



Y-AIM PROGRAM/OUTREACH CENTER REGISTRATION FORM 2017-18 SCHOOL YEAR

Y-AIM IN SCHOOL OUTREACH CENTER

Participant's Name:	Birth date:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address:			
Home Telephone:		Cell phone:	
Email:		Who does child live with:	
Age:		Does your child have an IEP?	
School:		Grade:	
Site registering for:			
<input type="checkbox"/> Birch Park <input checked="" type="checkbox"/> Mason Square <input type="checkbox"/> NEOC <input type="checkbox"/> Downtown Springfield <input type="checkbox"/> Sullivan <input type="checkbox"/> Central <input type="checkbox"/> Commerce <input type="checkbox"/> Sci Tech <input type="checkbox"/> Springfield High <input type="checkbox"/> Putnam <input type="checkbox"/> South End Middle <input type="checkbox"/> Balliet Middle <input type="checkbox"/> Conservatory of the Arts Middle <input type="checkbox"/> Springfield Public Day Middle <input type="checkbox"/> Duggan Academy <input type="checkbox"/> Other _____			

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone #:	Home Telephone #:
Cell Phone #:	Cell Phone #:

IF PARENTS CANNOT BE REACHED I AUTHORIZE THE FOLLOWING PEOPLE TO BE CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY:

NAME	ADDRESS	PHONE	RELATIONSHIP



YMCA OF GREATER SPRINGFIELD
America's Second Oldest YMCA Association
www.springfieldy.org

YMCA OF GREATER SPRINGFIELD Y-AIM PROGRAM TRANSPORTATION AUTHORIZATION

PARTICIPANT'S NAME:

My child will **arrive** at the community outreach center by:

PARENT DROP OFF BUS / VAN WALKING OTHER (DESCRIBE _____)

My child will **depart** from the community outreach center by:

PARENT PICK UP WALKING OTHER (DESCRIBE _____)

***Please note all youth are expected to walk home if they live within a one mile radius of the Outreach Center, if the youth resides outside of the one mile radius, we may be able to offer limited transportation and bus tokens home.**

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT 2017-2018 102 CMR 1.09(3)

I authorize staff that is trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to

_____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Child's Medications: _____

Chronic Health Conditions: _____

Special Concerns/Limitations _____

Health Insurance Coverage: _____ Policy # _____

Parent/Guardian Signature

Date



YMCA OF GREATER SPRINGFIELD
America's Second Oldest YMCA Association
www.springfieldy.org

YMCA OF GREATER SPRINGFIELD Y-AIM PROGRAM AUTHORIZATION FORM

(The Following are optional; please initial those you choose)

- _____ My child may be transported to and from field trips and Special Events.
- _____ My child may attend all field trips to locations within walking distance of the Program.
- _____ The YMCA may use my child's picture in the YMCA publicity and media promotions.
- _____ The YMCA may use my child's picture inside the YMCA buildings.
- _____ My child may participate in a supervised YMCA gym/swim program.
- _____ My child may be observed and interact with authorized student interns and volunteers.
- _____ My child may complete their homework at the outreach center.

I authorize _____, _____, and _____ to sign/and/or review any child care documents in my absence.

Parents enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule, acceptance of the Center's policies, and support of the program.

Waiver of Liability: While it is the aim and the responsibility of the YMCA of the Greater Springfield to provide your child with a safe and enjoyable experience, you must realize that participation in the YMCA programs has some inherent risks. I hereby release for myself and my child, our heirs, executors and administrator, and forever discharge the YMCA of Greater Springfield, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by the YMCA of Greater Springfield.

Parent Signature

Date



YMCA OF GREATER SPRINGFIELD
America's Second Oldest YMCA Association
www.springfieldy.org

Community Data Warehouse Initiative
Proposed FERPA Consent Language
Last Revised: September 28, 2015

Any community-based organization participating with the Springfield Public Schools in the Community Data Warehouse Initiative (CDW) will be required as a condition of their Memorandum of Agreement to include the following language and required signatures in their registration materials. Data will only be shared between an organization and the schools for those students with a signed consent for the current year on file.

Springfield Public Schools Data Sharing Consent

By signing below, I, _____, the authorized parent/guardian of _____, authorize YMCA of Greater Springfield (YGS) to share written information on my child's participation and performance in [Y-AIM] with the Springfield Public Schools. Further, I authorize the Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with [YGS].

I understand that the purpose of allowing this information to be between Springfield Public Schools and the [YGS] is to enable both [YGS] and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and accessible only to those with authorized access.

I understand that the [YGS] may disclose non-identifiable aggregate student data that may include information regarding my child.

I understand that in the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in [Y-AIM], within a reasonable period of time, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information sharing about my child if I revoke this authorization in writing and delivered to [YGS] and Springfield Public Schools.

Student Name

Parent/Guardian Name (Printed)

Student ID Number (Lunch number)

Parent/Guardian Signature Date

Appendix B: Organization's Primary Contact and Secondary Contact

Name, title, and email address of employees of the Organization who will have access to the SPS Data Warehouse

Name of Primary Contact

Name of Secondary Contact

Title of Primary Contact

Title of Secondary Contact

Email Address of Primary Contact

Email Address of Secondary Contact

Y-AIM Code of Conduct & Behavior Agreement 2017-2018

Youth Name: _____

I understand and agree that:

1. Mature and responsible behavior is expected from each Teen. Teens should practice the four core values of the YMCA: Caring, Honesty, Respect and Responsibility.
2. Teens will be expected to adhere to the rules of each Outreach Center or YMCA family center at all times, including field trips or visits.
3. Center hours are from 2:30 pm to 8:00 Monday-Thursday, 9:00 pm on Friday. Once teens arrive there is no reentry. If you leave you will not be permitted to return for the remainder of the day.
4. We have a no profanity policy, students are not allowed to swear under any context in our programs.
5. Use of tobacco, drugs, alcohol or any other mind or mood altering substance is not allowed. Students found under the influence will be asked to leave and may be terminated from the Y-AIM program.
6. Any student who violates these rules shall be dealt with on an individual basis at the discretion of his/her group leader. The Center Director shall make the ultimate decision. Possible penalties include, but are not limited to: • Suspension of free time • Loss of field trips or transportation • Loss of program participation.
7. Cell phones and all electronic devices must be turned off during program sessions. Teens may NOT take audio, pictures or video of any staff, student or program participant with that person's explicit consent. There is no implied consent in any circumstance.
8. **Transportation is a limited privilege of the program and not a guaranteed service.** Students who swear, act out in a threatening or violent manner, misbehave, hang from, yell out of or eject items including trash from van windows, abuse or take advantage of transportation, will result in your child losing transportation permanently.

Student Signature _____ Date: _____

Parent Signature _____

Staff Signature _____

CONFIDENTIAL

Parents: This form is completely confidential and will NOT be used to identify you or your family in any way. The data we collect is for our own statistical purposes. This form will be removed from this packet and kept separately. This form is required in order for your child to participate.

PLEASE DO NOT write your name or any other information that can be used to identify you on the following pages.

1. Gender

What is your Gender?

- Male
- Female
- Other

2. Marital Status

What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

3. Education

What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

4. Employment Status

Are you currently...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Retired
- Unable to work

5. Employer Type

Please describe your work.

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice, or farm
- Self-employed in own incorporated business, professional practice, or farm
- Working without pay in family business or farm

6. Housing

Is this house, apartment, or mobile home:

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear Rented for cash rent?
- Occupied without payment of cash rent?
- You pay full rent?
- Subsidized housing with partial rent payment?
- Subsidized housing with no rent payment?

7. Household Income

What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

8. Ethnicity

Please specify your ethnicity.

- Hispanic or Latino
- Not Hispanic or Latino

9. Race

Please specify your race.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White