



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to the YMCA! We are pleased you have chosen us for your before and after care needs and will strive to provide the highest quality program for your family. Enclosed is the registration packet. Please be advised all paperwork must be complete and on file at the Greater Waterbury YMCA prior to enrollment. All participants must make a deposit to secure their spot at camp. Listed below are the components to a complete registration packet.

*** Please allow 5 to 7 business days to process all paperwork***

If you would like a copy of our handbook it is available online @ www.waterburymca.org.

THIS PACKET CAN BE DROPPED OFF IN PERSON AT THE GREATER WATERBURY YMCA, FAXED OR EMAILED

FOR OFFICE USE ONLY

____ Registration Form

____ Tuition Agreement Form

____ Updated Health Assessment Record

____ Deposit

____ Authorization of Medication Form (if applicable)

____ Copy of IEP and/or 504 plan w/
accommodations (is applicable)

____ Individual Care Plan (if applicable)

____ CARE 4 KIDS/ OPEN DOORS Financial Aid
application

Reviewed By (@ Intake): _____ Date: _____

Notes: _____

Reviewed By (Registrar): _____ Date: _____

Notes: _____

Reviewed By (Director): _____ Date: _____

Notes: _____

Laura Murphy
Outdoor Center Program Director
(203)754-9622 x. 118
lmurphy@waterburymca.org

Tammie Lee
Child Development Registrar
(203) 754-9622 x. 136
tlee@waterburymca.org



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2019-2020 BEFORE & AFTER SCHOOL REGISTRATION

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. '19) _____

Race: [] Hispanic/Latino [] African-American [] Asian [] Native American [] Caucasian/White [] Other

Income: [] Below \$14,999 [] \$15,000 - \$24,999 [] \$25,000 - \$39,999 [] \$40,000 - \$54,999 [] \$55,000 or more

In case of emergency, which parent/guardian listed below should we contact first? [] Parent/Guardian1 [] Parent/Guardian 2

Parent/Guardian 1 _____ Parent/Guardian 2 _____

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.)

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 ____/____/____



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PLEASE READ CAREFULLY

Parent/Legal Guardian Permission

I, the undersigned, give my permission for my child to participate in all activities planned by the YMCA Child Care program including neighborhood walks. I also give the YMCA permission to take/use photographs, slides, moving picture, or video tapes 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 also understand that weekly fees/site locations are subject to change.

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 Greater Waterbury YMCA before my child starts the program. Also, I have read and understand the Parent Handbook and know that **I am responsible to uphold the policies and procedures as stated, including discussion of Behavior Management Policies.**

I, the undersigned, voluntarily agree 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. I further waive, release, absolve, and indemnify the Greater Waterbury YMCA; its directors, officers, or employees for injuries or accidents occurring while participating in YMCA programs.

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/Legal Guardian Signature _____ Date _____

Authorization for communication with Watertown Public School(s)

If deemed appropriate, I give my permission to the Greater Waterbury YMCA administrative staff to communicate with the Watertown Public School staff with regards to my child's development, behavior and/or custodial issues or any other miscellaneous information pertaining to my child that may impact his/her success at the YMCA.

Parent/Legal Guardian Signature _____ Date _____

Transportation Authorization

I, the undersigned, give permission to have my child transported by school bus to and/or from school 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.

Parent/Legal Guardian Signature _____ Date _____



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SPECIAL/MEDICAL INFORMATION

- Any child with special/medical information **MUST** have an **Individual Care Plan Form** filled out by the parent/ legal guardian.
- Any child taking medication to be dispensed by our YMCA staff needs to have an **Administration of Medication Form** filled out by their child's physician.

These forms are available at the Greater Waterbury YMCA or online and **MUST** be completed before the child starts the program.

Is there any special information concerning your child? (Example: medications, allergies, pick-up, etc.)

Does your child(ren) require any additional care while in our program(s)? Yes _____ No _____

If yes, please explain

Physician's Name _____

Address _____ Phone _____

If your child has been tested by an outside facility or organization in the past for speech, cognitive development, physical development, etc., please provide details. This information is helpful to the YMCA staff with regards to providing the best possible program for your child. This information will be kept confidential.



Behavior Modification Techniques:

Here at the YMCA, we believe in the concept of “Positive Discipline”. Through generous praise, encouragement and positive reinforcement, the motivation for most misbehavior can be eliminated. However, some discipline situations may arise. The staff will discuss the situation with the child and any other children involved. If this does not work, the staff will try to redirect the negative behavior. If the behavior persists, the staff will then allow the child some time away from the activity.

The following techniques are used to help modify children’s behaviors:

- Changing the setting
- Giving consequences
- Diverting attention
- Encouragement
- Giving choices
- Reinforcing positive behavior
- Encouraging the use of words
- Giving reasons
- Appropriate humor
- Setting limits
- Encouraging better conflict resolution techniques
- Using positives
- Redirecting behavior
- Warnings

At the YMCA we do not use abusive, neglectful, humiliating, corporal or frightening punishment under any circumstances. Children are not physically restrained unless the behavior jeopardizes the safety and well-being of the child, other children or staff.

If you have any further questions please contact Emily Powell, School Age Program Director.

The Behavior Modification Techniques have been discussed with me at registration time and or reviewed at the orientation prior to the start of program.

Parent/Legal Guardian Signature: _____ Date: _____

Child’s Name _____

Program/Site Location: _____

****** Please note******

Additional enrichment opportunities (i.e. swimming, field trips, special guest, etc.) may be offered in your child’s program and only full time enrollment guarantees that your child will be included in **all** activities. Part time enrollment may cause your child to miss some of these enrichment opportunities depending on the day (s) your child attends.

Parent/Legal Guardian Signature: _____ Date: _____



Tuition Agreement

Before and After Care Fees and Schedules: check off schedule needed

BEFORE CARE 7:00 AM to start of school

Non member

____ 5 day \$57/wk
____ 4 day \$48/wk & _____ & _____
____ 3 day \$41/wk & _____ & _____
____ 2 day \$31/wk & _____
____ 1 day \$14/wk _____

Member

____ 5 day \$49/wk
____ 4 day \$42/wk & _____ & _____ & _____
____ 3 day \$34/wk & _____ & _____
____ 2 day \$24/wk & _____
____ 1 day \$12/wk _____

AFTER CARE school dismissal to 6 PM

Non member

____ 5 day \$72/wk
____ 4 day \$63/wk & _____ & _____ & _____
____ 3 day \$54/wk & _____ & _____
____ 2 day \$39/wk & _____
____ 1 day \$18/wk _____

Member

____ 5 day \$66/wk
____ 4 day \$58/wk & _____ & _____ & _____
____ 3 day \$47/wk & _____ & _____
____ 2 day \$33/wk & _____
____ 1 day \$16/wk _____

NEW for 2019-2020

10% sibling discount (applied to youngest sibling) Siblings name: _____

SCHOOL VACATION DAY KIDS CLUB at YMCA Camp Mataucha and Outdoor Center!

Program follows WATERTOWN public school calendar. Vacation days will run from 7:30am-5:30pm, with drop off by 9am. Children CAN NOT be signed in and out of the program throughout the day. Please plan accordingly. Families are responsible for providing a bagged lunch. Please note some vacation days may not run due to low enrollment.

Daily fees: \$55/day OR you may bundle with your other childcare fees-see below! Bundles must be purchased at time of registration.

October 11th and 14th
November 5th and 11th
December 23rd, 26th, 27th and 30th

January 20th
February 17th and 18th
April 13th-17th

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

\$55/day X 16 vacation days= \$880

Bundle= \$792 SAVINGS OF \$88

Weekly fee is \$20

Bundle my fees: please select your Vacation Camp weekly fees

TOTALS:
Before and/or After Care Weekly Fee: _____

Vacation Camp weekly add on Fee: _____

Total of all weekly Fees: _____

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



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PAYMENT OPTIONS

- I will pay by cash/check each Friday, according to the payment schedule.
- I would like the following account charged on each Friday, according to the payment schedule.

Electronic Funds Transfer (EFT) Agreement

I/we hereby authorize the Greater Waterbury YMCA to charge the account provided on a weekly basis (according to the pay schedule), in the amount named, to pay for the Waterbury YMCA Childcare program for the child(ren) listed below, until the end of the program year or until my child(ren) has been disenrolled from the program:

_____ Child's Name _____ Child's Name

BANK DRAFT EFT Checking Savings

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CREDIT CARD EFT CARD TYPE: MasterCard Visa

CC # _____ Exp. Date _____

Date of First Transfer: _____ Payment Amount: _____

My signature below states my understanding that I have agreed for the Greater Waterbury YMCA to draft my credit card account for all fees owed for the childcare program. I understand that I will be responsible for any and all returned payment fees that are accrued in the event that my selected payment method is not accepted.

Parent/ Guardian's Signature: _____ Date: _____

Fees are due **weekly** on the Friday prior to the week of care. 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 weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined. **You will NOT receive a monthly bill or payment reminder unless your account is delinquent.**

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



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**BEFORE AND AFTER SCHOOL
PAYMENT SCHEDULE 2019-2020**

1	Payment Due	Period Start	Period End
	Upon registration Cash/Check/CC EFT 1 st draft 8/23/19	8/26/19	8/30/19
2	8/30/19	9/2/19	9/6/19
3	9/6/19	9/9/19	9/13/19
4	9/13/19	9/16/19	9/20/19
5	9/20/19	9/23/19	9/27/19
6	9/27/19	9/30/19	10/4/19
7	10/4/19	10/7/19	10/11/19
8	10/11/19	10/14/19	10/18/19
9	10/18/19	10/21/19	10/25/19
10	10/25/19	10/28/19	11/1/19
11	11/1/19	11/4/19	11/8/19
12	11/8/19	11/11/19	11/15/19
13	11/15/19	11/18/19	11/22/19
14	11/22/19	11/25/19	11/29/19
15	11/29/19	12/2/19	12/6/19
16	12/6/19	12/9/19	12/13/19
17	12/13/19	12/16/19	12/20/20
18	12/20/19*	12/30/19*	1/3/20*
19	1/3/20	1/6/20	1/10/20
20	1/10/20	1/13/20	1/17/20
21	1/17/20	1/20/20	1/24/20
22	1/24/20	1/27/20	1/31/20
23	1/31/20	2/3/20	2/7/20
24	2/7/20	2/10/20	2/14/20
25	2/14/20	2/17/20	2/21/20
26	2/21/20	2/24/20	2/28/20
27	2/28/20	3/2/20	3/6/20
28	3/6/20	3/9/20	3/13/20
29	3/13/20	3/16/20	3/20/20
30	3/20/20	3/23/20	3/26/20
31	3/26/20	3/30/20	4/3/20
32	4/3/20 *	4/13/20 *	4/17/20 *
33	4/17/20	4/20/20	4/24/20
34	4/24/20	4/27/20	5/1/20
35	5/1/20	5/4/20	5/8/20
36	5/8/20	5/11/20	5/15/20
37	5/15/20	5/18/20	5/22/20
38	5/22/20	5/25/20	5/29/20
39	5/29/20	6/1/20	6/5/20
	6/8/20	6/11/20	Week combined with 12/30-1/6/20

*PAYMENT FOR 12/20/19 – pays for the week of 12/30/19-1/3/20

*PAYMENT FOR 4/3/20 – pays for the week of 4/13/20-4/17/20

*There is NO charge for Winter and Spring break weeks