August 14th, 2018

Dear Mendell OST Families,

We hope everyone has had an exciting and fun filled summer! As we prepare to gear up for the 2018-2019 school year and the extended learning time still in effect, the Mendell OST program will still run daily from 4:10p to 6:00p.

The Published Rate at the Mendell School is $106 per week. However, the YMCA has raised unrestricted funds to help support a school rate. The school rate for 2018/2019 school year is $90.00 per week. YMCA financial assistance is also available to families who need additional assistance.

Please feel free to reach out with any additional questions. Looking forward to an exciting school year ahead!

Best,

Allison Singer
Site Director-Out of School Time Program
YMCA OF GREATER BOSTON
Mendell Elementary School
164 School Street, Roxbury MA 02119
(c) 617-512-8851 (f) 617-585-9092
(e) asinger@ymcaboston.org
**MENDELL SCHOOL YMCA OUT-OF-SCHOOL TIME PROGRAM REGISTRATION FORM 2018–2019**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Program Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>D.O.B.:</td>
</tr>
<tr>
<td>Grade:</td>
<td>School Attended:</td>
</tr>
<tr>
<td>Parent/Guardian’s Name:</td>
<td>D.O.B.:</td>
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<tr>
<td>Address:</td>
<td>Zip Code:</td>
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<tr>
<td>Email:</td>
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<tr>
<td>Parent/Guardian’s Name:</td>
<td>D.O.B.:</td>
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<tr>
<td>Address:</td>
<td>Zip Code:</td>
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<td>Email:</td>
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**REGISTRATION INFORMATION**

All children must have a YMCA membership to register in the program. If they are currently not part of a family membership, a kid pass ($27/yr) or youth pass ($72/yr) must be current at the start of the program. This pass is good for one year and can be used to receive priority registration and discounts on other YMCA programming.

A one week non-refundable deposit is due at the time of registration unless payment is set up on automatic withdrawal. If you have a voucher please include with this form. Financial assistance is available. Upon request, please complete a Financial Aid Application with all required documentation.

Tuition is based on the number of days per week your child is scheduled to attend the program. Please note that parents are responsible to pay for holidays if their child is scheduled for that day. Payment is due one week in advance of services provided. In order to register for afterschool programming families must not have an afterschool and/or camp balance of more than one week.

<table>
<thead>
<tr>
<th>Programs and Fees</th>
<th>See cover letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 days – $106.00</td>
<td>3 days – $88.00</td>
</tr>
<tr>
<td>2 days – $78.00</td>
<td></td>
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</tbody>
</table>

***The YMCA works with families to make care affordable and Financial Assistance is available. Ask for more information.***

<table>
<thead>
<tr>
<th>Please select your child’s days. (2, 3, or 5 day options only)</th>
<th>Weekly Program Cost</th>
</tr>
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<tbody>
<tr>
<td>M T W TH F</td>
<td>$</td>
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<table>
<thead>
<tr>
<th>Financial Assistance Discount</th>
<th>Weekly Parent Fee</th>
<th>Parent/Guardian Initials</th>
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<tbody>
<tr>
<td>-$</td>
<td>$</td>
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</tbody>
</table>

**AUTOMATIC WITHDRAWAL FROM CREDIT/DEBIT CARD***

Please Check: [ ] MasterCard [ ] Visa [ ] American Express [ ] Discover Card

Bank Issuer: ____________________________

Name on Card: _________________________

Card Number: ____________________________ Expiration Date: ______________

Charge Weekly: _____ OR Charge Biweekly: _____ OR Charge Monthly: _____

Signature: _________________________ Date: ______________

Please charge my card above for the Kid/Youth pass which is valid for one year. Parent/Guardian Initials__________

**YMCA Staff ONLY:**

Date: __________ Time: __________ Initial: ________ Spirit Member ID: __________ Deposit Amount: $___________

Check Deposit Method: [ ] Check (Check #: __________) [ ] Automatic Withdrawal [ ] ONLY able to pay in cash, please call
OUT-OF-SCHOOL TIME SERVICE AGREEMENT

BILLING POLICIES

- Families enrolled in automatic withdrawal for payments will be charged one full week in advance of service.
- Families who are not enrolled in automatic withdrawal for payments must pay two weeks in advance of service.
- Families are liable for payment for the child’s scheduled day, even if the child is absent from the program for any reason or if the program is closed for staff professional development, or due to inclement weather or loss of power/heat/electricity. There are no refunds or credits toward another day.
- When applicable, the sibling discount will only apply to the oldest child.
- The YMCA of Greater Boston reserves the right to issue a two week termination notice to any child if payment is more than one week late. Parents will be notified by mail and by a “hand delivered” letter if such action is taken. Child/ren will be welcome to participate in the program when balance is paid in full provided spaces are still available. Please be aware that if your child is taken out of the program, his/her space will become available to other children on the waiting list.
- If balance is not paid within thirty days of due date, your account may be sent to our collection agency. A $25 fee will be added to your account and the YMCA will no longer have control of your account.
- A two week notice in writing is required when making any changes to the child’s schedule or withdrawing from the program.
- During School vacation weeks, most holidays and school snow days, the program is held at the Huntington YMCA from 8:00 AM to 6:00 PM. Additional fees may apply.
- If a State of Emergency is declared or there is inclement weather making it unsafe to travel, the YMCA may be closed. Families will be notified via our website www.ymcaboston.org/roxbury and Facebook pages.

In addition, the parent agrees to the following:

- To provide the program with all the necessary forms in the intake packet including a physical examination form and immunizations for your child. In addition, the parent must provide any medication required with an individualized health care plan from the doctor.
- Agree to notify the program of any changes in information in the enrollment packet.
- To contact the program if the child is going to be absent by 12:00 noon.
- To abide by the guidelines stated in the Family Handbook.
- To pick up children at the program on time.
- To pay $1.00 per minute, per child, when the child is picked up late or if the child has been left in care longer than the agreed upon schedule.
- To be responsible for keeping my voucher current and pay the full tuition fee if it expires.
- To keep my child’s YMCA membership current through the end of the program.

YMCA of Greater Boston Program agrees to:

- Uphold the Department of Early Education and Care State Regulations.
- Provide nutritious snacks/meals each day, dependent on the length of the day. (Families are responsible for providing food on all snow days.)
- Employ trained, qualified staff.
- Provide well-supervised social-emotional learning, cognitive and physical activities in a safe, nurturing environment.
- Uphold the YMCA of Greater Boston’s policies and procedures.
- Provide advance notice of field trips and obtain written permission for trips that take place to locations not listed on the Off-Site Activities list in the enrollment packet.
- Notify the parent if a child does not arrive at a site and no previous notice has been given.
- Keep all information about children and families in confidential files, to be released only with permission of the parent.
- Hold parent meetings at least 4 times per year and agree to engage in open communication with families.
- Provide parent with a weekly statement of tuition due and notices of tuition that is past due.
- Allow families one week vacation which must be taken during school vacation weeks.

After reading the YMCA of Greater Boston Family Handbook and reviewing the highlighted policies, we agree to the conditions of this contract. I understand the YMCA reserves the right to amend this agreement upon written notification.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>YMCA Signature</th>
<th>Date</th>
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<tr>
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</tr>
</tbody>
</table>
Kids/Youth Pass Form

Parent/Guardian Name: _______________ Date of Birth: __/__/__
Parent/Guardian Name: _______________ Date of Birth: __/__/__
Child's Name: _______________ Date of Birth: __/__/__
Child's Name: _______________ Date of Birth: __/__/__
Street: ___________________ City: _______________ Zip: ____________
Home Phone: _______________ Work Phone: __________________
Circle OST Program location: Mendell Winship Oak Square OnSite Huntington YMCA On Site

Check the membership level you would like to attain:

_____ Kids Pass(children under 6 yrs old)- $27 for the year
_____ Youth Pass(children 7+)- $72 for the year

If you are interested in a Family Membership, please visit one of our YMCA branches.

CREDIT CARDS
Card Type: AMEX DISCOVER MASTERCARD VISA
Card Issuer (Name of Bank): ____________________________
Account Number: ____________________________
Expiration Date: ____________________________

CHECKING ACCOUNT (may not use debit card number for checking acct draft, must have voided check
Bank Name: ____________________________
Routing Number: ____________________________
Account Number: ____________________________

I, hereby authorize to be drafted a onetime membership fee at the rate of $_________. I understand that
OST participants must have active memberships throughout the school year.

__________________________________________  ____________________________
Parent/Signature  Date

Voucher/Slot families do not need to complete this form.
EFT Automatic Payment for YMCA Child Care Programs

Member Number

Name __________________________ Date ______________

Street Address ______________________________________

City __________________________ State ________ Zip ______

Home Phone __________________________ Cell Phone __________________________

Work Phone __________________________ Email __________________________

CREDIT/DEBIT CARD INFORMATION

Card Holder's Name ______________________________________

Card Issuer (Name of Bank) __________________________

Account Number __________________________ Card Exp Date ______________

Card Billing address (if different from address listed above)

Street Address ______________________________________

City __________________________ State ________ Zip ______

I authorize the YMCA to withdraw my child care fees from the account information provided.

Signature __________________________ Date ______________
## Child Information

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Nickname</th>
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<table>
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<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>Age</th>
<th>Grade</th>
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<thead>
<tr>
<th>Home Address</th>
<th>Phone</th>
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</table>

## Description of Child (Required by the MA Department of Early Education and Care)

<table>
<thead>
<tr>
<th>Eye Color</th>
<th>Hair Color</th>
<th>Skin Color</th>
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<tr>
<th>Height</th>
<th>Weight</th>
<th>Identifying Marks</th>
<th>Primary Language</th>
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Are you Hispanic or Latino? (Please circle)  Yes  No  Don't know/Unsure

Which one or more would you say is your race? (Circle all that apply)  White  Black/African American  Asian  Native Hawaiian/Pacific Islander  American Indian/Alaska Native  Other (specify)  

## Parent/Guardian Information

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Name</th>
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<thead>
<tr>
<th>Relationship to Child</th>
<th>Primary Language</th>
<th>Relationship to Child</th>
<th>Primary Language</th>
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<tr>
<th>Home Address</th>
<th>City</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Cell</th>
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</table>

Email Address:

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>Zip Code</th>
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</table>

Occupation:

<table>
<thead>
<tr>
<th>Work Hours</th>
<th>Work Phone</th>
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## School Information

<table>
<thead>
<tr>
<th>Child's School</th>
<th>School Address</th>
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</thead>
<tbody>
<tr>
<td>Mendell</td>
<td>164 School Street</td>
</tr>
<tr>
<td></td>
<td>Roxbury, MA 02119</td>
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</tbody>
</table>

School Office Phone:

<table>
<thead>
<tr>
<th>Dismissal Time</th>
</tr>
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<tbody>
<tr>
<td>4:10 PM</td>
</tr>
</tbody>
</table>

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

If yes, please provide a copy to the program.

Parent Signature:  

Date:  

FOR OFFICE USE ONLY

Initial Start Date:  

Branch: Roxbury  

Location: Mendell  

Age at Admission:  

---
YMCA of Greater Boston
Emergency Authorization and Consent Form

CHILD'S MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>INSURANCE INFORMATION</th>
<th>MEDICAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name</td>
<td>Allergies/Health Conditions</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Reactions</td>
</tr>
<tr>
<td>Medical Insurance Company</td>
<td>Treatment</td>
</tr>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
</tbody>
</table>

Other Coverage (Include Dental)

Special Disabilities/Dietary Information/
Religious Restrictions

Current Medications:
Home: Yes ☐  No ☐
School: Yes ☐  No ☐
Program: Yes ☐  No ☐

Child's Physician

Phone
Address
Behavioral Issues

Documentation of a physical examination, immunization record, and lead screening is on file at my child's school. Yes ☒  No ☐
Children attending a DPH licensed summer or vacation camp must provide a copy of the above documents.

MEDICAL TREATMENT CONSENT
I hereby authorize certified staff of the YMCA of Greater Boston to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility as deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately.

I understand that if my child has medications available at the program I must complete annually a medication consent form and an Individual Health Care Plan signed by me and my child's doctor.
YMCA of Greater Boston
Emergency Contacts and Pick-up Authorization

**EMERGENCY CONTACTS**

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

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Address</th>
<th>Day Phone #</th>
<th>Evening Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Address</td>
<td>Day Phone #</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Address</td>
<td>Day Phone #</td>
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<tr>
<td>Name</td>
<td>Relationship</td>
<td>Address</td>
<td>Day Phone #</td>
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</tbody>
</table>

**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 emergency. (Example: coach, neighbor, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Day Phone #</th>
<th>Evening Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Address</td>
<td>Day Phone #</td>
<td>Evening Phone #</td>
</tr>
</tbody>
</table>

* 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 restraining order. A license or other positive proof of identification must be shown at pick-up time if the person is not known by staff members as an authorized pick-up person. If you wish to change, add, or delete any of these authorizations, you must do so in writing. Please note below any special instructions regarding these individuals.

---

**Child's Name:**

**Parent Signature:**

**Date:**
YMCA of Greater Boston
Authorization and Consent Form

Child's Name: ___________________________ Date: ____________

PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent/Guardian Signature: ___________________________

SUPPORT STAFF CONSENT

YMCA programs have support staff that consist of resource advisors, family support specialists, and social service staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Signature: ___________________________

OFF-SITE ACTIVITIES

I hereby grant consent for my child to:
___ X ___ utilize local YMCA facilities
___ X ___ take walks in local neighborhoods and to parks within a mile radius of the center

I understand that all other activity destinations or field trips will require my written permission.

Parent/Guardian Signature: ___________________________

WADING/SWIMMING CONSENT

I hereby grant consent for my child to participate in wading/swimming activities in life guarded locations, including at the YMCA. My child may also engage in sprinkler play under YMCA staff supervision.

Parent/Guardian Signature: ___________________________

PERSONAL SAFETY CURRICULUM

Our educators are trained to use the Talking About Touching: A Personal Safety Curriculum in our programs. This curriculum teaches children skills that will help keep them safe from dangerous or abusive situations. Children also learn to ask for help when they need it. Any questions or concerns about the program can be addressed with the Site Director/Coordinator.

I hereby grant consent for my child to participate in the Personal Safety Curriculum.

Parent/Guardian Signature: ___________________________
## YMCA of Greater Boston
### Arrival and Departure Verification Form

### AFTER SCHOOL - ARRIVAL

My child will arrive at the YMCA program by:
- Public School Bus (check one)
  - Supervised walk into program
  - Unsupervised walk into program
- YMCA Bus or Van (check one)
  - Supervised walk into program
  - Unsupervised walk into program
- Public Transportation- Describe: 
  - Supervised
  - Unsupervised
- Parent/Authorized Release Drop-Off
- Other
  - Please Specify: 
  - N/A

Arrival Time: 4:10pm

### AFTER SCHOOL - DEPARTURE

My child will depart the YMCA program by:
- YMCA Bus or Van (need prior approval)
  - Supervised walk into home
  - Unsupervised walk into home
- Public Transportation- Describe: 
  - Walking (check one)
  - Supervised
  - Unsupervised
- Parent/Authorized Release Pick-Up
  - Other
  - Please Specify: 
  - N/A

Departure Time: 6:00pm

### FULL DAY - ARRIVAL

My child will arrive at the YMCA program by:
- YMCA Bus or Van (check one)
  - Supervised walk into program
  - Unsupervised walk into program
- Public Transportation- Describe: 
  - Parent/Authorized Release Drop-Off
  - Other
  - Please Specify: 
  - N/A

Arrival Time: 8:00am

### FULL DAY - DEPARTURE

My child will depart the YMCA program by:
- YMCA Bus or Van (need prior approval)
  - Supervised walk into home
  - Unsupervised walk into home
- Public Transportation- Describe: 
  - Parent/Authorized Release Pick-Up
  - Other
  - Please Specify: 
  - N/A

Departure Time: 6:00pm

Parents are reminded to contact the program in case of absence or late arrival.

Child's Name: 

Parent Signature: 

Date: 

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YMCA of Greater Boston
Hand Sanitizer/Topical Ointment
Permission

Child's Name: ____________________________  Date of Birth: ____________

I give permission for my child to use hand sanitizer. I understand that they will still be required to wash hands
with soap and water before eating, after using the bathroom, and if they sneeze into their hands, and they will not
be required to use hand sanitizer at the program.

I understand that by signing below, I absolve the YMCA of Greater Boston of any responsibility, should a react-in
occur from said product.

PARENT SIGNATURE: ____________________________  DATE: ____________

I give permission for the YMCA to apply sunscreen, bug spray, and other topical lotions/ointments to my child provided
by me according to application instructions. I also understand that I will need to provide the above product in its
original container.

If the sunscreen or bug spray I provide to the Y runs out, I give permission for the program to apply products
purchased by the YMCA that meet Department of Public Health Guidelines. Yes  No

Application Instructions: ______________________________________________________

PARENT SIGNATURE: ____________________________  DATE: ____________

I give my child (7 or older) ____________________________ permission to walk unattended to the
non-public restroom as necessary. (For example: a rest room located in the school age area that is not used by
any other groups or persons)

I understand that it is the policy of the YMCA to escort all children to the restroom when the possibility exists
that a person not connected to the before/after school program may utilize that area. (For example: a rest room
located in a public school basement)

PARENT SIGNATURE: ____________________________  DATE: ____________
YMCA of Greater Boston
Release of Information

I hereby authorize the staff from Mendell Elementary School and the staff professionals of the
YMCA of Greater Boston to release and share information on my child, including, but not limited to
attendance, report cards, IEPs, 504 Plans, progress reports and behavior charts. It is my
understanding that the content of all records will remain confidential and will be used to enhance my
child's academic performance and overall afterschool/summer experience. No school records may be
released to any other person or agency without my full permission.

Also, I will have the option of inviting YMCA of Greater Boston Educators to attend in-school
conferences and to meet with school teachers and/or staff members to discuss my child's progress
per my request.

Child's Name: ____________________________________________

Parent Signature: ________________________________________  Date: __________
CONSENT FOR CHILD TO LEAVE
THE Mendell AFTER SCHOOL PROGRAM
102 CMR 7.09(3)(b)

My child has permission to arrive late or to leave the Mendell Elementary School YMCA Afterschool Program for the following reasons/activities:

- To work with or receive extra help/tutoring from Mendell Elementary School teachers or staff as needed Monday through Friday.

- To participate in school-run clubs and activities with Mendell Elementary School teachers, staff, volunteers and community partners such as chess club, drama, music, art, etc. on the days that they are offered.

- Stay after school with classroom teachers or Mendell Elementary School staff any time/day to “help” with special projects and activities.

- Other Activity/Supervisor/Location (include start/end dates and times):

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All of the above activities will take place within the school building or outside on school property.

I understand that it is the responsibility of the Mendell Elementary School Staff, classroom teachers, or specific activity coordinators, to sign my child in and/or out of the after school program when participating in the above activities.

I recognize that YMCA staff will not be supervising my child while s/he is participating in the above activities.

I understand that the YMCA is not responsible for my child when s/he is participating in the above activities.

Child’s Name: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________
Acknowledgment of Risk and Waiver:

I understand and acknowledge my child may participate in a variety of activities that may include; swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the YMCA of Greater Boston and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof. _____ (Parent Initials)

Child’s Name: ________________________________________________________________

PARENT SIGNATURE: _______________________________________________________

DATE: __________________________
Commonwealth of Massachusetts  
Department of Early Education and Care

MEDICATION CONSENT FORM  606 CMR 7.11(2)(b)

Name of child: ____________________________________________________________

Name of medication: ______________________________________________________

Please ✓ one of the following:  Prescription: _____  Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms_______

Topical Non-Prescription (applied to open wound/ 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/her individual health care plan_______

Dosage: ________________________________________________________________

Date(s) medication to be given: ____________________________________________

Times medication to be given: _____________________________________________

Reasons for medication: _________________________________________________

Possible side effects: ____________________________________________________

Directions for storage: _________________________________________________

Name and phone number of the prescribing health care practitioner:

______________________________________________________________________

Child's Health Care Practitioner Signature ______________________ Date__________

I, ______________________________________________________, (parent or guardian) gives permission (print name)

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

Parent/Guardian Signature ___________________________ Date____________

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)
# Individual Health Care Plan Form

Plan must be renewed annually or when child’s condition changes

Check all that apply...

Plan was created by:
- Parent
- Doctor or Licensed Practitioner
- Program’s Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other:

Plan is maintained by:
- Director
- Assistant Director
- Child’s Educator
- Other:

<table>
<thead>
<tr>
<th>Name of child:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Any change to the child’s Health Care Plan?
- YES (indicate changes below)
- NO (updated physician/parental signatures required)

<table>
<thead>
<tr>
<th>Name of chronic health care condition:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of chronic health care condition:</th>
</tr>
</thead>
</table>

Symptoms:

<table>
<thead>
<tr>
<th>Medical treatment necessary while at the program:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Potential side effects of treatment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Potential consequences if treatment is not administered:</th>
</tr>
</thead>
</table>

Name of educators that received training addressing the medical condition:

- Any staff that is trained in the 5 Rights of Medication and by a person circled below.

Person who trained the educator (child’s Health Care Practitioner, child’s parent, program’s Health Care Consultant):

Circle which one is applicable: 1. Name of trainer 2. YMCA 1st Aid/CPR trainer 3. Paren

Name of Licensed Health Care Practitioner (please print):

Licensed Health Care Practitioner authorization:

Parental/Guardian consent:

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 permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child’s Individual Health Care Plan 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 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.

<table>
<thead>
<tr>
<th>Age of child:</th>
<th>Date of birth:</th>
<th>Back-up medication received? YES NO</th>
</tr>
</thead>
</table>

Parent signature: ___________________________ Date: ____________

Administrator’s signature: ___________________________ Date: ____________
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: __________________________ DATE OF BIRTH: _______________

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _______ crawling: _______ walking: _______ talking: _______

*Does your child pull up? _______ *Crawl? _______ *Walk with support? _______

Any speech difficulties? ____________________________

Special words to describe needs ____________________________

Language spoken at home ____________________________ *Any history of colic? _______

*Does your child use pacifier or suck thumb? _______ *When? ____________________________

*Does your child have a fussy time? _______ *When? ____________________________

*How do you handle this time? ____________________________

HEALTH

Any known complications at birth? ____________________________

Serious illnesses and/or hospitalizations: ____________________________

Special physical conditions, disabilities: ____________________________

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: ____________________________

Regular medications: ____________________________

EATING HABITS

Special characteristics or difficulties: ____________________________

*If infant is on a special formula, describe its preparation in detail: ____________________________

Favorite foods: ____________________________

Foods refused: ____________________________
* Is your child fed held in lap? High chair?  
* Does your child eat with spoon? Fork? Hands?  

**TOILET HABITS**  
* Are disposable or cloth diapers used? *Is there a frequent occurrence of diaper rash?  
* Do you use: oil: powder: lotion: other:  
* Are bowel movements regular? How many per day?  
* Is there a problem with diarrhea? Constipation?  
* Has toilet training been attempted?  
* Please describe any particular procedure to be used for your child at the center:  

* What is used at home? Pottychair? Special child seat? Regular seat?  
* How does your child indicate bathroom needs (include special words)?  
Is your child ever reluctant to use the bathroom?  
Does your child have accidents?  

**SLEEPING HABITS**  
* Does your child sleep in a crib? Bed?  
Does your child become tired or nap during the day (include when and how long)?  

*Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child’s sleeping position with your caregiver.*  

When does your child go to bed at night? and get up in the morning?  
Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)  

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SOCIAL RELATIONSHIPS
How would you describe your child? ________________________________________
______________________________________
Previous experience with other children/day care: ______________________________________
______________________________________
Reaction to strangers: ___________________________ Able to play alone? ___________________________
Favorite toys and activities: ______________________________________
______________________________________
Fears (the dark, animals, etc.): ______________________________________
______________________________________
How do you comfort your child? ______________________________________
______________________________________
What is the method of behavior management/discipline at home? ______________________________________
______________________________________
What would you like your child to gain from this childcare experience? ______________________________________
______________________________________

DAILY SCHEDULE
Please describe your child’s schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. ______________________________________
______________________________________
Is there anything else we should know about your child? ______________________________________
______________________________________
______________________________________

(Parent/Guardian Signature) ________________________ (Date) ____________