



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## South Shore YMCA - Quincy Afterschool Program Enrollment Packet 2018-2019

Kate Morrison, Afterschool Director  
(617) 481-4477  
[K Morrison@ssymca.org](mailto:K Morrison@ssymca.org)

Dear Families,

Thank you for inquiring about the South Shore YMCA's Quincy Afterschool Program! Attached, you will find our 2018-2019 enrollment packet. To enroll your child, you will need the following items are required:

- **A Completed Registration Packet & Recent Photograph**
- **First Week Tuition Deposit + \$80.00 Registration Fee, Non-Refundable**  
(Maximum of \$120 per family)

**Any enrollment packet that is not completed in full will not be accepted.**

These items should be returned to the Quincy Branch at 79 Coddington Street of the South Shore YMCA or the Germantown Neighborhood Center at 366 Palmer St. All checks and money orders should be made payable to the South Shore YMCA. Please DO NOT mail cash. Financial Assistance for families may be available through the South Shore YMCA. For more information please visit our website at [www.ssymca.org](http://www.ssymca.org).

Program space is limited and registrations are accepted on a first come, first serve basis. If our program is full at time of registration, your child will be placed on a waitlist. No registrations will be processed unless the full deposit and registration fee are submitted. I look forward to meeting you and your child in the near future!

Thanks,  
Kate Morrison  
Afterschool Director

## **Our Program Sites**

### **Germantown Neighborhood Center 366 Palmer St Quincy, Ma 02169**

Children in this program attend Beechwood Knoll, Lincoln Hancock, Montclair, Parker, Snug Harbor, and Squantum Elementary Schools. Children will be transported from their elementary schools to Germantown Neighborhood Center via program van. We are located in the main room downstairs and main area upstairs. We will also use the field behind Snug Harbor School. This site provides ample room for homework time, active games, arts & crafts, as well as all of our curriculums. Children are transported to the Quincy Branch of the South Shore YMCA for a free swim time one day each week! Please ask the Site Coordinator for specifics including what day, time, and necessary attire. You may pick your child up any time before 6:00pm. When you arrive park in the lot and enter the building using the front door.

### **Clifford H. Marshall Elementary School 200 Moody Street Quincy, MA 02169**

Children in this program attend the Clifford Marshall School. The Clifford Marshall site does not accept children from other schools. We are located primarily in the cafeteria, but also use the gymnasium, library, and playground on a regular basis. Children are transported to the Quincy Branch of the South Shore YMCA for a free swim time one day each week! Please ask the Clifford Marshall Site Coordinator for specifics including what day, time, and necessary attire. You may pick your child up any time before 6:00pm. When you arrive at the Clifford Marshall School, you may drive up to the lower, street level parking (adjacent to the playground) and walk up to the school. For the safety of all, parking at the top level next to the school is not permitted. Thank you for your cooperation!

### **Bethel Church of the Nazarene 41 Empire Street Quincy, MA 02169**

Children from Atherton Hough, Bernazzani, Merrymount, Lincoln Hancock and Wollaston Schools will now have the opportunity to attend our site located at the Bethel Church of the Nazarene in Germantown. Located less than a mile from Snug Harbor, our Bethel Church site provides a safe, fun environment for all children in the area. With 4 classrooms, outdoor space, and a large common area, this site provides ample room for homework time, active games, arts & crafts, as well as all of our curriculums. Children will be transported to the Quincy Branch of the South Shore YMCA once a week for swim! Please ask your site coordinator for specifics on day & time. Children will be transported from their elementary schools to the Bethel church via program van. All children must be picked up prior to 6:00 p.m. You may park in the parking lot located outside of the church, enter the building, and head up the stairs to the right where the sign out table will be located.

### **Broad Meadows Middle School 50 Calvin Road Quincy, MA 02169**

The Broad Meadows Site will be for our middle school students. Children at this site attend different middle schools throughout the city of Quincy (Point Webster, Atlantic, Broad Meadows, Central, and Sterling). Located primarily in the cafeteria with access to a large outdoor field, outdoor basketball court, and indoor gym, the Broad Meadows site provides children with a variety of spaces to use for many different activities. Children will participate in homework assistance, teambuilding, active indoor & outdoor games, social and emotional skills development, and all of our curriculums! Children are transported to the Quincy Branch of the South Shore YMCA for a free swim time one day each week! Please ask Site Coordinator for specifics including what day, time, and necessary attire. All students will be transported from their respective schools to Broad Meadows via program vans. Children must be picked up prior to 6:00pm. Families may park at the parking lot to the right of the school and enter through the cafeteria doors.

\*For details regarding daily schedules, curriculum, transportation, staffing, etc. please call  
Kate Morrison, Afterschool Director, at 617-481-4477\*

## 2018-2019 Tuition Page

# of Days	Price	Price Including Early Release Day*
5		\$149.00
3	\$119.00	\$130.00
2	\$98.00	\$109.00

*\*Additional \$10.00 charge for early release days (i.e. Tuesdays for Quincy Public Schools) included.*

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.

Included in our tuition is a USDA CACFP approved nutritious daily snack (fresh fruit/vegetables, grains) and early release day lunch (low fat milk, turkey/ham, and cheese on wheat bread with a fruit and vegetable), transportation from school, and open swim program (transportation provided from all sites). We also provide USDA CACFP lunch and daily snack during our vacation programs (separate registration required).

### Registration Fee

There is a required \$80.00 registration fee for each enrollment. The maximum registration fee for a family (2 or more children) is \$120.00.

### Full Day Program Rate

An additional \$30.00 fee will be added to your bill for any full day program (i.e. snow days/holidays).

### Vouchers

State issued child care vouchers are accepted. You may be required to pay your parent fee for the first week when you register. Please note that if you are absent more than thirty days in a six month period or more than three consecutive unexplained absences, you may be at risk of losing your voucher. Parent fees are due the Friday prior to the week of care.

### Billing

First week tuition plus \$80.00 non-refundable registration fee is due before your child may start at the Afterschool Program. Every week thereafter you will be billed on a weekly basis. Your weekly bill is due the Friday prior to the week of care. Please direct all payments to Child Care Department, and can be dropped off at the Welcome Center in the Quincy Branch or mailed to:

Attn: Child Care Department, South Shore YMCA, 141 Longwater Drive, Suite 110, Norwell, MA  
02061

\*Please make checks payable to South Shore YMCA with your child's name in the memo line of the check.\*

### Express Payment Plan

Our Express Payment Plan is designed to make payment easier for parents. In order to utilize this program, you must fill out the credit card authorization form. Your credit card will be charged every Friday for the next week's fee. A weekly or monthly receipt of all charges will be available upon request.

### Withdrawal Policy

In the event that you wish to dis-enroll your child from the Afterschool Program, we require two weeks' notice in writing. If two weeks' notice is not provided prior to dis-enrolling, you will still be charged for two weeks' following the dis-enrollment.

### Late Payment Policy

Payments are due the Friday prior to the week of care. Payments paid on Friday apply to the following week. If your payment is more than 5 days late, you will receive a letter of termination for your child the following Monday.



## 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: \_\_\_\_\_ 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: \_\_\_\_\_

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 in September: \_\_\_\_\_ Grade in September 2018: \_\_\_\_\_

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

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

School Phone Number: \_\_\_\_\_

Does your child have an IEP on file at their school? \_\_\_\_\_ If yes, please provide copy.

\* 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 indicate the program site your child will attend:

\_\_\_\_\_ **Germantown Neighborhood Center** – 366 Palmer Street, Quincy Ma 02169  
(Students Attending Beechwood Knoll, Lincoln Hancock, Montclair, Parker, Snug Harbor, and Squantum)

\_\_\_\_\_ **Clifford H. Marshall Elementary School** – 200 Moody Street, Quincy, MA 02169  
(Students Attending the Clifford Marshall Elementary School)

\_\_\_\_\_ **Bethel Church of the Nazarene** – 41 Empire Street, Quincy, MA 02169  
(Students attending Atherton Hough, Bernazzani, Merrymount, Lincoln Hancock and Wollaston)

\_\_\_\_\_ **Broad Meadows Middle School** – 50 Calvin Road, Quincy, MA 02169  
(Students attending Middle Schools, Atlantic, Broad Meadows, Central, Point Webster, Sterling)

Please indicate the number of days your child will attend:

\_\_\_\_\_ **2 Days**          \_\_\_\_\_ **3 Days**          \_\_\_\_\_ **5 Days**

Please indicate the days your child will be attending:

\_\_\_\_\_ **Monday**          \_\_\_\_\_ **Tuesday**          \_\_\_\_\_ **Wednesday**          \_\_\_\_\_ **Thursday**          \_\_\_\_\_ **Friday**

**Transportation Plan:**

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

My Child Will Arrive at the Program:

My Child Will Depart the Program:

\_\_\_\_\_ Afterschool Program Bus/Van

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

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

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

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

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

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

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

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

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

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

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

## First Aid and Emergency Medical Care Consent Form

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

I authorize staff members in the 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 #: \_\_\_\_\_

Will your child take any medications while at the Afterschool Program? Please explain so we may provide you with an Individual Health Care Plan to be completed by your child's medical provider prior to participation in the program.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Medication: \_\_\_\_\_

\* Please attach any Individual Health Plans regarding chronic health conditions for your child.

### 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ 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, you must 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 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: \_\_\_\_\_

**Sunscreen Application**

By initialing below, I give permission for the Afterschool Program to help apply sunscreen with UVB and UVA protection with SPF 15 to my child when necessary.

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 the rest room 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. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Children will always be sent with at least one other child and a staff member, known as the rule of three.

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



## Childs's Introduction Sheet

**Parents/Guardians...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 are \_\_\_\_\_

\_\_\_\_\_

The names and types of pets I have are \_\_\_\_\_

\_\_\_\_\_

Who is the most important person to you? \_\_\_\_\_

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

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

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

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

My favorite day of the week is: \_\_\_\_\_

My favorite activity in the Fall: \_\_\_\_\_

My favorite activity in the Winter: \_\_\_\_\_

My favorite activity in the Spring: \_\_\_\_\_

My favorite activity in the Summer: \_\_\_\_\_

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





## Swim Permission

It's time for swim program registration!!! As a unique part of the YMCA Afterschool Program, open swim is offered from September to June. Please decide if you would like your child to participate in our South Shore YMCA Open Swim Program for the school year 2018-2019. Open swim will be offered at our YMCA pool in the Quincy Branch. Children from all of the Afterschool Sites will be transported to the branch in our program vans and transported back to their respective sites after open swim is complete. The Afterschool Program Staff are participating in and around the pool with the children during your child's specific swim time. The schedule varies for all sites so please contact your Site Coordinator for information regarding your child's swim time.

There is no additional charge for your child to participate in the Open Swim Program. Please complete and sign the bottom portion of this form.

### Swim Day Checklist

- Bathing Suit
- Towel

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

I give my child permission to participate in the South Shore YMCA Open Swim Program.

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



## 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

**If the foregoing is a minor, at least one parent/guardian must sign the following:**

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: \_\_\_\_\_



## Permission Slip for Brushing Teeth

- THE CHILDREN WILL HAVE THE OPPORTUNITY TO BRUSH THEIR TEETH AFTER LUNCH. THE STAFF WILL CHOOSE WHICH TIME FITS BETTER IN THE SCHEDULE.
- THE TOOTHBRUSHES WILL BE KEPT IN INDIVIDUAL CASES WITH THE CHILD'S NAME ON IT
- THE CENTER WILL PROVIDE TOOTHBRUSHES EVERY THREE MONTHS AND/OR WHEN A CHILD IS SICK.
- THE CENTER WILL KEEP ALL EQUIPMENT CLEAN AND SANITARY

### **I give my child permission to brush their teeth at the YMCA Afterschool Program**

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

Parent/Guardian's Name: \_\_\_\_\_

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

### **I do not wish to have my child participate in tooth brushing while in care at the YMCA Afterschool Program.**

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

Parent/Guardian's Name: \_\_\_\_\_

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

If you have any questions or concerns, please call:

Kate Morrison, Afterschool Director at 617-481-4477

## South Shore YMCA Afterschool Program Statement of Understanding

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

I agree that my child will abide by the rules and regulations set by the South Shore YMCA's Afterschool Program. I understand that failure to do so may result in termination from the program.

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 South Shore YMCA in the event my child is absent from his/her school. Failure to call may result in termination of transportation.

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 South Shore YMCA to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I understand that South Shore 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 Afterschool Program. Immediate disciplinary action will be taken by the South Shore YMCA toward staff and volunteers if a violation of this rule is discovered.

I understand that the Afterschool Program ends promptly at 6:00pm. A \$1.00 per minute/per child late 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 from the program.

I understand that I am obligated to pay for holidays when the schools and the Afterschool Program are closed, as well as days that schools and the Afterschool Program are closed due to inclement weather or other emergencies.

I understand that 14 days notice must be given in writing to the Afterschool Director, Kate Morrison, to withdraw my child from the program, or to change program enrollment status (switching of days, etc.). If 14 days notice is not given and I made no initial deposit due to a voucher or other arrangements, I am obligated to pay for 14 days of care following my termination from the Afterschool Program.

I understand that the South Shore YMCA Vacation Programs and Summer Camps are separate from the Afterschool Program and require a separate registration.

I understand that I am not obligated to pay for school vacation programs unless I enroll for the school vacation program by completing a separate enrollment packet.

I understand that a space is reserved for my child and can't be used by any other family on a daily basis. Therefore, I am obligated to pay for family-scheduled vacations and when my child is absent on a day that the Afterschool Program is open.

I understand that if I am a voucher client, I must pay my parent fee, according to my voucher agreement, to be considered current. 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 Afterschool Program until it is renewed or private payment arrangements are made with the South Shore YMCA.

I understand that if I fall behind on my tuition payments and do not arrange a payment plan with the Afterschool Program, care for my child will be suspended immediately. Payment must be received for the care of my child to continue or I understand that my child will be terminated from the program. Any balance due must be paid off before registering for any other programs within the South Shore YMCA.

I agree to all policies/procedures listed on the 2017-2018 Policy Page at the beginning of this enrollment packet.

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



**South Shore YMCA  
Afterschool Program  
Checklist**

**Please be sure to have all of the following checklist completed. We will not register your child until we have everything listed below**

✓ **Photo Of Your Child**

✓ **Child's Enrollment Form**

- Complete Child's Information Section
- Complete Parent/Guardian Information Section
- Complete School Information
- Complete Site Information
- Complete Transportation Plan
- Parent/Guardian Signature & Date

✓ **First Aid & Emergency Medical Care Consent Form**

- Child's Name
- Complete Medical Information Section

✓ **Emergency Contacts/Authorized Pick-Up List**

- Name of Emergency Contacts/Authorized Pick-Ups
- Full Addresses for Listed Contacts
- Phone Numbers for Listed Contacts
- Parent/Guardian Signature & Date

✓ **Parent/Guardian Sign-Offs**

- Physical Examination & Immunizations Initialed
- Release of Information Initialed
- Sunscreen Application Initialed
- Restroom Supervision Initialed
- Tooth brushing Permission

✓ **Child's Introduction Sheet**

- Completed

✓ **Swim Permission**

- Child's Name
- Parent/Guardian Signature & Date

✓ **South Shore YMCA Photo Consent**

- Child's Information
- Parent/Guardian Signature & Date

✓ **South Shore YMCA Afterschool Statement of Understanding**

- Parent Signature & Date



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## **PAYMENT PAGE**

### Payment Method

Child's Name:

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\*Please indicate below payment method accompanying enrollment packet by marking appropriate line(s)\*

\_\_\_\_\_ Check Enclosed

\_\_\_\_\_ Credit Card:    Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_    CID #: \_\_\_\_\_

\_\_\_\_\_ Voucher

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

\_\_\_\_\_  
Date



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## EXPRESSED PAYMENT PLAN Weekly Draft 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: SSELC., Clifford Marshall, etc.)

Full Name Of Your Bank:
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### Checking/Savings Account:

Bank Transit Routing No:	Choose One: [ ] checking account [ ] saving account
Depositor's Account No:	Signature of Bank Depositor:

***OR***

### Credit/Debit Card:

Card Number:	
Expiration Date:	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 draft is declined, plus a service charge will be applied by the YMCA to my bank or Credit Card Company.

**I have reviewed the above rules and understand the responsibilities of the weekly/monthly draft as written above.**

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