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## **EMILSON YMCA Before & Afterschool Program**

75 Mill Street  
Hanover, MA 02339

June 1, 2018

Dear Families,

Thank you for your interest in our EMILSON YMCA Before and Afterschool programs! Attached, you will find our 2018-2019 enrollment packet. To enroll your child, please complete the enrollment forms and return them to the EMILSON YMCA with an \$80 non-refundable registration fee (\$120 maximum for more than one child) and your first week's payment. If you choose to sign up for our Automatic Payment Plan, the form to do so is in the back of this packet. If the Automatic Payment Deduction Form is provided, the registration fee and first week's payment can be charged to that account. All checks and money orders should be made payable to the SOUTH SHORE YMCA. Please DO NOT submit cash. Financial Assistance is available through the SOUTH SHORE YMCA. Please visit the Member Service desk or go to [www.ssymca.org](http://www.ssymca.org) for an application. Registrations take approximately 2-3 business days to process before your child is able to start. Program space is limited and registrations are accepted on a first come, first serve basis. If our program is full at the time of registration, your child will be placed on a waitlist. No registrations will be processed unless the enrollment packet has been completed and the initial fees are submitted.

We look forward to the opportunity of providing you with Before and Afterschool care in 2018-2019.

Sincerely,

Jamie Farrell  
Director of Afterschool Programs  
EMILSON YMCA  
jfarrell@ssymca.org  
781-829-8585 x8262  
781-829-8831 Fax

The SOUTH SHORE YMCA is committed to strengthening our communities by nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility.



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## **SCITUATE** **Site Information**

### **Hatherly Elementary School** 72 Ann Vinal Road Scituate, MA 02066

**Before School Program:** We are located primarily in the school cafeteria and also may use the gymnasium. When you arrive at the Hatherly School, please call the site phone number 857-939-4213 to have a staff member let you in at the main door which will be locked. Once in, take an immediate left and go through the doors leading into the cafeteria. If the group is in another location, there will be a sign on the front door and we will inform you when you call us to indicate you are here to drop off. Drop-off **begins at 7:00am** and you can drop-off any time after that. The daily schedule for the morning includes: quiet games/homework time, breakfast snack (provided by the Y,) and group activities in the cafeteria until dismissal. The children are dismissed directly to class at school start time. Staff do not escort children to class unless requested by the child's parent/guardian.

**Afterschool Program:** Children come straight from class at dismissal and are checked in at the cafeteria. We ask that you please inform the school of the days that your child is registered for the Afterschool Program to avoid any confusion. We are located primarily in the cafeteria, and also use the gymnasium on a daily basis, and weather permitting, use the playgrounds and other outdoor areas. There is a daily schedule that includes the following: snack (provided by the Y), homework time/quiet games, physical activities, arts and crafts activities, free time, and pick up. You may pick your child up at any time **before 6:00pm**. When you arrive at the Hatherly School, please call the site phone number 857-939-4213 to have a staff member let you in at the main door which will be locked. Once in, take an immediate left and go through the doors leading into the cafeteria. If the group is in another location, there will be a sign on the front door and we will inform you when you call us to indicate you are here to pick up. Staff will check a **photo ID** to make sure that the children are leaving with an authorized person, so please have ID ready. **NOTE:** If your child is absent on a day they are registered for, please call the site phone number 857-939-4213 and leave a message to inform the staff.

### **Wampatuck Elementary School** 266 Tilden Road Scituate, MA 02066

**Before School Program:** We are located primarily in the school cafeteria and also may use the gymnasium. When you arrive at the Wampatuck School, please call the site phone number 781-545-8763 and a staff member will come let you in. If we are in another location, please call the site cell phone at 857-939-4212 for a staff member to come let you in. Drop-off **begins at 7:00am** and you can drop-off any time after that. The daily schedule for the morning includes: quiet games/homework time, breakfast snack (provided by the Y,) and group activities in the cafeteria until dismissal. The children are dismissed directly to class at school start time. Staff do not escort children to class unless requested by the child's parent/guardian.

**Afterschool Program:** Children come straight from class at dismissal and are checked in at the cafeteria. We ask that you please inform the school of the days that your child is registered for the Afterschool Program to avoid any confusion. We are located primarily in the cafeteria, and also use the gymnasium on a daily basis, and weather permitting, use the playground and other outdoor areas. There is a daily schedule that includes the following: snack (provided by the Y), homework time/quiet games, physical activities, arts and crafts activities, free time, and pick up. You may pick your child up at any time **before 6:00pm**. When you arrive at the Wampatuck School, please call the site phone number 781-545-8763 and a staff member will come let you in. If we are in another location, please call the site cell phone at 857-939-4212 for a staff member to come let you in. Staff will check a **photo ID** to make sure that the children are leaving with an authorized person, so please have ID ready. **NOTE:** If your child is absent on a day they are registered for, please call the site cell phone number 857-939-4212 and leave a message to inform the staff.

**\*Children who attend the Cushing and Jenkins Elementary schools are welcome to enroll in our Before and Afterschool programs! Scituate Public Schools will transport the children on a school bus to and from school throughout the week. Cushing students will attend the Hatherly Before and Afterschool program, Jenkins students will attend the Wampatuck Before and Afterschool Program. Parent drop off and pick up will be at the Hatherly and Wampatuck schools where the programs operate.**



**EMILSON YMCA**  
**Before/Afterschool Program**  
**Tuition Policy - Scituate**

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**Tuition Rates for 2018 – 2019 for Hatherly and Wampatuck**

**BEFORE SCHOOL PROGRAM** – Held at each elementary school - 7am until the start of school

5 days/week	\$63/week
4 days/week	\$52/week
3 days/week	\$40/week
2 days/week	\$26/week
1 day/week	\$16/week

**AFTER SCHOOL PROGRAM** – Held at each elementary school, from school dismissal until 6pm.

5 days/week	\$108/week
4 days/week	\$90/week
3 days/week	\$67/week
2 days/week	\$47/week
1 day/week	\$27/week

Before School one hour delay professional development days are included in the weekly fee if your child attends on the day the one hour delay falls. If your child attends the one hour delay but does not regularly attend on that day, the charge will be an additional \$16.

**Tuition Payment** An \$80 non-refundable registration fee along with the first week’s payment is due with your child’s completed Before/Afterschool enrollment packet to register. The maximum registration fee per family (2 or more children) is \$120. Please allow a 2-3 day processing period. Weekly tuition must be paid in advance on the Friday prior to the week of attendance. You must still pay your full weekly payment for those weeks which include snow days and holidays. State issued child care vouchers are accepted.

Please contact Laurie Fournier, Director of Child Care Business Operations, at (781) 264-9444 or [lfournier@ssymca.org](mailto:lfournier@ssymca.org) with any questions regarding your account. Payments can be made in one of three ways: automatic credit card/debit card payments, checks, or money orders. No cash please. All checks/money orders should be made payable to the South Shore YMCA. Please include your child’s full name on the memo line. All receipts are available on the [ssymca.org](http://ssymca.org) website. Please keep all cancelled checks, should there be a question regarding your payment.

All tuition payments should be dropped off to the EMILSON YMCA in Hanover, or mailed directly to:  
 South Shore YMCA  
 141 Longwater Drive, Suite 110  
 Norwell, MA 02061  
 Attention: Laurie Fournier

**Please note that payments will not be accepted at the school your child attends.**

**Automatic Payment Deduction Form:** Our Automatic Payment Deduction Form is designed to make payment easier for families. In order to utilize this program, you must fill out the automatic payment deduction form. Your payments are due every Friday for the following week of care, but please expect to see the charges on your account from Friday to Tuesday, based on when your bank posts the charge. A weekly or monthly receipt of all charges is available at [ssymca.org](http://ssymca.org).

**Withdrawal Policy** In the event you wish to withdraw your child from the Before/Afterschool program, you must provide a two weeks’ notice and complete a Change Form. If a two weeks’ notice is not provided prior to withdrawing, you will be charged for those two weeks.

**Late Payment Policy:** Payments are due the Friday prior to the week of care. If tuition is more than five days late and no attempt has been made to contact our business office to make alternate arrangements, you will first receive a warning letter, and if still no payment has been made you may then receive a notice of termination and your child may not be allowed to continue in the program until all outstanding balances have been resolved or an alternate payment plan has been made with the Childcare Business Office.

*The South Shore YMCA is a charity.  
 Dollars raised through charitable gifts to our Change a Life Fund ensure financial assistance and accessibility to programs and services for all.*



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## EMILSON YMCA Before/Afterschool Program

### Checklist

**\*\*Please be sure to have all of the following completed. Your child cannot be registered until we have everything listed below\*\***

- ✓ **Child's Enrollment Form**
  - Complete Child's Information Section
  - Complete Parent/Guardian Information Section
  - Complete School Information
  - Check off days child is registering for
  - Initial and Signature of Parent/Guardian
- ✓ **First Aid & Emergency Medical Care Consent Form**
  - Child's Name
  - Complete Medical Information Section
  - Provide at least THREE (3) Emergency Contacts/Authorized Pick Ups
  - Signature of Parent/Guardian
- ✓ **Transportation Plan**
  - Child's Name
  - Specify child's transportation to and from the program site
  - Signature of Parent/Guardian
- ✓ **Additional Information**
  - Additional information pertaining to child
  - Parent Initials
- ✓ **Photo Consent and Release Form**
  - Child's Name
  - Parent/Guardian's Name
  - Signature of Parent/Guardian
  - Home Address
  - Phone Number
  - Signature of Parent/Guardian
- ✓ **Parent/Guardian Agreement & Statement of Understanding**
  - Signature of Parent/Guardian
- ✓ **Automatic Payment Deduction Form**
  - Personal Information
  - Account Information
  - Signature of Authorized Payer
- ✓ **Medications**
  - Listed medications on the First Aid and Medical Care Consent form must be submitted to staff with prescription label
  - Individual Health Care Plan Form (IHCP) signed by doctor **AND** parent/guardian
  - Medical Care Consent Form signed by parent/guardian



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## Child's Enrollment Form

### Child's Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Grade: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

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

### Parent / Guardian Information:

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

\*Date of Birth: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

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

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

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(\*Required)

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

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

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Business Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

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

**School Information:**

School Attending in 2018-2019: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Does your child have an IEP\* on file at their school? \_\_\_\_\_

Is your child in process of IEP development with their school? \_\_\_\_\_

- If yes, please provide copy to Afterschool Director. Please discuss with Afterschool Director a **Release of Information Form** to best meet the needs of your child.

\* An IEP is an Individualized Education Program that is developed by the public school system to assist children with succeeding in school. Your child's school would have provided you with a copy of their IEP.

**Site Information:**

Please check off your registration choices below:

Program Location:       Hatherly                       Wampatuck

**\*Cushing students will be bused to/from Hatherly , Jenkins students will be bused to/from Wampatuck.**

Before School Program:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Program:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

**Transportation Plan (please check both sections):**

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

My Child Will Arrive at the Program:

My Child Will Depart the Program:

\_\_\_\_\_ Public/private van or bus

\_\_\_\_\_ Parent Pick-Up

\_\_\_\_\_ Parent Drop-Off

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Unsupervised Walk

\_\_\_\_\_ Unsupervised Walk

\_\_\_\_\_ Private Transportation Arranged by Parent

\_\_\_\_\_ Private Transportation Arranged by Parent

\_\_\_\_\_ Public/private van or bus

\_\_\_\_\_ Other Describe: \_\_\_\_\_

\_\_\_\_\_ Other Describe: \_\_\_\_\_

**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 1 PROGRAM YEAR FROM THE DATE OF SIGNATURE.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## First Aid and Emergency Medical Care Consent Form

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

I authorize staff members in the before/afterschool 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Allergies/Special Diets: \_\_\_\_\_

Medications\*: \_\_\_\_\_

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

Special Limitations or Concerns: \_\_\_\_\_

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

**\* Please attach an Individual Health Care Plan and Medical Consent Form regarding chronic health conditions that require medication for your child. Child cannot start until these forms are completed and submitted.**

### Emergency Contacts/Authorized Pick-Up List

\*The following people will be contacted in the order listed below and are authorized to pick up my child.\*

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes \_\_\_\_\_      No \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes \_\_\_\_\_      No \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes \_\_\_\_\_      No \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Information**

Are there custody agreements, court orders, or restraining orders pertaining to your child? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\* If so, please attach copy and briefly describe here: \_\_\_\_\_

Is there any other information we should be aware of prior to your child starting in our program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Examination and Immunizations**

I certify that documentation of physical examination and immunizations in accordance with the public school health requirements and lead poisoning screening in accordance with public health requirements for my child are on file at their school.

Parent Initials: \_\_\_\_\_

**Release of Information**

To best meet the personal and educational needs of my child, I give permission to the leadership staff of the before and afterschool program to speak to teachers and administrators at my child's school. I understand that all information shared will be kept confidential and will only be used to work towards my child's personal and educational goals.

Parent Initials: \_\_\_\_\_

**Restroom Supervision**

Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff members will stand in the doorway of cafeteria to restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff members (i.e. not being alone with a child). If staff members are assisting younger children, doors to the facility must remain open. Children will only be sent to the bathroom on an individual basis, not in groups.

Parent Initials: \_\_\_\_\_





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## SOUTH SHORE YMCA Before/Afterschool Program

### Childs's Introduction Sheet

**Please help your child complete this sheet so we can get to know your child better!**

My full name is \_\_\_\_\_

My birthday is \_\_\_\_\_

I go to the \_\_\_\_\_ School, and I am in the \_\_\_\_\_ grade.

I was born in the city/state/country of \_\_\_\_\_

The names and ages of my brothers and sisters (or anyone in my family) are \_\_\_\_\_

My favorite animal/pet is \_\_\_\_\_

I like helping people by \_\_\_\_\_

My favorite subject in school is \_\_\_\_\_

My best friend is \_\_\_\_\_

My favorite music group/singer is \_\_\_\_\_

My favorite food is \_\_\_\_\_

I am most proud of \_\_\_\_\_

My favorite outdoor activity is \_\_\_\_\_

My favorite board game is \_\_\_\_\_

I enjoy sharing \_\_\_\_\_

When I grow up I want to be a \_\_\_\_\_

What I am excited most about joining the Y program is \_\_\_\_\_



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## SOUTH SHORE YMCA Photo Consent and Release Form

I, the undersigned, consent to the use of my or my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the SOUTH SHORE YMCA in connection with any publication, program or in any and all media, including the SOUTH SHORE YMCA website, authorized by made or published by the SOUTH SHORE YMCA, and to the advertising and publicity in any and all media now known or hereafter devised. The result and proceeds of my services in connection with the photographs, tapes, films and drawings shall be and remain solely the property of the SOUTH SHORE YMCA. I hereby release all rights or claims in law or equity for any injuries, loss, or damage, which I may have now or in the future against the SOUTH SHORE YMCA, and any other person or entity connected with these media products.

I hereby acknowledge that I have read and fully understood and accepted the foregoing by signing this consent and release form on \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

For SOUTH SHORE YMCA internal use only

*I have read and understood and agreed with the provisions of the foregoing release and give my consent for my afore mentioned minor child or ward to be photographed, taped, filmed, or drawn in connection with the SOUTH SHORE YMCA for the use set forth in the foregoing release and consent.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
I do not give my child, \_\_\_\_\_, permission to have pictures taken.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent/Guardian Agreement and Statement of Understanding

I understand that I will receive a copy of the EMILSON YMCA Before and Afterschool Family Guide including policies and procedures after registration. By signing below I understand that it is my responsibility to read and understand all policies and procedures included in the EMILSON YMCA Before and Afterschool Family Guide.

I understand that my child/family may be terminated from the program if there are concerns for the safety and well-being of the staff, program, and/or other children and/or if a parent or guardian is physically or verbally abusive to a staff member or child.

I agree that in case of an accident or emergency, emergency medical care may be given to my child in the event that I cannot be reached immediately. I understand that I will be held responsible for any medical related costs.

I understand that I must call the YMCA site phone and leave a message in the event my child is absent from his/her school.

I understand that my child will not be allowed to leave the Afterschool Program with an unauthorized person. All persons authorized to pick up my child must be listed in this enrollment packet and have a valid driver's license or picture ID with them at the time of pick up.

I understand that if a person arrives at the program to pick up my child and appears to be under the influence of drugs or alcohol, for the child's safety, staff will have no other alternative but to contact the police.

I understand that the law mandates the EMILSON YMCA to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I understand that EMILSON YMCA staff and volunteers are not allowed to babysit my child or transport my child in their own vehicle at any time even outside of the Before and Afterschool Program.

I understand that the Afterschool program ends promptly at 6:00pm. A \$1.00 per minute PENALTY applies to each minute after 6:00pm that the parent/guardian is late for pick-up. Excessive late pick-up may result in termination.

I understand that the EMILSON YMCA Vacation Programs and Summer Camps are separate from the Before and Afterschool Program and require a separate registration. I am not obligated to pay for these programs unless I register my child. State voucher participants are required to be registered for the Vacation Programs unless their Voucher Agency has approved a break in care for that week. This requires an adjusted voucher to the South Shore YMCA.

I understand that payments are due the Friday prior to the week of care. If tuition is more than five days late and no attempt has been made to contact our business office to make alternate arrangements, my child may not be allowed to continue in the program until all outstanding balances have been resolved. Late Payment Policy includes a notice of termination for non-payment or an agreed upon alternative payment schedule with the Childcare Business Office. Any balance due must be paid in full before registering for any other programs within the EMILSON YMCA.

I understand that there is no tuition credit for absences or family vacations taken during scheduled school time and I am still obligated to pay my regular fee. I also understand that I am obligated to pay for holidays when the schools are closed and for all days that the programs are closed due to inclement weather or other emergencies.

I understand that if I am a voucher client, I must pay my parent fee, according to my voucher agreement. If I do not pay my parent fee the YMCA will issue a 2 week termination notice and contact your Voucher agency. I understand that I am responsible for keeping my voucher current, and if I do not, my child will be unable to continue to attend the Before and Afterschool Program until it is renewed or private pay arrangements are made with the EMILSON YMCA.

I understand that a 2 week notice must be given in writing to the Director of Afterschool Programs, Jamie Farrell, to withdraw my child from the program, or to change program enrollment status (switching of days, etc.). The Change Form must be filled out for all changes. If 2 week notice is not given, and I made no initial deposit due to a voucher or other arrangement, I will still be responsible for paying for the two weeks after the Change Form has been submitted.

I understand that although we strive to meet the needs of every child there are circumstances where a child cannot function in our environment. If certain aggressive behavior causes a significant risk or harm to the health and safety of children and/or staff, the Before and Afterschool Program may terminate the enrollment, without notice, of any child whose behavior creates a significant risk of harm to children or staff.

Parent Signature \_\_\_\_\_

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



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## Automatic Payment Deduction Responsibilities Authority to Draw ACH Debits or Drafts for Childcare Payments

Your Name:
Address:
City, State and Zip:

Child's Name:	*Site:	Amount: \$
Child's Name:	* Site:	Amount: \$
Child's Name:	*Site:	Amount: \$

\*Site – Where is your child attending the program? (ex: Hatherly, Wampatuck)

### Checking/Savings Account:

Full Name Of Your Bank:	
Bank Transit Routing No:	Choose One: <input type="checkbox"/> checking account <input type="checkbox"/> saving account
Depositor's Account No:	Signature of Bank Depositor:

***or***

### Credit/Debit Card:

Card Number:		
Expiration Date:	CVV:	Full Name on Card:

### Authorization:

I hereby authorize the SOUTH SHORE YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Business Office will contact you for payment if your automatic payment is declined. A service charge may be applied by the YMCA to my bank or credit card company.

**I have reviewed the above rules and understand the responsibilities of the Automatic Payment Deduction as written above.**

**Authorized Payer's Signature:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_