



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

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**PLAY  
LAUGH  
LEARN**

# DRACUT

School Age Enrollment Packet  
Greater Lowell Family YMCA  
**2023-2024**  
School Age Childcare Program  
Serving Children Ages 5-13 from Lowell

Please Note: All required paperwork must be turned in before your registration is processed.

**Please Circle the School Your Child Will Attend:**  
Schools with transportation\*

CAMPBELL, BROOKSIDE, ENGLSBY, GREENMONT.



**GREATER LOWELL FAMILY YMCA**  
**35 YMCA Drive**  
**Lowell, MA 01852**

**School Age Program 2023-2024**  
**Face Sheet**

Child's Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 School Attending: \_\_\_\_\_ School Phone Number: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_  
 Grade Entering: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
 Identifying marks \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home/Mailing Address: \_\_\_\_\_

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 Relationship to Child: \_\_\_\_\_  
 Home/Mailing Address: \_\_\_\_\_

Parent/Guardian's phone number: \_\_\_\_\_  
 Parent/Guardian's work number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Business/School Name: \_\_\_\_\_  
 Business/School Address: \_\_\_\_\_  
 Work/School Days & time: \_\_\_\_\_

Parent/Guardian's phone number: \_\_\_\_\_  
 Parent/Guardian's work number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Business/School Name: \_\_\_\_\_  
 Business/School Address: \_\_\_\_\_  
 Work/School Days & time: \_\_\_\_\_

Child lives with: Include all members living in the household

Name	Relationship	Date of Birth

**Program Emergency/Authorized Release**

Please list the people you authorize the YMCA Staff to release your child to, from the YMCA services. People listed below need to have a picture ID and be at least 16 years old. These people all can be contacted in case of emergency and released to while your child is at the site, on transportation and while attending a field trip.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I authorize the above people listed by me to be contacted in case of an emergency, and my child may also be released to these people. I agree to keep the program updated with any changes to my contact information; including my child's emergency contacts and health needs/medications. I further understand that throughout the program year, I may be asked to update information. I understand that if I need to change or add information it will require a new form to be completed. I authorize staff in the YMCA/School Age Staff who are trained in the basics of first aid and CPR to give my child First Aid and CPR when appropriate.

**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**



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**School Age Program 2023-2024**  
**Emergency Medical Consent & Release**

Child Name: \_\_\_\_\_ Child's DOB \_\_\_\_\_  
 Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

Please check all that apply for your child:

Diagnosis	✓	Additional information:
Food Allergies		
Food intolerance		
ADD/ ADHD		
IEP/504/ Behavior Plans		
Asthma		
Anxiety		
Depression		
Medication(s) at home		
Medication(s) at program		
ODD / Mood disorder(s)		
Counseling		
Diabetes		
Autism		
Allergies (environmental)		
Other		

Are you involved with the Department of Children and Families? **Yes No**

If Yes, DCF workers name \_\_\_\_\_

Is there anyone who is restricted from contact with your child? If so, please identify. **Copies of current court order must be submitted.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I attest that documentation of physical examination and immunizations in accordance with public school health requirements and leadpoisoning screening in accordance with public health requirements are on file at my child's school.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached or the emergency contact cannot be reached, I hereby give permission to the YMCA/School Age Programs to transport my child via ambulance to the nearest hospital.

I understand that I may be contacted via email/text messaging for communication purposes.

I understand the questions in the intake and enrollment packet and have completed them to the best of my ability. I also understand that my child may not be able to start the program until all documentation has been received and reviewed including medications.

I understand my information/family information may be shared internally with The YMCA employees (verbally, written, and electronically) for the purpose of making a referral or providing services.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**



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**School Age Program 2023-2024**  
**Site Assignment/Transportation Plan**

Child's Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Morning Care Site:** \_\_\_\_\_

**Child must be escorted into the program by parent/guardian**

Morning Care Transportation:

My child will be released from the YMCA Morning Care Program to attend school by the following means: (please check one)

\_\_\_\_\_ Released from Program to School in the same building

\_\_\_\_\_ Public School Transportation

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

**Afternoon Care Site:** \_\_\_\_\_

Afternoon Care Transportation:

My child will arrive at the YMCA Afternoon Program by the following means:

\_\_\_\_\_ Released from School to Program in the same building

\_\_\_\_\_ Public School Transportation

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

**Departure from Program:**

**Child must be escorted out of the program by parent/guardian**

My child will arrive at home by the following means:

\_\_\_\_\_ Parent Pickup or Authorized release (by 6:00PM)

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

I understand that if my child is at least ten (10) years of age he/she will walk unsupervised from their school or bus stop to the YMCA Program or from the YMCA Program to School and that my child is not in the care of YMCA until they arrive at the site.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

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**Please Complete in Blue or Black Ink**

*This packet will not be accepted if filled out in other colors including pencil or whited out. All areas of the packet must be completed.*



Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**Pictures/Publications/Videos**

I give consent for any pictures/videotaping taken of my child to be used in:  
Newspapers Yes  No  Bulletin boards Yes  No   
Displays Yes  No  Videos Yes  No   
Any type of public relations materials or publications including electronic & social media Yes  No

**Sunscreen Lotion**

Yes  No  I authorize the YMCA Program to administer sunscreen to my child. The sunscreen is applied before outdoor activities (Spectrum, Water Babies SPF 30-50, and Coppertone Sport SPF 30-50)

**Bug Spray**

Yes  No  I authorize the YMCA Program to administer bug spray containing Deet of 7% or more.

**Hand Sanitizer**

Yes  No  I authorize the YMCA Program to administer hand sanitizer with at least 60% alcohol when hand washing is not available.

**Tooth Brushing**

Yes  No  I want my child to brush their teeth at the After School Program during full day programming. I understand; that as the parent/guardian I am responsible for supplying my child with toothpaste, toothbrush, and toothbrush holder daily. I also understand that the toothbrush may not be left at the program over night.

**Screenings**

Yes  No  I give consent for my child to receive screenings/observations that include educational, developmental, and social/emotional screenings and may be shared with collaborates.

**Off-site locations:**

Yes  No  I give permission for my child to go to off-site locations: Example of offsite locations are Shedd Park, North Common, South Common, Frank Ryan Field, O'Donnell Park, Gage Field, the school grounds of mychild's site etc.

**North Reading Transportation**

Yes  No  I give permission to the YMCA School Age Staff and North Reading Transportation to transport my child in the event of an emergency, and if my child needs to leave the current location. I also give The YMCA School Age Staff and North Reading Transportation permission to transport my child for field trips, pool days and any other off-site activities. I understand that all North Reading buses have GPS and video recording.

**Pick Up and Drop Off**

Yes  No  I understand that I must pick my child up by 6:00pm and that I must walk up to the program.

**I also understand that I have to walk my child up to and from the program daily.**

**I have read and agree with all of the above checked items.**

\_\_\_\_\_  
**Parent/Guardian Signature & Date**



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**School Age Program 2023-2024**

**Consent to Leave Program**

*This form is only to be completed if your child is leaving the program for onsite mentoring/counseling, summer school, MCAS, extracurricular LPS/DRACUT related program. This form cannot be prefilled out and left in the file. Counseling/Mentors must have dates and times that are consistent weekly (your child will not be able to participate in any counseling/mentor programs unless the BRC paperwork for that person is on file in the main office).*

Site: \_\_\_\_\_

In the event my child is attending another program or activity during program hours that will require leaving the site and

returning to the site in the same day, I, \_\_\_\_\_  
 (Parent/Guardian's Name)

authorize my child, \_\_\_\_\_ to be released by The YMCA  
 (Child's name)

Afterschool Program to the following:

Activity- Location	If being picked up, who do we release to	Day (s)	Time(depart/arrival)	Method of transportation	Comment

This begins on \_\_\_\_\_ and ends on \_\_\_\_\_

Activity - Location	If being picked up, who do we release to	Day (s)	Time(depart/arrival)	Method of transportation	Comments

This begins on \_\_\_\_\_ and ends on \_\_\_\_\_

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program. This includes summer school.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**

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**School Age Program 2023-2024**  
**Consent to Leave Program**

I, \_\_\_\_\_, give my permission for the authorized personnel at

The YMCA Program to **request and release** from/to \_\_\_\_\_, the following information may be obtained through oral, electronic, and written communication for the following:

- Attendance Records
- Evaluation Reports
- IEP/504 Plans/Questions
- Medication and Health Concerns/Questions
- Covid Results/Concerns/Questions
- Report Card Grades
- Social Services and Referrals Support/Questions/Concerns
- General Daily Information
- CACFP (If Applicable)

Regarding my child, \_\_\_\_\_,  
*Child's Name*

\_\_\_\_\_ and my family.  
*Date of Birth*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*YMCA Coordinator Signature*

\_\_\_\_\_  
*Date*

**Please Complete in Blue or Black Ink**