WE’VE
GOT YOU COVERED
School age child care with support for online learning.

With the announcement that Concord schools will be run virtually this fall, the Y, which typically offers after-school care to children, will now offer programming during school hours to provide children a space where they can attend virtual classes while supervised by Y staff.

Concord Kydstop
For Concord Residents only held at the Y - 44 Warren St. Concord.

Monday–Friday
8:30-4:30PM
$150 /week
Space is limited – sign up today.

For more information contact:
Deb Galipeault
Youth Services Director
dgalipeault@concordymca.org
603.290.7123

CONCORD FAMILY YMCA | concordymca.org | 603.228.9622
CONCORD FAMILY YMCA 2020 KYDSTOP PROGRAM
Licensed by the Bureau Of Childcare Licensing - number ____________

Circle the days that you will be attending:
Monday  Tuesday  Wednesday  Thursday  Friday

Monday - Friday
8:30-4:30PM
$150.00 per Week

Child's Name ___________________________ Grade: __________ Gender: Male  Female
Home Phone ___________ DOB ___/___/___ Age ___ School ___________________________ Teacher __________
Mailing Address ___________________________ City __________ State __________ Zip __________
Father's Name ___________________________ Cell # __________ Work # __________ Email __________
Mother's Name ___________________________ Cell # __________ Work # __________ Email __________
Additional Guardian's Name ___________ Relationship ___________ Cell # __________ Work # __________
Primary Caregiver ___________ How did you hear about our program? ___________

REQUIRED Emergency Contact: Please list at least one person other than Parents/Guardians listed above to contact in case of emergency
Name ___________ Relationship ___________ Phone # __________
Name ___________ Relationship ___________ Phone # __________
People authorized to pick up my child OTHER than those listed above: __________________________

REMOTE LOG IN INFORMATION
USERNAME: ___________________________ PASSWORD ___________________________

EACH PARTICIPANT MUST COME PREPARED WITH THEIR SCHOOL ISSUED DEVICE & HEADPHONES

MEDICAL INFORMATION

Important — Physical and Immunization must be on file at the YMCA before child can attend.
Name & Phone # of Child's Doctor ___________________________

Does child wear a medic-alert tag?  ☐ No  ☐ Yes  please describe ___________________________

Allergies (drugs, foods, insect stings, etc.)  ☐ No  ☐ Yes  please describe ___________________________

Recent Injuries, Illnesses, Operations,  ☐ No  ☐ Yes  please describe ___________________________

Physical Disabilities or Chronic Conditions  ☐ No  ☐ Yes  please describe ___________________________

Psychological, Emotional or Behavioral Disorders  ☐ No  ☐ Yes  please describe ___________________________

Is there anything else we should know about child's physical or emotional condition?  ☐ No  ☐ Yes  please describe ___________________________

Does the Child take daily medication?  ☐ No  ☐ Yes  please describe ___________________________

Will the child need to take medication at the YMCA?  ☐ No  ☐ Yes  * If Yes, we medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to 603.224.5352 and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.
WEEKLY FEE AND FINANCIAL ASSISTANCE

You may apply for childcare assistance through the State of New Hampshire Childcare Assistance

Or

A YMCA Scholarship

State of New Hampshire Childcare Assistance Program:
Are you currently eligible for childcare assistance through the State? Yes No
If yes, please complete the YMCA's State Assistance Contract with a YMCA staff member and complete the State Form 2530.

Other information

Parent initial - ____ A $40 non-refundable registration fee is due with this application.

Parent initial - ____ Physical and Immunization must be on file at the YMCA before a child can attend. If your child has had one in the past 2 years, please provide a copy with completed registration form.

Parent initial - ____ If the child needs to take prescription medication while at the YMCA, we must have an authorization from signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.

Parent initial - ____ Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instruction.

Parent initial - ____ Payment is expected on the Friday before a school week starts. Payment will not be prorated.

Parent initial - ____ We require a credit card of file for weekly payments. Credit Card Payment Authorization Form must be completed at time of registration.

Parent initial - ____ Please pick up your child by 4:30PM. Late pickups will be charged $1 per minute. Late fees will be required upon pickup.

Parent initial - ____ If your account becomes 2 weeks past due your child may not continue to attend and you will not be able to enroll your child in other programs until the balance is paid in full.
WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:

- In consideration of being allowed to participate in any way in the Concord Family YMCA and related events and activities, the undersigned agree to the following:

- As the parent or legal guardian of the participant I will instruct the minor participant that prior or participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.

- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.

- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.

- We release, waive, discharge and covenant not to sue the Concord Family YMCA its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants. Volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participate, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.

- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Family YMCA recreational program or related events and activities.

- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Concord Family YMCA will be notified in advance of any changes in the member's health status that may affect the member's needs during the YMCA's activities. I declare the statements on this form to be true.

- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Transportation Authorization: The Concord Family YMCA may transport my child on field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or he leaves the program.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Use of Sunscreen: I give permission for my child to wear sunscreen. YMCA staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give the YMCA staff permission to use a sunscreen, provided by the YMCA, for my child.

Parent/Guardian Signature: ____________________________ Date: ____________________________

First Aid: I give permission for my child to receive basic first aid treatment.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Emergency Medical Transportation: I give permission for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Photo Authorization: I, Parent or Legal Guardian, give/grant the YMCA permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the YMCA. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature: ____________________________ Date: ____________________________

The licensing authority for this program is the bureau of licensing and certification childcare licensing unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parent and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at http://childcare.dhs.nh.gov or by calling the bureau at 603-271-4624 or 1-800-852-3345, ext 4624. During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you want to be informed prior to your child being interviewed you must give the director or designee, and update annually, a signed, dated statement indicating your preference.
Date: __________________________
Member's Name if Different __________________________

First Name: __________________________
Last Name: __________________________

Address

City: __________________________

State: __________ Zip: __________ Phone: __________

Card Type: __________________________
Card Number: __________________________
Expiration Date: __________________________
CVV __________________________

Payment Frequency: Weekly

I hereby authorize The Concord Family YMCA to automatically debit weekly child care/ Kydstop programs from my credit card.

____________________________________ Cardholder's Signature

____________________________________ Employee's Signature