



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

| | |
|---|-----------------------------|
| FOR YMCA USE ONLY | |
| Date: __/__/__ | Received by (initial) _____ |
| Forms Received: | |
| 2017-2018 Enrollment Form | <input type="checkbox"/> |
| Current Health record & immunization (w/in 3 years) | <input type="checkbox"/> |
| Care 4 Kids Application & PPA | <input type="checkbox"/> |
| Weekly Tuition: \$ _____ | <input type="checkbox"/> |

2017-2018 BEFORE & AFTER SCHOOL REGISTRATION

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 _____ City _____ 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# _____ Cell# _____

Home# _____ 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. An Individual Care Plan is required.)**

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 listed on the application.

I, the undersigned, give permission for my child to participate in normal program activities in and away from the childcare center. I voluntarily agree to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in the YMCA After School Program. 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 YMCA.

Parent/Guardian's Signature _____ Date ___/___/___

I, the undersigned, 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.

Parent/Guardian's Signature _____ Date ___/___/___

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 know that **I am responsible to uphold the policies and procedures as stated.**

Parent/Guardian's Signature _____ Date ___/___/___

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 the YMCA staff permission to give immediate first aid and/or secure emergency medical services to my child as necessary.

Parent/Guardian's Signature _____ Date ___/___/___

I, the undersigned, give permission to have my child transported by school bus or to and/or from school as needed. This permission includes bus transportation for field trips for any YMCA Child Care program. This permission includes any walking field trip for the 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.

Parent/Guardian's Signature _____ Date ___/___/___

Special Information

Any child with special information in either section needs to have an Individual Care Plan form filled out by the parent/guardian. These forms are available at the Waterbury YMCA or on-line and **MUST** be completed before the child starts the program. Is there any special information concerning your child? (Example: medication, allergies, behavior, pick-up)

Please use this space to provide detailed information regarding behavioral or parental custody issues that would enable us to provide appropriate services to your child. If relevant, please list any behavioral modification methods used at home or at school.

Parent/Guardian's Signature _____ Date ___/___/___

Tuition Agreement

Before and After Care Fees: check off sessions needed

AM Session: 5 Day NM \$55/wk
 3 Day NM \$41/wk _____ & _____ & _____
 2 Day NM \$31/wk _____ & _____

5 Day M \$49/wk
 3 Day M \$34/wk _____ & _____ & _____
 2 Day M \$24/wk _____ & _____

PM Session: 5 Day NM \$72/wk
 3 Day NM \$54/wk _____ & _____ & _____
 2 Day NM \$39/wk _____ & _____

5 Day M \$66/wk
 3 Day M \$47/wk _____ & _____ & _____
 2 Day M \$33/wk _____ & _____

NOW OFFERING SCHOOL VACATION DAY CAMP!

Follows Waterbury school calendar. Vacation days will run from 8:00am-5:30pm, families are responsible for providing a PEANUT FREE bagged lunch.

Daily fees: \$31/day members \$41/day nonmembers- all held at Waterbury YMCA

Bundle with your other fees-see below! Bundles must be purchased at time of registration.

September 12th

December 26th – 29th

March 30th

October 9th

January 15th

April 16th – 20th

November 7th and 10th

February 19th and 20th

SAVE 10% BY BUNDLING VACATION DAYS AND BEFORE & AFTER CARE FEES!

Member- \$31/day X 17 vacation days= \$527

Bundle= \$474 SAVINGS OF \$53

Non-Member- \$41/day X 17 vacation days= \$697

Bundle= \$627 SAVINGS OF \$70

Bundle my fees: please select your Vacation Camp weekly fees

Member- \$12/wk

Non-Member- \$16/wk

TOTALS:

Before and After Care Weekly Fee: _____

Vacation Camp weekly add on Fee: _____

Total of all weekly fees: _____

Parent/Guardian's Signature _____ Date ____/____/____



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Waterbury YMCA School Age Program Weather Related Early Dismissal Plan

When school is dismissed early as a result of inclement weather, the Waterbury YMCA does NOT offer Aftercare. In order to ensure that the children are safe, please indicate the provisions established for your child once he or she is dismissed from school.

Child(ren)'s Name: _____ Home Address: _____ School: _____

___ My child is to be picked up at school by his/her parent.

___ My child is to take his/her bus home. He/she rides on bus number _____

___ My child is a "walker" and will be walking home from school. Once he/she is home, someone will be there for him/her.

___ My child is to go to a friend/relative's house.

He/she is to _____.

(Take a bus (indicate bus number), walk, or be picked up at school)

He/she will be in the care of _____.

(Name and phone number of caretaker)

My child(ren)'s arrangements are not described above. He/she is to:

In addition to the procedures listed above, please include pertinent emergency telephone numbers in case the school or the Waterbury YMCA School Age Program needs to reach you for any reason.

Mother's Contact Information

Place of Employment _____

Work Phone Number _____ Cell Phone Number _____

Father's Contact Information

Place of Employment _____

Work Phone Number _____ Cell Phone Number _____

Emergency Numbers

Contact's Name _____ Phone Number _____

Contact's Name _____ Phone Number _____

**BEFORE AND AFTER SCHOOL
PAYMENT SCHEDULE 2017-2018**

| Payment Due | Period Start | Period End |
|--|---------------------|-------------------|
| Upon registration Cash/Check EFT 1st draft 8/25/17 | 8/28/17 | 9/1/17 |
| 9/1/17 | 9/5/17 | 9/8/17 |
| 9/8/17 | 9/11/17 | 9/15/17 |
| 9/15/17 | 9/18/17 | 9/22/17 |
| 9/22/17 | 9/25/17 | 9/29/17 |
| 9/29/17 | 10/2/17 | 10/6/17 |
| 10/6/17 | 10/9/17 | 10/13/17 |
| 10/13/17 | 10/16/17 | 10/20/17 |
| 10/20/17 | 10/23/17 | 10/27/17 |
| 10/27/17 | 10/30/17 | 11/3/17 |
| 11/3/17 | 11/6/17 | 11/10/17 |
| 11/9/17 (THURSDAY) | 11/13/17 | 11/17//17 |
| 11/17/17 | 11/20/17 | 11/22/17 |
| 11/22/17 (THURSDAY) | 11/27/17 | 12/1/17 |
| 12/1/17 | 12/4/17 | 12/8/17 |
| 12/8/17 | 12/11/17 | 12/15/17 |
| 12/15/17 | 12/18/17 | 12/22/17 |
| 12/22/17 | 1/2/18 | 1/5/18 |
| 1/5/18 | 1/8/18 | 1/12/18 |
| 1/12/18 | 1/15/18 | 1/19/18 |
| 1/19/18 | 1/22/18 | 1/26/18 |
| 1/26/18 | 1/29/18 | 2/2/18 |
| 2/2/18 | 2/5/18 | 2/9/18 |
| 2/9/18 | 2/12/18 | 2/16/18 |
| 2/16/18 | 2/19/18 | 2/23/18 |
| 2/23/18 | 2/26/18 | 3/2/18 |
| 3/2/18 | 3/5/18 | 3/9/18 |
| 3/9/18 | 3/12/18 | 3/16/18 |
| 3/18/18 | 3/19/18 | 3/23/18 |
| 3/23/18 | 3/26/18 | 3/30/18 |
| 3/29/18 (THURSDAY) | 4/2/18 | 4/6/18 |
| 4/6/18 | 4/9/18 | 4/13/18 |
| 4/13/18 | 4/23/18 | 4/27/18 |
| 4/27/18 | 4/30/18 | 5/4/18 |
| 5/4/18 | 5/7/18 | 5/11/18 |
| 5/11/18 | 5/14/18 | 5/18/18 |
| 5/18/18 | 5/21/18 | 5/25/18 |
| 5/25/18 | 5/28/18 | 6/1/18 |
| 6/1/18 (FINAL PAYMENT) | 6/4/18 | 6/8/18 |