



## Keene Family YMCA

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

### For School-Age Youth

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 have been fortunate to partner with local churches wanting to help children and families participating in the district's hybrid model by providing space for full day and after-school programming. We would also like to thank Savings Bank of Walpole for their generous donation toward helping us open the doors to this new program.

The Academic Support & Enrichment Program for School-Age Youth will now be offered on a 3-day/week schedule, depending upon which hybrid track your child is on. We will have a classroom for the students who are remote M/W/Th and another classroom for those who are remote T/W/F. 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.*** For example: should enrollment in after-school days increase, we may offer those programming hours; OR if schools are to go fully remote, we will transform the program to allow for families to enroll in a 5 full-day option.

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, qualified staff available, operation of off-site program space(s), etc. Enrollment confirmation will come directly from the School-Age Director in addition to the site location assignment, a check-list of supplies the child should bring with them to the program, and the School-Age Childcare Parent Handbook for review and signature of acknowledgement.

ASE Program questions can be directed to the School-Age Director, Ashley Engelbrecht at [aengelbrecht@keene-ymca.org](mailto:aengelbrecht@keene-ymca.org) or 603-283-5241

Billing questions can be directed to the Assistant Childcare Director, Katie Gregory at [kgregory@keene-ymca.org](mailto:kgregory@keene-ymca.org) or 603-283-5242

COVID policy/procedure related questions can be directed to the Childcare Services Director, KAaron Brown at [kbrown@keene-ymca.org](mailto:kbrown@keene-ymca.org) or 603-283-5253



# Keene Family YMCA

## **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 School-Age Program Director.

**Tuition** for the 3 full-day program is a flat rate of \$125.00/child/week regardless of attendance in the program.

**ASE (full day) Program Hours** are 7:30am-5:00pm

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***Please circle the 3 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 Elementary School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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 \_\_\_\_\_

Child's Site Assignment: \_\_\_\_\_



## Keene Family YMCA Fee Structure 2020-2021 (effective 6/30/2020)

<u>New Family Enrollment Fee</u>		<u>Current Family Registration Fee</u>	
First Child	\$75.00	First Child	\$30.00
Second Child	\$65.00	Second Child	\$25.00
Third Child	\$50.00	Third Child	\$20.00

### **School Age Programs**

The Academic Support & Enrichment Program for School-Age Youth is offered at a flat tuition rate of \$185.00/child/week. Tuition for this program covers each full remote learning day, after-school hours and early release days for enrolled students.

### **Vacation Camp Programs**

Registration for Vacation Camp programs open in mid-late September. Enrollment paperwork will be available on our website at [www.keeneymcac.org/child-care/](http://www.keeneymcac.org/child-care/) as well as the Welcome Center in our main facility and upon request to the school-age director.

<b>Vacation Camp Fee Structure</b>	
In-House School-Age Participants	\$30.00/day
YMCA Members	\$35.00/day
Community Members	\$40.00/day

### **Snow Day Program**

\*Facilitation of this program has not yet been determined. Thank you for your patience and understanding as we work towards a solution.

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

Keene Family YMCA School-Age Program

**NAME OF CHILD CARE PROGRAM** [REDACTED]

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

**DATE OF CHILD'S ENROLLMENT** \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

**IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:**

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number:                      Hours:	Phone number:                      Hours:
Email:	Email:
<b>Special Instructions for reaching parent/guardian:</b>	

**EMERGENCY CONTACT PERSON:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

**NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:** I, \_\_\_\_\_  
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:





# KEENE FAMILY YMCA

## Child Identification and Health Information

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

### Physical Build:

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Special identifying marks (birthmarks, scars etc) \_\_\_\_\_

### Health and Development:

**ALLERGIES:** Please list any allergies your child has to food, medicine, environment etc. Please rate the severity of each allergy on a scale of 1(mild) - 5(severe).  
*Allergies that require care will need an Allergy Plan signed by the doctor.*

### Please answer the following in regard to your child's health & wellbeing:

#### (circle answers & explain where necessary)

Does your child receive regular medication? Yes No \_\_\_\_\_

Asthma? Yes No \_\_\_\_\_

Skin Disorders? Yes No \_\_\_\_\_

Serious Illnesses? Yes No

Please explain: \_\_\_\_\_

Physical disabilities? Yes No

Receiving services by whom \_\_\_\_\_

Developmental Delays? Yes No

Receiving services by whom \_\_\_\_\_

Social/Emotional Disorders? Yes No

Receiving services by whom \_\_\_\_\_

Speech Delays or Sensory Disorder? Yes No

Receiving services by whom \_\_\_\_\_

**Questionnaire:**

Has your child ever been in childcare before? Yes No

Type of program your child has been in: (please circle)

Babysitter          Home Center          Child Care          Never in childcare before

What types of activities does your child enjoy? (such as sports, arts & crafts, reading, etc.)

Please take a moment to share with us any ***additional information about your child*** that would ***be helpful for our staff to know:***

Please take a moment to share with us any ***additional information about your family*** that would ***be helpful for the staff to know:***(customs, traditions, etc.)

Parent Signature/Date\_\_\_\_\_



**Keene Family YMCA  
School-Age Program Waiver  
2020-2021**

The following form contains waivers for particular activities and circumstances that may arise in childcare 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**

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)

**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/Church of the Nazarene/Next Level Church/Elm City Church and any other off-site location that may be outside the licensed childcare classrooms. \_\_\_\_\_(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 give the YMCA permission to disclose my state case number for purposes that will benefit the quality of the YMCA childcare program including, but not limited to food assistance programs & funding programs \_\_\_\_\_(initial)

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 5:00pm. \$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)

**Sunscreen/ Bug Spray Waiver**

I give permission for the YMCA staff to assist in applying sunscreen and/or bug spray to my child while in their care. I will keep a supply at the YMCA for my child. \_\_\_\_\_ (initial)

\*Sunscreen with DEET is not allowed. Sunscreen does expire each year. The Y asks for a new bottle each spring.

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

Legal Guardian

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





FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Keene Family YMCA Child Care Policies and Procedures Statement of Understanding 2020

- All child care payment options are DUE by Monday of the week of services. Late payments will be charged a \$10 late fee per week.
- All child care state parent co-pays are DUE by Friday of the week of service. Late payments will be charged a \$10 late fee per week.
- Failure to keep tuition accounts current will result in termination of services. Unpaid account balances will be sent to a collection agency.
- Tuition payments are made regardless of the child's presence or absence in the program. Accommodations will only be made if the YMCA has to close a classroom and is unable to provide the childcare service.
- I understand that there is a \$25.00 late fee for any checks returned as uncollected or denied credit cards.
- All childcare programs including school-age programs close at 5:00pm. A \$5.00 late fee will be applied to your account for the first 5 minutes that you are late to pick up your child and \$2.00 for every minute thereafter.
- It is your responsibility to keep your child's file current with updated health/immunization forms and CACFP forms. You will be notified by our staff when forms need to be renewed.

Please sign this notice acknowledging that you have read and understand the contents of the Keene Family YMCA's Childcare/School Age Parent Program Policies and Procedures Statement of Understanding.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Classroom

Child's tuition \_\_\_\_\_ weekly



**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 Billing Specialist at 283-5242 or [childcare@keene-ymca.org](mailto:childcare@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.

Any questions should be directed to our Billing Specialist at 283-5242 or [childcare@keene-ymca.org](mailto:childcare@keene-ymca.org).

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: \_\_\_\_\_