



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to the YMCA! We are pleased you have chosen us for your child 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 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.

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
w/ accommodations (is applicable) |
| <input type="checkbox"/> Individual Care Plan (if applicable) | <input type="checkbox"/> CARE 4 KIDS/ OPEN DOORS Financial
Aid application |

Reviewed By (@ Intake): _____ Date: _____
Notes: _____

Reviewed By (Registrar): _____ Date: _____
Notes: _____

Reviewed By (Director): _____ Date: _____
Notes: _____

Waterbury
Emily Powell
School Age Program Director
(475) 233-8997
(203) 754-9622 x.123
epowell@waterburymca.org



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COVID-19 SCHOOL AGE & SUMMER SUNSHINE 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 ___/___/___



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.



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: _____



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.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



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TUITION AGREEMENT

**Care Fees and Schedules: Program Operates Monday-Friday 7:30am-5:30pm
\$60/Day \$285/Weekly**

All payments are due the Friday PRIOR to the week of care

Please check off weeks and days needed

- Week 1 6/1-6/5 ___ Full Week OR choose days M___T___W___T___F___
- Week 2 6/8-6/12 ___ Full Week OR choose days M___T___W___T___F___
- Week 3 6/15-6/19 ___ Full Week OR choose days M___T___W___T___F___
- Week 4 6/22-6/26 ___ Full Week OR choose days M___T___W___T___F___
- Week 5 6/29-7/2 ___ Full Week OR choose days M___T___W___T___F___
- Week 6 7/6-7/10 ___ Full Week OR choose days M___T___W___T___F___
- Week 7 7/13-7/17 ___ Full Week OR choose days M___T___W___T___F___
- Week 8 7/20-7/24 ___ Full Week OR choose days M___T___W___T___F___
- Week 9 7/27-7/31 ___ Full Week OR choose days M___T___W___T___F___
- Week 10 8/3-8/7 ___ Full Week OR choose days M___T___W___T___F___
- Week 11 8/10-8/14 ___ Full Week OR choose days M___T___W___T___F___

Payments due every Friday 5/29, 6/5, 6/12, 6/19, 6/26, 7/3, 7/10, 7/17, 7/24, 7/31, 8/7

Total Weekly Fee: _____

Parent/ Guardian's Signature: _____ Date: _____



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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 encourage you to use our **easy Electronic Funds Transfer** service that would enable 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 account 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 _____

BANK DRAFT EFT: Checking Savings BANK NAME _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Date of First Transfer: ____/____/____ Payment Amount: _____

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.

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: _____



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 summer care tuition is divided into 8 equal payments. Your 1st payment is due at the time of registration and secures your child's position in our program. Your 2nd payment is due the Friday of the 1st 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. We encourage you to use our EASY credit/debit card service that would enable us to charge your payment directly to your credit/debit card or bank account weekly, on Fridays. If you need a form please contact us. 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 payment that our parents are choosing and is highly recommended 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.

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

Zory Torres
Assistant Child Development Registrar
(203) 754-9622 Ext. 114
ztorres@waterburymca.org



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Greater Waterbury YMCA Child Development Center School Age/Summer Sunshine Program Q&A

The Greater Waterbury YMCA has been offering childcare for over 40 years. We are a State licensed program by the Office of Early Childhood (OEC). We currently serving school-age care for children in our community and in the surrounding areas.

1. What ages will be served?

- a. 5-12 years old.

2. What will the group sizes be?

- a. In working with OEC the classroom group sizes will be as follows:
 - i. School Age (ages 5-12yrs) Up to 10 children and 2-3 staff

3. When will the School Age/Summer Sunshine Program begin and hours of operation?

- a. Monday 6/1 until Friday 8/14
- b. Monday through Friday
- c. 7:30am-5:30pm

*For the health and safety of staff and children, a designated staff, which may include a nurse, will be doing health checks on staff and kids at drop-off.

4. Where will the School Age/Summer Sunshine Program take place?

- a. It will take place at our Rose Hill Annex located at 63 Prospect St.

5. What do we do at drop-off and pick-up?

- a. At drop-off a designated staff member will perform a health check on each child.
- b. Each child will need to be signed-in/out on the daily attendance sheet providing parent/guardian signature and time of drop-off/pick-up.
- c. At pick-up a photo ID will be required to confirm permission to pick-up based on Authorized Pick-Ups listed on the Registration Form.

6. School Age/Summer Sunshine Program fee?

- a. The day fee is \$60 and the days have to be the same each week.
- b. The week fee is \$285.
- c. Payment is due the Friday prior to each week.

7. What will I need to bring?

- a. Peanut free lunch.
- b. At least 1 extra change of clothes. Make sure all items are labeled.

8. Will caregivers give prescribed medication to my child?

- a. There will be a certified staff member in Med Administration onsite at all times. All medications (inhalers and/or epi-pens) will require a signed Med Administration form signed by a Doctor or APRN and parent/guardian.

9. Will meals be provided?

- a. The YMCA will provide an Am snack and Pm snack.



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b. Starting Monday July 6 breakfast and lunch will be provided.

10. How will the YMCA maintain cleanliness of the facility?

a. The YMCA prides itself on its cleanliness and during times the children are not in the room designated staff will be cleaning all rooms and common areas. Additionally cots and tables will be disinfected and sanitized between uses. Staff will also be following YMCA hand-washing policies.

11. What does a daily schedule look like?

- a. Schedules will vary by classroom
- b. Activities may include but not limited to the following:
 - i. Gross Motor
 - ii. Music & Movement
 - iii. Story Time
 - iv. Arts & Crafts
 - v. STEM
 - vi. Homework
 - vii. Tabletop activities
 - viii. Free-Choice play

****For the health and safety of staff and children if your child is displaying the following symptoms please keep them home:**

- a. **Fever, Vomiting, Diarrhea, Nasal Discharge: Nasal discharge which is green or dark yellow in color, accompanied by a fever**

For further information or for registration please contact

**Emily Powell School Age Director: 475-233-8997
epowell@waterburymca.org**

***Tours will be available by appointment**