



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

With the announcement that Waterbury Public Schools will be returning with the Hybrid-Half Day model, our Before & After School Program is ready to go! Please note, these programs may be modified as necessary based upon changes made by Waterbury Board of Education. All SACC sites are state-licensed facilities. We will be abiding by all CDC & Office of Early Childhood guidelines as related to cleaning and sanitizing spaces & equipment. All high touch surfaces including doorknobs & program equipment will be wiped down multiple times per day. Staff and children will be required to wear masks at all times. All participants must make a deposit to secure their spot in the program. 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](http://www.waterburymca.org).

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

**FOR OFFICE USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Registration Form                                | <input type="checkbox"/> Tuition Agreement Form   |
| <input type="checkbox"/> Updated Health Assessment Record                 | <input type="checkbox"/> Deposit  |
| <input type="checkbox"/> Authorization of Medication Form (if applicable) | <input type="checkbox"/> Copy of IEP and/or 504 plan<br>w/ accommodations (is applicable) |
| <input type="checkbox"/> Individual Care Plan (if applicable)             | <input type="checkbox"/> CARE 4 KIDS/ OPEN DOORS Financial<br>Aid application             |

Reviewed By (@ Intake): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By (Registrar): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By (Director): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 2020-2021 HYBRID SCHOOL AGE 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. '20) \_\_\_\_\_

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

**\*MUST PROVIDE CURRENT PAY STUB AS PROOF OF EMPLOYMENT\***

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

Parent/Guardian 1  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 School Age 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 release of information**

If deemed appropriate, I give my permission to the Greater Waterbury YMCA administrative staff to communicate with DCF, OEC, NAYEC, emergency personnel, public school personnel and/or consultants 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 \_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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



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## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING Greater Waterbury Young Men's Christian Association FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Greater Waterbury Young Mens Christian Association facilities, services, equipment and premises ("Facilities") and any participation in Greater Waterbury Young Men's Christian Association programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Greater Waterbury Young Men's Christian Association, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)



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### Care Schedule and Fees

Before and After Care Fees and Schedules: check off schedule and days of the week needed

**BEFORE CARE 6:30 AM to bus/van arrival**

\_\_\_ 5 day \$58/wk  
\_\_\_ 3 day \$43/wk \_\_\_ & \_\_\_ & \_\_\_  
\_\_\_ 2 day \$33/wk \_\_\_ & \_\_\_

**AFTER CARE bus/van arrival to 3:30 PM**

\_\_\_ 5 day \$75/wk  
\_\_\_ 3 day \$57/wk \_\_\_ & \_\_\_ & \_\_\_  
\_\_\_ 2 day \$41/wk \_\_\_ & \_\_\_

**AFTER CARE bus/van arrival to 6:00 PM**

\_\_\_ 5 day \$117/wk  
\_\_\_ 3 day \$70/wk \_\_\_ & \_\_\_ & \_\_\_  
\_\_\_ 2 day \$47/wk \_\_\_ & \_\_\_

**Sibling Discount**

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

**SCHOOL VACATION DAY KIDS CLUB at the Waterbury YMCA!**

Program follows WATERBURY public school calendar. Vacation days will run from 8:00am-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 PEANUT FREE bagged lunch.

Daily fees: \$50/day

Please check off days that will be needed.

October 2<sup>th</sup> and 12<sup>th</sup> \_\_\_      January 6<sup>th</sup> and 18<sup>th</sup> \_\_\_      April 19<sup>th</sup>-23<sup>th</sup> \_\_\_  
November 3<sup>th</sup> and 11<sup>th</sup> \_\_\_      February 15<sup>th</sup> and 16<sup>th</sup> \_\_\_  
December 28<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup> \_\_\_      March 5<sup>th</sup> \_\_\_

**TOTALS:**

Before and/or After Care Weekly Fee: \_\_\_\_\_

Vacation Camp Daily add on Fee: \_\_\_\_\_

Total of all weekly Fees: \_\_\_\_\_

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



**PAYMENT RESPONSIBILITY INFORMATION** (Please use two separate forms if payment responsibility is shared.)

**PLEASE PRINT CLEARLY- (Complete ALL sections)**

Child(ren)'s Name \_\_\_\_\_ Billing Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Place of Employment \_\_\_\_\_

Preferred Contact Method \_\_\_\_\_ Percentage (in shared situation) \_\_\_\_\_

Are you applying for Care 4 Kids and /or YMCA OPEN DOORS financial assistance?  YES  NO  Care 4 Kids  OPEN DOORS  
\*Please note that if you are applying for financial assistance and/or Care 4 Kids, you must fill out the financial assistance form and return the completed form with this application.

**PAYMENT OPTIONS:** We will be using our **Electronic Funds Transfer** service which enables us to charge your weekly payment directly to your credit/debit card or bank account.

**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 or until my child(ren) has been disenrolled from the program:

Please charge the following credit/debit card every Friday, according to the payment schedule: (Account information MUST be complete)

CREDIT CARD EFT:  Master Card  Visa  Discover Card Holder's Name: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Please charge the following account every Friday, according to the payment schedule: (Account information MUST be complete)

BANK DRAFT EFT:  Checking  Savings BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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/debit card or bank 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.

Account holder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR YMCA USE ONLY Please Do Not Write In Shaded Section**

Program Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Group \_\_\_\_\_

Schedule: \_\_\_\_\_ Program Fee \_\_\_\_\_

Siblings: \_\_\_\_\_ Notes: \_\_\_\_\_



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## Tuition Payment Information

Welcome to the Greater Waterbury YMCA School-Age Child Care program! Please take a moment to review these important details. Please be advised that we do not bill for our services, you will only receive a bill if your account becomes delinquent. Child Care tuition fees are due every Friday prior to the week of care, according to the payment schedule. The tuition payments are divided into 39 equal payments. Your 1<sup>st</sup> payment is due at the time of registration and secures your child's position in our program. Your 2<sup>nd</sup> payment is due the Friday of the 1<sup>st</sup> week of care.

1. A late fee of \$15.00 will be assessed to all accounts that are delinquent by 2 payments. If payment is not received by the following Monday, child care services will be suspended until a payment is made. The YMCA administers a \$25 non-sufficient fund fee if your payment is unable to be processed. Bank processing times vary depending on your financial institution. Please note that your bank may also charge an additional non-sufficient fund fee. With your assistance in making timely payments, we will avoid this situation. However, if you come upon a difficult financial period and need additional time to make a payment, please contact us immediately to make payment arrangements that will be mutually beneficial without jeopardizing your child's space in the program. We are committed to serving your child's needs and are always willing to work with you in times of difficulty.

2. The YMCA does participate in the Care 4 Kids program. To insure your child(ren)s continued registration in the program, parents are responsible to make all **WEEKLY** payments until a certificate is issued from Care 4 Kids and a parent share fee has been determined. Financial Assistance is available for qualifying families. We ask that our families apply for Care 4 Kids funding **PRIOR** to the YMCA OPEN DOORS financial aid program. All Care 4 Kids and OPEN DOORS financial aid families will be required to pay 50% of the weekly fee per child, per week. Once your YMCA OPEN DOORS financial aid is approved a parent share will be determined. If you should have any questions, please contact us.

3. Payments will be made through our **Electronic Funds Transfer** credit/debit card service that will enable us to charge your payment directly to your credit/debit card or bank account every Friday. This service will eliminate the process of writing checks and/or remembering to make your payment every week. This service continues to be the most common means of payments for its convenience and assurance that payments are made accurately and on time.

If you ever have any questions or concerns, please call us. Thank you for choosing the Greater Waterbury YMCA for your child care needs.

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Zory Torres  
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