



Youth Center Inc.

Serving Youth and Families of Northern Berkshire

Youth Center Inc. Program Opportunities for Fall 2022

EEC Licensed Before and After School Program

Before School Program: Kindergarten– 8th Grade: Monday– Friday 6:30am– 8:30. Staff will safely get the children on the bus to Hoosac Valley Elementary, Hoosac Valley Middle School and St. Stans. Cost is \$40 per week.

After School Program: Kindergarten- 8th grade: Monday through Friday **2:30-6:00pm**.

The schedule includes a healthy snack, homework/free time and daily programming surrounding educational themes instructed by staff, volunteers & 4H mentors. In this program children are supervised and are always with a staff.

Transportation by school bus from Hoosac Valley Elementary, Middle & High School and St Stan's. Cost is \$65 per week.

Before and after school care fee is \$100 per week

Drop-In Program

Drop In Program: 5th Grade & Up: Monday through Friday **2:30-6:00**. The drop-in program is a place where **responsible** children have the opportunity to come and go as they please. Also includes daily programming surrounding educational themes and a healthy snack. Bus transportation is available from Hoosac Valley. This program is **FREE** with a membership.

Registration dates are August 2nd & 4th 4:00-6:00
Call 743-3550 or email mcarpenter@youthcenterinc.org with questions.





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2022-2023 EEC Licensed Before and After School Care Registration Form

Program hours are:

Before Care- 6:30 am until bus pick up

After School Hours- bus drop off until 6:00 pm

Circle all that apply:

Before Care Fee is -\$40 weekly

After School Care- \$65 weekly

Before and After School Care- \$100 weekly

Private Pay or Voucher

Child's Full Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email Address: _____

Parent(s)/ Guardian Name (s): _____

Child's Age _____ Child's Grade _____ Child's School _____

Can your child be photographed: Yes _____ or No _____

Preferred drop off time: _____

Preferred pick up time: _____

Individual Health Care Plan Form

Child's Photo

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: _____

Name of child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signatures required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

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.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____



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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)