

**School Attends:**

     **Before Care**

     **After Care**

Date Enrolled: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Allergies: YES      NO

Special Care Plan Required:  
                    YES      NO

**Waterbury YMCA**  
136 West Main Street  
Waterbury, CT 06702

**Child Enrollment Form**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone/Pager: \_\_\_\_\_

Mother's Address: (if different) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone/Pager: \_\_\_\_\_

Father's Address: (if different) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

3 Persons to call in case of emergency & to whom my child may be released to: (*other than parents*)

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Information Form

*The Waterbury YMCA takes the safety and well-being of your child very seriously. It is important that this information is filled out completely.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

3 Persons to call in case of emergency & to whom my child may be released to: *(other than parents)*

***Your child will not be released to anyone not on the pick-up list, unless authorized in writing prior to pick-up date.***

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Hospital Preference:** \_\_\_\_\_ **Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Carrier and Member ID #:** \_\_\_\_\_

**List Child's Medications:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Date of last Tetanus:** \_\_\_\_\_

## Permission Authorizations

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

### Medical Emergencies Permission

If an emergency need should arise, I hereby give my permission for the staff trained in first aid to administer it, or to obtain care for my child from a licensed physician or dentist. I also give my permission for my child to be taken to a hospital or other medical facility by the police or ambulance. If I cannot be contacted, I authorize the administration of the Waterbury YMCA to act on my behalf relative to emergency medical treatment for my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trip/Gym/Swim/Outdoor Activity Permission

I hereby give permission for my child to participate in normal program activities in and away from the childcare center, and release the Waterbury YMCA and it's staff from all responsibility for injury or damage resulting from such activities to the extent that they might exceed any coverage which the YMCA may have, except injury or damage resulting from gross negligence or willful misconduct.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Publicity Permission

I hereby give permission to the Waterbury YMCA to take pictures of my child participating in the activities of the YMCA, and such pictures may be used for instructional or promotional purposes. I also give permission for the YMCA to use the artwork of my child for display or promotional purposes

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Discipline Policy Agreement

By signing, I agree that I understand the discipline policy of the Greater Waterbury YMCA and it has been reviewed both verbally and in writing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at YMCA. 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 YMCA.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Receipt of Policy Handbook

I acknowledge receipt of the Waterbury YMCA Childcare Policy Handbook. I realize that it is my responsibility to read, understand and comply with its contents.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print full name: \_\_\_\_\_

## Enrollment Checklist

(For YMCA staff only)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Forms	Complete	Comments
Registration Form		
Child Enrollment Form		
Emergency Info/Permission Authorizations		
Health Record		
Nutrition		
Contractual Agreement		
Allergies		
Transportation Authorization		
Photo Permission		
Swim/Field Trip		
Birth Certificate/Social Security		
Insurance/Medical Card		
Proof of Income		
Guardianship/Court Order		
CCAP/YMCA Financing		

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WATERBURY YMCA CHILD CARE CONTRACTUAL AGREEMENT

## TUITION AGREEMENT

I am enrolling my child \_\_\_\_\_ in the Before and/or After School program(s) provided by The Greater Waterbury YMCA. I agree to pay \$\_\_\_\_\_, on the 1<sup>st</sup> and 15<sup>th</sup> of each month. The registration fee included the 1<sup>st</sup> week payment and a deposit, which will be posted to the last week. PAYMENTS ARE DUE ONE WEEK IN ADVANCE. As long as the program is open I am responsible for that payment, even though my child may not be present. If payment is not received by Tuesday of the week of care, I will pay a \$10.00 late fee.

The YMCA Child Care Center's hours are school's dismissal to 5:30 p.m. The YMCA off-site program hours vary by site and are located on the cover of this enrollment packet. There is a per child LATE PICK UP FEE of \$10.00 for every 15 minutes or part thereof if a child is left in the facility beyond the above hours. \*

I agree to apply for the Care4Kids child care subsidy program. If I qualify, I agree to pay my family portion, as determined. I agree to authorize Care4Kids to pay the Waterbury YMCA directly. I will notify The Waterbury YMCA Child Care Program of any changes to my qualifications. I understand that I am responsible for the child care fees if Care4Kids terminates payments.

The Greater Waterbury YMCA Child Care Center and off-site programs reserve the right to withdraw a child if warranted, as indicated in the Parent Handbook. In turn, a parent has the right to withdrawal their child in writing with at least two weeks notice or the parent will be charged for those weeks.

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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*ABANDONED CHILDREN STATEMENT:** The State of Connecticut has an "Abandoned Child Policy" If a child is not picked up within 1 hour of the center's closing, and all efforts have been made to contact the parents and emergency contact people, providers are to assume the child has been abandoned. Providers must contact DCF and the police to have the child picked up and brought to the local Department of Children and Families. The Center's staff are mandated reporters for child abuse and neglect.

## IMPORTANT POLICIES TO REMEMBER

- **ALL** After School Programs **DO NOT** run when school is cancelled due to inclement weather.
- **ALL** Before School Programs **DO** run on a delayed schedule if there is a delayed opening due to inclement weather, i.e. if there is a 90 minute delay the program will begin on a 90 minute delay.
- **ALL** After School Programs are **CANCELLED** when PM Activities are cancelled or when school is dismissed early due to inclement weather. It is your responsibility to provide the school office with information pertaining to how your child will be dismissed from school in these instances.
- **ALL** After School Programs **DO** run when there is a scheduled half day. For example, the day before Thanksgiving or Christmas Eve and when teachers have in service trainings or open house, etc.
- A **TWO WEEK** notice is required for your child to be disenrolled from the program. Therefore, you are responsible for payments during this time period. Notice must be given to the off site childcare director via written notice or phone call.
- If your child is absent from the program due to a vacation or illness, you are still responsible for payment during that week, unless other arrangements have been made with the off site childcare director.

# Waterbury YMCA Before & After School Child Care Fees

2011-2012

## Before School

### Member

Mon-Fri \$91/bi-monthly

M/W/F \$59/bi-monthly

T/R \$40/bi-monthly

### Non-Member

Mon-Fri \$103/bi-monthly

M/W/F \$73/bi-monthly

T/R \$53/bi-monthly

## After School

### Member

Mon-Fri \$125/bi-monthly

M/W/F \$86/bi-monthly

T/R \$57/bi-monthly

### Non-Member

Mon-Fri \$137/bi-monthly

M/W/F \$99/bi-monthly

T/R \$70/bi-monthly

Student Name \_\_\_\_\_

Please register my child for:

AM Session: Monday-Friday

Mon/Wed/Fri

Tues/Thurs

PM Session: Monday-Friday

Mon/Wed/Fri

Tues/Thurs

Fees are payable on a prepaid 1<sup>st</sup> and 15<sup>th</sup> of the month basis. The yearly tuition is based on 180 days of school regardless of school closings or absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all bi-weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined.

\*Schedules outside of the above options may be considered on a per case basis at the discretion of YMCA Management.

# 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: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ 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**

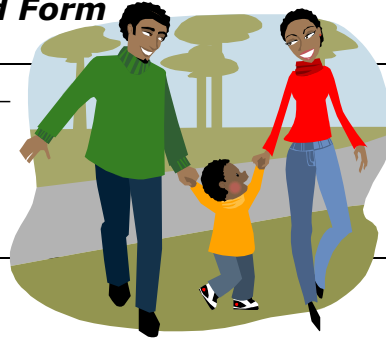
Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Greater Waterbury YMCA Child Development Center  
Swipe Card Form**

Child's Name: \_\_\_\_\_  
Classroom: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_  
Disenrollment Date: \_\_\_\_\_



**Parent/Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

*My signature below indicates that I give permission for the staff to call the following persons in case of an emergency & to whom my child may be released to:*

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\* The YMCA does not allow access to anybody who has a sexual criminal history or anybody who is a registered sex offender.

(If additional swipe cards are needed or are lost or damaged, you will be charged \$5.00 per card.)

*Sample INCOME ELIGIBILITY APPLICATION Child Care Center/Head Start Nutrition Program*

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**PART 1 - Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
**Child's Normal Child Care Schedule (check all that apply):**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
**Child's Normal Hours of Care (include time and indicate AM or PM):** \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM and \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
**Normal Meal Service(s) Child will be Served:**  Breakfast  A.M. Snack  Lunch  P.M. Snack  Supper

**PART 2A - HOUSEHOLDS NOW RECEIVING SNAP (formerly known as Food Stamps) or TFA BENEFITS:** Complete this part and sign the application in Part 3 - DO NOT complete Part 2B.  
 Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) Case Number: \_\_\_\_\_  
 TFA (Temporary Family Assistance) Case Number: \_\_\_\_\_

**PART 2B - ALL OTHER HOUSEHOLDS:**

NAMES	CURRENT MONTHLY INCOME			
	Names of All Household Members <i>(include the child listed above)</i>	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

**PART 2C - FOSTER CHILD:** Complete this Part and Part 3. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If this is a state placed foster child, check here  and write the child's "personal use" income: \$ \_\_\_\_\_ and how often it is received: \_\_\_\_\_.

**PART 3 - SIGNATURE:** An adult household member must sign and date the application before it can be approved.  
**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the SNAP or TFA number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**Signature of adult** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Printed name of adult** \_\_\_\_\_ **Date signed** \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Home Address Zip code \_\_\_\_\_

**PART 4 – RACIAL AND ETHNIC IDENTITY:** You are not required to answer this question.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 Race:  White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

**Privacy Act Statement.** *This explains how the information you provide will be used.* Section 9 of the National School Lunch Act requires that unless the participant's Supplemental Nutrition Assistance Program (SNAP) or TFA number is provided, you must include the social security number of the household member signing the application or an indication that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TFA office to determine current certification for receipt of SNAP or TFA benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs. Your eligibility information may be shared with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. Your information may also be shared with Medicaid or the State children's health insurance program (HUSKY), unless you tell us not to, in writing, within 30 days of signing this application. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or HUSKY.

**For Sponsor Use Only**

**Annual Income Conversion: Weekly X 52 ♦ Every 2 Weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12**  
 Total family income \$ \_\_\_\_\_ Family size \_\_\_\_\_ OR SNAP/TFA household  
 Eligible Free:  Eligible Reduced:  Over Income:  Temporary Eligibility: Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Time Period: \_\_\_\_\_  
 Sponsor Eligibility Official \_\_\_\_\_ Date \_\_\_\_\_