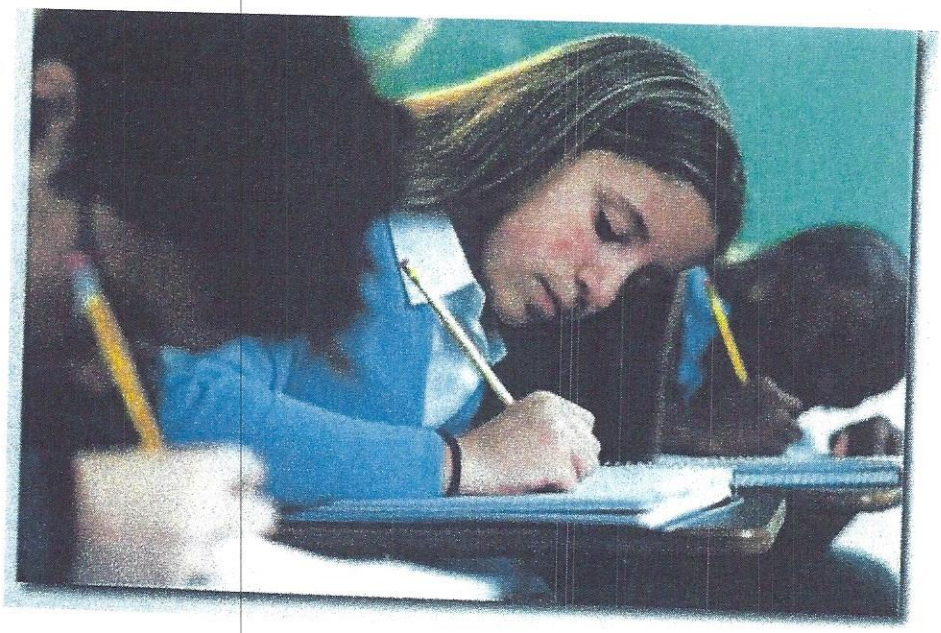
2019-2020

LEE YOUTH ASSOCIATION

GRADES 3-6

After School Homework Help Program

(at the Lee Elementary School)



Lee Youth Association

PO Box 115, 480 Pleasant Street

Lee MA 01238

Phone 413-243-5535, Fax 413-243-5536

www.leeyouthassociation.org

After School Program

2019-2020 School Year

1. *The LYA After School Programs are held at the LES - the children will go to the cafeteria immediately after school for a snack (please send an extra snack in your child's lunch). LYA staff will meet them there and escort them to their rooms.*
2. *The program runs from 3:00 to 5:30 (you must pick up no later than 5:30). If you are late, there will be a $5 per minute (that you are late) charge added to your bill.*
3. *Tuition is $16 per day (K-2) and $11 per day (3-6).*
4. *Tuition for vacation days is $29/day and half days is $19/day. Sign-up sheets will be at the after school programs prior to these days.*

Please circle the days that your child will attend

M T W TH F

Start Date: _____

Today's Date: _____

Date of your child's last physical: _____

I give the LYA permission to take pictures of my child to be used in the LYA newsletter and on our website.

I give the LYA staff permission to take my child on a walk around the school grounds (weather permitting)

Parent's Signature _____

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name:_____ Date of Birth:_____

Age at Admission:_____ Date of Admission:_____

Child's Home Address:_____

Home Phone Number:_____

Primary Language:_____ Identifying Marks:_____

Eye Color:_____ Hair Color:_____ Skin Color:_____

Sex:_____ Height:_____ Weight:_____

Parent/Guardian Information

Parent/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

Parent/Guardian Name:_____

Relationship to Child:_____

Home Address:_____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

_____

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

_____ _____

Parent/Guardian Signature Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME:_____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___PARENT DROP OFF

___SUPERVISED WALK

___UNSUPERVISED WALK

___PUBLIC/PRIVATE/VAN

___PROGRAM BUS/VAN

___CONTRACT/VAN

___PRIVATE TRANS. ARRANGED BY PARENT

___OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___PARENT PICK UP

___SUPERVISED WALK

___UNSUPERVISED WALK

___PUBLIC/PRIVATE/VAN

___PROGRAM BUS/VAN

___CONTRACT/VAN

___PRIVATE TRANS. ARRANGED BY PARENT

___OTHER

CHILD'S NAME:_____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___PARENT DROP OFF

___SUPERVISED WALK

___UNSUPERVISED WALK

___PUBLIC/PRIVATE/VAN

___PROGRAM BUS/VAN

___CONTRACT/VAN

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___UNSUPERVISED WALK

___PUBLIC/PRIVATE/VAN

___PROGRAM BUS/VAN

___CONTRACT/VAN

___PRIVATE TRANS. ARRANGED BY PARENT

___OTHER

PARENT /GUARDIAN SIGNATURE_____ DATE_____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)
Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Health Insurance Coverage_____ Policy #_____

Parent/Guardian Name: _____ Phone_____ Cell_____

Parent/Guardian Name: _____ Phone_____ Cell_____

_____ _____
Parent /Guardian Signature Date (valid for one year)

The Lee Youth Association Tuition Payment Policy

Families in the Busy Bee Learning Center (Preschool & Toddler) and the Wake Up and After School Programs will be billed on the third week of each month for the following month. ***When signing your child up for a program you are "buying" that slot; therefore you will be charged for all days you are signed up for, regardless of vacations, absences, or snow days.***

Payment is due on the first of the month for the month in advance.

We require credit card or debit card information from all families. This is a requirement of the LYA Board of Directors. If payment is not received on the first, we will automatically charge your credit/debit card on the 10th of the month.

If your account is not paid by the 15th, a 1.25% finance charge will be added to your account per month. Failure to pay in a timely manner may result in termination from our programs.

Acceptable methods of payment are:

1. *A credit or debit card payment*
2. *A bank or money order*
3. *Payment through PayPal*
4. *A personal check*
   Note: If your bank returns a personal check to LYA due to insufficient funds in your account, LYA will no longer accept personal checks for payment and you will be responsible for all bank fees.

Please complete the following:

*Name on credit card*_____

*Credit card/debit card number*_____

*Expiration date*_____

*Street address and zip code*_____

I have read the above policy and authorize the LYA to charge my credit/debit card on the 10th of the month for the tuition due in that month unless I have already paid by check, bank/money order or PayPal by the first of the month.

Signature_____ ***Date***_____

March 8, 2019

Dear LYA and Busy Bee Families:

The state of Massachusetts funds a subsidy program through New England Farmworker's Council (NEF). The name is a little bit misleading but to clarify they are, simply put, the organization that manages this state subsidy program.

We would like to provide you with the necessary information so that you may review this and decide if you are eligible to receive funding. There is a waiting list but if you are eligible, you should complete the attached form, mail it to the address at the bottom of the page and get on the waiting list. The local contact information if you would like to call with questions is: 413-236-5890. There are two people who work in the Pittsfield office – Mable and Jean. They are very informative and easy to work with.

You would need to meet the income and service need requirements as listed below:

Income Requirement

To meet the income requirement, your household income must initially be at or below 50% of the state median income (SMI) – please see the attached chart. If you or your child has a documented disability or special need, your household income must initially be at or below 85% of the SMI. Use the SMI Income Eligibility chart to see if your household income is within limits.

Service Need (Activity) Requirement

To meet the service need/activity requirement for child care financial assistance, all of the adult members in your household must be:

- Working, seeking employment, or enrolled in an education or training program (not including graduate, law, or medical school) for at least 20 hours per week for part-time care, and at least 30 hours per week for full-time care;
- Retired and older than 65; or
- You have a diagnosed and documented disability or special need.*

*Disability/special need of parent is limited to two years.

Please feel free to contact Kathy or Sharon at the LYA with questions - 413-243-5535

Thomas Weber
COMMISSIONER

Commonwealth of Massachusetts
Department of Early Education and Care (EEC)

INCOME ELIGIBILITY TABLE

Step 1: Use This Form to Determine Family Eligibility

1. Find the column with the family's size written at the top.
2. Read down the column until you come to the correct income (either annual or monthly).
3. Then read directly across to the left to determine "Percent of State Median Income."
4. Please refer to relevant SMI Percentage (i.e. initial vs. reassessment - OR - special needs) to determine the family's eligibility.

% of State Median Income (SMI)	Family of Two		Family of Three		Family of Four		Family of Five		Family of Six		Family of Seven		Family of Eight		Family of Nine	
	Annual	Monthly*	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	$38,697	$3,225	$47,802	$3,984	$56,908	$4,742	$66,013	$5,501	$75,118	$6,260	$76,825	$6,402	$78,532	$6,544	$80,240	$6,687
85% SMI	$65,785	$5,482	$81,264	$6,772	$96,743	$8,062	$112,222	$9,352	$127,700	$10,642	$130,603	$10,884	$133,505	$11,125	$136,407	$11,367
100% SMI	$77,394	$6,450	$95,605	$7,967	$113,815	$9,485	$132,025	$11,002	$150,236	$12,520	$153,650	$12,804	$157,065	$13,089	$160,479	$13,373

% of State Median Income (SMI)	Family of Ten		Family of Eleven		Family of Twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	$81,947	$6,829	$83,654	$6,971	$85,361	$7,113
85% SMI	$139,310	$11,609	$142,212	$11,851	$145,114	$12,093
100% SMI	$163,894	$13,658	$167,308	$13,942	$170,723	$14,227

*To calculate a monthly income from a weekly income multiply by 4.33.
*To calculate a monthly income from a bi-weekly income multiply by 2.17.

EFFECTIVE October 1, 2018

Date:
PLEASE PRINT CLEARLY

NEFWC Waitlist Initial Intake Form

Entered By:
Date Completed:

Parent Name: _____ Parent Soc. Security #: _____ DOB: _____ Gender: ____

☐Single Parent ☐Married ☐Teen Parent
☐Foster Parent ☐Guardian ☐Military Parent
☐Grandparent Under 65 ☐Grandparent 65 or Over

Race: ☐Asian ☐Black/African American ☐Caucasian ☐Hispanic
☐American Indian/Alaskan Native ☐Native Hawaiian/Other Pacific
☐Other

Parent Name: _____ Parent Soc. Security #: _____ DOB: _____ Gender: ____

☐Single Parent ☐Married ☐Teen Parent
☐Foster Parent ☐Guardian ☐Military Parent
☐Grandparent Under 65 ☐Grandparent 65 or Over

Race: ☐Asian ☐Black/African American ☐Caucasian ☐Hispanic
☐American Indian/Alaskan Native ☐Native Hawaiian/Other Pacific
☐Other

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Other Phone Number: _____

Primary Language: _____ Secondary Language: _____

Household Monthly Income: _____ Total Family Size: _____

Income Details:
☐Employment ☐Self-Employment
☐Food Stamps ☐Child Support
☐Child Support ☐Housing
☐SSA/SSI ☐Other Fed Benefit

Reason for Needing Child Care: (please check all that apply)
☐Employment ☐Education & Training ☐Seeking Employment ☐Special Need of Child
☐Special Need of Parent ☐TAFDC Recipient/Household ☐Receiving Services from DCF ☐Homeless Shelter Activity
☐Retired Caregiver Age 65 & Over

Children: PLEASE PRINT CLEARLY

First Name Middle Name Last Name DOB Soc. Sec. Number Gender
Child Has Special Needs (y/n) ___ Race: ☐Asian ☐Black/African American ☐American Indian/Alaskan Native
School Grade Level ___ ☐Caucasian ☐Hispanic ☐Native Hawaiian/Other Pacific ☐Other

First Name Middle Name Last Name DOB Soc. Sec. Number Gender
Child Has Special Needs (y/n) ___ Race: ☐Asian ☐Black/African American ☐American Indian/Alaskan Native
School Grade Level ___ ☐Caucasian ☐Hispanic ☐Native Hawaiian/Other Pacific ☐Other

First Name Middle Name Last Name DOB Soc. Sec. Number Gender
Child Has Special Needs (y/n) ___ Race: ☐Asian ☐Black/African American ☐American Indian/Alaskan Native
School Grade Level ___ ☐Caucasian ☐Hispanic ☐Native Hawaiian/Other Pacific ☐Other

Child Care Waitlist Priority Codes: Please check all that apply
☐General Priority ☐Child of Foster Care ☐Child of Homeless Family ☐Child of Military Personnel
☐Child of Teen Parent ☐Child with Special Needs ☐Parent with Special Needs ☐Cont. of Care-Aging Out
☐Cont. of Care-Approved Break in Service ☐Cont. of Care-ARRA ☐Cont. of Care-Geographic Relocation
☐Cont. of Care-Homeless Contract ☐Cont. of Care-Prior Year Summer Only
☐Cont. of Care-Supportive Referral ☐Cont. of Care-Teen Parent Contract
☐Grandparent/Guardian ☐Sibling Contract ☐Sibling Voucher ☐Summer Only Care

Please Return Completed Form to:
New England Farm Workers' Council
141 North St. Suite 106 Pittsfield, MA 01201 or Fax to (413) 236-5894