



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____
Date/Time Received: _____
Staff: _____

2019-2020

Dear YMCA Summer Sunshine Families,

Welcome to the YMCA! We are pleased you have chosen us for your summer 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: _____

Emily Powell
School Age Program Director
(203) 754-9622 x.123
epowell@waterburymca.org

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



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2019 SUMMER SUNSHINE REGISTRATION FORM

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/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 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 Waterbury Public School(s)

If deemed appropriate, I give my permission to the Greater Waterbury YMCA administrative staff to communicate with the Waterbury 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 _____

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 this require any additional care while in our program(s)? Yes _____ No _____

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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Tuition Agreement

REGULAR CAMP SESSIONS

Days Per Week

Monday - Friday
Extended Care

Hours

8:00 a.m. - 5:00 p.m.
7:00 a.m. - 6:00 p.m.

FEE

\$160/Weekly
\$175/Weekly

___ Session 1 (6/24-6/28) ___ Extended Care

___ Session 2 (7/1-7/5) ___ Extended Care

****Please note there is NO CAMP on Thursday, 7/4th**

___ Session 3 (7/8-7/12) ___ Extended Care

___ Session 4 (7/15-7/19) ___ Extended Care

___ Session 5 (7/22-7/26) ___ Extended Care

___ Session 6 (7/29 - 8/2) ___ Extended Care

___ Session 7 (8/5 - 8/9) ___ Extended Care

___ Session 8 (8/12-8/16) ___ Extended Care

SUMMER SCHOOL SESSIONS

Days Per Week

Monday - Thursday
Friday (full day)

Hours

12:30 p.m. - 6:00 p.m.
8:00 a.m. - 6:00 p.m.

FEE

\$88/ Weekly

___ Session 3 (7/8-7/12) ___ Extended Care

___ Session 4 (7/15-7/19) ___ Extended Care

___ Session 5 (7/22-7/26) ___ Extended Care

___ Session 6 (7/29 - 8/2) ___ 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**

Fees are due **weekly** on a prepaid basis. The YMCA does participate in the Care4Kids 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 Care4Kids and a parent share fee has been determined. **You will NOT receive a monthly bill or payment reminder unless your account is delinquent.**

Parent's Signature: _____ Date: _____



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SUMMER SUNSHINE PAYMENT SCHEDULE 2019

		PAYMENTS DUE FRIDAYS
WEEK 1	6/24 – 6/28	BY FRIDAY 6/21/19
WEEK 2	7/1 – 7/5	6/28/19
WEEK 3	7/8 – 7/12	7/5/19
WEEK 4	7/15 – 7/19	7/12/19
WEEK 5	7/22 – 7/26	7/19/19
WEEK 6	7/29 – 8/2	7/26/19
WEEK 7	8/5 – 8/9	8/2/19
WEEK 8	8/12 – 8/16	8/9/19

- PAYMENT CAN BE MADE AT THE PROGRAM SITE OR THE GREATER WATERBURY YMCA
 - PLEASE CONTACT TAMMIE LEE, CHILD DEVELOPMENT REGISTRAR AT 203-754-9622 EXT. 136, OR TLEE@WATERBURYYMCA.ORG WITH ANY QUESTION OR CONCERNS REGARDING PAYMENTS
- ❖ Please keep this document for your records