as changes occur.

_____ I agree to pay fees according to schedules.

_____ I acknowledge receipt of the Parent Handbook and agree to all program polices related to our statement of non-discrimination and purpose, philosophy, current fee schedule, YMCA organizational information, statement of parental rights, plan for behavior management, yearly schedule, open door policy, health and illness policies and other pertinent information about our program.

_____ I understand that the West Suburban YMCA Out of School Time After School Program closes promptly at 6:00 p.m. and that the late fee of $10 for anytime within the first ten (10) minutes and $1 per minute afterward will be added to my weekly bill. **Chronic lateness could jeopardize my child's participation in the program and could result in program suspension or termination.**

_____ I understand children will only be released from the program to individuals/organizations for which the parent has provided written authorization. **Photo identification is required at pick up time.** The OST staff **reserve the right to deny individuals the right to pick up a child if photo identification cannot be produced** or if there is no written authorization from the parent allowing the individual to pick up the child.

_____ I give consent for my child to take part in excursions or field trips under proper supervision on West Suburban YMCA property and in thecommunity (nature walks, outdoor games, etc). Field trips that require transportation other than walking will require advanced notification and a parent/guardian permission slip is required.

_____ The West Suburban YMCA reserves the right to take pictures/video of its participants for security measures as well as brochures/publications/web site and other marketing purposes. Please note: Most program space is under surveillance 24/7 for security purpose only.

_____ Families are strongly encouraged to participate in all fundraising efforts.

_____ I have received and signed the WSYMCA Release and Waiver of Liability and Indemnity Agreement.

_____ I understand that parents can visit the program any time their child is in care.

_____ I understand that the West Suburban YMCA OST classrooms are a PEANUT FREE and NUT FREE environment. I understand that peanut and tree nut products can cause life-threatening reactions in children who have tree nut and peanut allergies, and I will refrain from sending snacks orlunches that contain either tree nut or peanut products to the OST program. (Please note that Nutella contains hazelnuts and cannot be used).

_____ I understand that occasionally there will be observers from local college classes, consultants and other preschool programs in my child's classroom. I give permission to have my child observed.

_____ I give permission for educators to apply sunscreen and insect repellent (provided by parents/program) to my child as needed.

_____ I give permission for educators to have access to my child's health information on file.

_____ I give permission for my child to take part in the West Suburban YMCA Out of School Time After School Program free swim times when applicable.

Parent Signature: _____ Date: _____

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Child's Photo

Individualized Health Care Plan (IHCP)

This plan must be renewed annually or when child's allergy or medical conditions change.

Child's Name: _____ Date of Birth: _____

Please check all that apply:

Plan was created by:

_____ Parent

_____ Doctor or Licensed Practitioner

_____ Program's Health Care Consultant

_____ Older school age child (9+ years of age)

_____ Other: _____

Plan is maintained by:

_____ Director

_____ Assistant Director

_____ Child's Educator

_____ Other: _____

Child's Name: _____ Date: _____

Any changes to the child's Health Care Plan? _____ Yes (Indicate Changes Below)

_____ No (updated physician & parent/guardian signature required)

Name of chronic health care condition: _____

Description of chronic health care condition: _____

Symptoms: _____

Medical Treatment necessary while at the program: _____

Potential side effects of treatment: _____

Potential consequences if treatment is not administered: _____

Name of educators who received training addressing child's medical condition: _____

_____

Person who trained the educator (child's physician, child's parent, program's health care consultant, etc.) _____

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

Signature of Licensed Health Care Practitioner: _____ Date: _____

Parent/Guardian Consent: _____ Date: _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan (IHCP) permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without direct supervision of an educator. The educator is aware of the consents and requirements of the child's Individual Health Care Plan (IHCP) specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan (IHCP) provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of Child: _____ Date of birth: _____ Back-up medication received? _____Yes _____No

Parent/Guardian Consent: _____ Date: _____

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Department of Early Education and Care Medication Consent Form

Child's Name: _____ Date of Birth: _____

Name of Medication: _____

Please √ one of the following: _____ Prescription _____Oral/Non-Prescription

_____ Unanticipated Non-Prescription for mild symptoms

_____ Topical Non-Prescription (applied to open wounds/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 staff to give this medication to my child in accordance with his or her Individual Health Care Plan (IHCP).

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____ Reasons for Medication: _____

Possible Side effects: _____

Directions for storage: _____

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

Signature of Licensed Health Care Practitioner: _____

Phone Number of Health Care Practitioner: _____ Date: _____

I, _____ (parent/guardian), give permission to

(Please print name)

authorize educator(s) to administer medication to my children as indicated above.

Parent/Guardian Signature: _____ Date: _____

Please note, for topical, non-prescription NOT applied to open wound/broken skin (Parent signature only)