



# Keene Family YMCA

## Middle School Grades 6-8th

### **Academic Support & Enrichment Program**

2020-2021

In response to the increase in school-age childcare needs surrounding the hybrid model, we have formulated a program to help families maintain regular work schedules and support youth in their remote learning assignments. *Please note that submission of this registration form does not guarantee enrollment for your child.* Enrollment confirmation and site location will be communicated directly by the Senior Program Director, Kelly Fleuette.

**Registration Fee for new family** 1<sup>st</sup> child \$75.00 2<sup>nd</sup> child \$65 3<sup>rd</sup> child \$50

**Registration fee for current child/school age family** 1<sup>st</sup> 30 2<sup>nd</sup> child \$25 3<sup>rd</sup> child \$20

**Tuition** \$150.00 regardless of attendance in the program.

**ASE (full day) Program Hours** are 8:00-4:00pm with options of MWTW or TWF

The Middle School ASE Program will be based out of the Main YMCA on 200 Summit Road.

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***Please circle the days in which your child will attend the ASE full day program:***

Monday      Tuesday      Wednesday      Thursday      Friday

Start Date: \_\_\_\_\_ Approximate Drop off time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cluster: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mothers/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Fathers/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Director Received/date \_\_\_\_\_

Office received/Date \_\_\_\_\_



## Keene Family YMCA

### Middle School

## **Academic Support & Enrichment Program**

Thank you for your interest in the Keene Family YMCA's Academic Support & Enrichment (ASE) program. We recognize the challenges that families are facing during the COVID-19 Pandemic and are excited to be able to provide your child academic support coupled with high-quality care through this program.

We also want to be transparent about a few changes to our programming and new expectations that have been set forth to make this program operate safely. First and foremost, the ASE program (staff, youth, and families) will adhere to all State and CDC health and safety guidelines surrounding COVID-19. This program was built to serve each family in a wholesome way, providing care on a fully remote day. Therefore, tuition is a flat rate that is paid regardless of the number of days in which your child is present in the program. ***Please also note that our program offerings, hours of operation and location are subject to change with the fluidity of COVID-19.***

Submission of the registration form does not guarantee your child a spot in the program. Program offerings are based upon various factors including but not limited to the amount of youth enrolled in the program, and qualified staff available. Enrollment confirmation will come directly from the Senior Program Director in addition to a checklist of supplies the child should bring with them to the program, and the School-Age Childcare Parent Handbook for review and signature of acknowledgement.

This is a non-licensed Program and will follow under general programming of the Keene Family YMCA. The program will not be offered during holidays, teacher workshops or school vacation breaks.

ASE Program questions can be directed to the Senior Program Director, Kelly Fleurette at [kfleurette@keene-ymca.org](mailto:kfleurette@keene-ymca.org) or 603-283-5240

# Keene Family YMCA Middle School ASE Program Emergency Information 2020

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions for parent contact:
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**Emergency Contacts/ Alternate Pick Up Persons** (to whom your child may be released to when parent or guardian cannot be reached or authorized to pick up in a non-emergency situation.)

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Child's Primary Medical Care

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ In case of an emergency, hospital to take your child \_\_\_\_\_

## Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by YMCA staff / EMT , and, if necessary, be transported to receive emergency care . I understand that I will be responsible for all charges not covered by insurance . I agree to review and update this information whenever a change occurs.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Keene Family YMCA

### Middle School Program Waiver 2020-2021

The following form contains waivers for activities and circumstances that may arise in program as well as policies and procedures around COVID-19. Please read the list carefully and initial all that you agree to allow and those that ask for you to acknowledge understanding.

#### **Illness Policy and Allergies**

I understand that I must review and sign the health screening tool each week. \_\_\_\_\_ (initial)

I understand that it is my responsibility to notify the YMCA IMMEDIATELY if there are any changes to the health screening questions within my household. \_\_\_\_\_ (initial)

I understand that if my child is sent home sick, I am responsible for following the YMCA's illness protocols surrounding COVID-19 in order for my child to return to the program. \_\_\_\_\_ (initial)

I understand that it is my responsibility to ensure my child is picked up within 30 minutes of receiving the phone call in notification of my child's illness/symptoms. \_\_\_\_\_ (initial)

Does your child have any allergies that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_.

#### **Transportation Waiver**

I understand that the YMCA will **not** be providing transportation to/from any school-age program and that it is my responsibility to coordinate transportation. \_\_\_\_\_(initial)

I give permission for my child to participate in spontaneous group walking field trips with YMCA staff during the school day without prior notice. \_\_\_\_\_(initial)

#### **Activities & Facilities Waiver**

I give my child permission to participate in activities that take place within the YMCA facility and surrounding areas \_\_\_\_\_(initial)

I understand that there will not be swimming opportunities during the school-age program due to COVID-19 restrictions. \_\_\_\_\_ (initial)

I give my child permission to participate in water activities under the supervision of YMCA staff including wading pools, texture tables, water slides, field games and marsh land.  
\_\_\_\_\_(initial)

**Photography Waiver**

I give the YMCA permission to photograph my child during the current year. \_\_\_\_\_ (initial)

I give the YMCA permission to use photographs of my child in any publication relating to the YMCA including, but not limited to brochures, program guides, posters, publicity, etc.

\_\_\_\_\_ (initial)

**Tuition Payments & Billing**

I understand that I am required to pay the flat rate tuition for school—age programming regardless my child’s presence/absence in the program. \_\_\_\_\_ (initial)

I understand that there will be a late charge added to my child’s account if they are picked up past 4:00pm. \$5.00 for the first 5 minutes that you are late to pick up your child and \$2.00 for every minute thereafter. \_\_\_\_\_ (initial)

**Personal Items Waiver**

I understand the no personal items (such as toys and games) from home are allowed in any Keene Family YMCA childcare program. If my child does bring in a personal item, they will be asked to put it away in their cubby. If they refuse to do so the YMCA staff will hold the item for the remainder of the day. The YMCA is not responsible for items lost or stolen.

\_\_\_\_\_ (initial)

**Absentee Policy**

I agree to call my child’s classroom/program if my child is going to be out sick or absent for any reason \_\_\_\_\_ (initial)

I understand that I am responsible for notifying the YMCA childcare staff about any illness or symptoms associate with COVID-19 immediately. \_\_\_\_\_ (initial)

**Observation Waiver**

I give the YMCA permission to allow students (high school or college) and specialists to observe my child’s classroom for educational purposes after the YMCA verifies their purpose and identity\_\_\_\_\_ (initial)

I have read, understand, and initialed all waivers that apply to my child.

Legal Guardian

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

Child’s Name \_\_\_\_\_



**Keene Family Child Care Program  
CREDIT CARD AUTHORIZATION AGREEMENT**

I, \_\_\_\_\_ (card holder) hereby agree to authorize the Keene Family YMCA to charge my credit card for my childcare tuition payments.

Weekly payment(s) charged on Monday the week of services.

Weekly Tuition amount \$\_\_\_\_\_ starting on \_\_\_\_\_ (date)

As the card holder I understand that failure to provide valid credit card information (expiration dates, replaced cards etc.) will result in immediate suspension of child care services. As the card holder I agree that this authorization is binding and childcare tuition payments will continue until such time a written 15 day noticed of intent to withdraw from the childcare services at the Keene Family YMCA is received. I understand that a \$25 fee will be charged to my account for any credit card transactions that are declined for any reason.

Any questions should be directed to our Senior Program Director at 283-5240 or [kfleurette@keene-ymca.org](mailto:kfleurette@keene-ymca.org)

CREDIT CARD INFORMATION

Card holder's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

Credit Card Type: \_\_\_ MasterCard \_\_\_ Visa Credit Card # \_\_\_\_\_

\_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code

Card holder's signature: \_\_\_\_\_

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

\_\_\_\_\_  
Parents/Guardians Signature \_\_\_\_\_ Date

Office use only: Staff Signature: \_\_\_\_\_ Date processed: \_\_\_\_\_

*The Keene Family YMCA is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for Internal Use Only.*

**Keene Family Child Care Program  
ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT**

I, \_\_\_\_\_ (account holder) hereby agree to authorize the Keene Family YMCA to charge my checking account for my childcare tuition payments.

**A copy of voided check for proof of account ownership must be attached.**

Weekly payment(s) charged on Monday the week of services.

Weekly Tuition amount \$ \_\_\_\_\_ starting on \_\_\_\_\_ (date)

As the Account holder I understand that failure to provide valid account information will result in immediate suspension of child care services. As the Account holder I agree that this authorization is binding and childcare tuition payments will continue until such time a written 15 day notice of intent to withdraw from the childcare services at the Keene Family YMCA is received. I understand that a \$25 fee will be charged to my account for any transactions that are rejected for any reason.

CHECKING ACCOUNT INFORMATION

Name on Account: \_\_\_\_\_

Address \_\_\_\_\_

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

Financial Institution name: \_\_\_\_\_

Transit/Routing Number (9 digits) \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

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

\_\_\_\_\_  
Parents/Guardians Signature

\_\_\_\_\_  
Date

Office use only: Staff Signature: \_\_\_\_\_ Date processed: \_\_\_\_\_

