



# GREATER WATERBURY YMCA 2017 SUMMER SUNSHINE Ages 5-12

Located at CHASE SCHOOL 40 Woodtick Rd Waterbury, CT 06705

**PLEASE INCLUDE A COPY OF AN UPDATED PHYSICAL AND IMMUNIZATION RECORD.  
CHILD CAN NOT START THE PROGRAM WITHOUT CONFIRMATION CALL FROM DIRECTOR.**

**Child/Family Information PLEASE PRINT IN BLUE/BLACK INK CLEARLY AND COMPLETE EACH LINE ("N/A" if it does not apply)**

Child's Name \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Date of Birth \_\_\_ / \_\_\_ / \_\_\_  
Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade (as of Sept. '17) \_\_\_\_\_

**In case of emergency, which parent/guardian listed below should we contact first?** Mother  Father

Mother/Guardian _____	Father/Guardian _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home # _____	Home # _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Employer _____	Employer _____
Work Address _____	Work Address _____
E-Mail _____	E-Mail _____

**PICK UP AND EMERGENCY INFORMATION PLEASE READ CAREFULLY**

I give my permission for the following people, who are listed in order of contact preference; to pick up and transport my child from the YMCA program should I be unable to (State license requires at least one contact other than a parent). I understand that the YMCA staff may ask any person picking up my child for photo identification (license). My child will not be released to someone if they are not on this list or do not have a photo ID with them. *(In the event of a custodial agreement in which one parent is not allowed to pick up a child in our program on certain days, or at all, a complete copy of the divorce decree or the court order must be provided.)*

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_



**PLEASE READ CAREFULLY**

**Permission Authorizations**

*In the following statements of permission, the phrase "my child" refers to the child named above.*

The undersigned voluntarily agrees to hold the Greater Waterbury YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at the YMCA. This includes all normal program activities in and away from the childcare center (field trips and/or swimming). I further waive, release, absolve, and indemnify the Greater Waterbury YMCA, its Directors, Volunteers, Officers or employees for injuries or accidents occurring while participating in the programs of the Greater Waterbury YMCA.

I also give the YMCA permission to take/use photographs, slides, or video of the person named on this application for YMCA purposes. I understand that a photo of my child may be kept in my child's file for identification purposes.

I, the undersigned, certify that the information given to the YMCA is accurate. I realize that I am responsible for updating the YMCA staff of any changes to my child's file. I understand that I must have an updated medical form for my child on file at the Waterbury YMCA before my child starts the program. I have read and understand the Parent Handbook and have reviewed the Behavior Management Technique and discussed any concerns with staff. Also, I have read and understand the Parent Handbook and know that **I am responsible to uphold the policies and procedures as stated.**

I, the undersigned, give the YMCA staff permission to give immediate first aid and/or secure emergency medical services to my child as necessary. In the event of a serious illness or injury to my child, he/she will be taken by ambulance to the nearest medical facility, as decided by emergency personnel.

I, the undersigned, give permission to have my child transported by school bus or van to and/or from field trips as needed. This permission includes bus transportation for field trips for any YMCA Child Care program. In the unforeseen event of an emergency which would require immediate evacuation of any YMCA Child Care program, permission is granted for transportation to a safe location.

I have read the policies and procedures of the YMCA Child Care Center and off-site programs which include but are not limited to tuition, late fees, absenteeism, holidays, vacations, center closings, special events and termination and I understand these regulations and agree to comply.

**Tuition Agreement**

<u>Days Per Week</u>	<u>Hours</u>	<u>FEE</u>
Monday - Friday	8:00 a.m. - 5:00 p.m.	\$155/Weekly
Extended Care	7:00 a.m. - 6:00 p.m.	\$170/Weekly
___ Session 1 (6/26-6/30/17) ___ Extended Care		___ Session 5 (7/24-7/28/17) ___ Extended Care
___ Session 2 (7/3-7/7/17) ___ Extended Care		___ Session 6 (7/31-8/4/17) ___ Extended Care
___ Session 3 (7/10-7/14/17) ___ Extended Care		___ Session 7 (8/7-8/11/17) ___ Extended Care
___ Session 4 (7/17-7/21/17) ___ Extended Care		___ Session 8 (8/14-8/18/17) ___ Extended Care

**\* If applying for a campership, please indicate the 2 consecutive weeks you would like the campership applied to:  
Sessions 1 & 2, Sessions 3 & 4, Sessions 5 & 6, or Sessions 7 & 8**

We do accept Care4Kids; however a deposit **must** be made in advance to secure your spot.  
Once your Care4Kids certificate is issued your account will be adjusted and a family fee will be established.  
**All registrations MUST be accompanied by a physical, a medical authorization form (if applicable) and a deposit.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_