



## Greater Waterbury YMCA Child Development Center

136 West Main St

Waterbury, CT 06702

P (203)754-9622 F (203)754-9095

### When registering your child the following information is needed:

- Child's Birth Certificate
- Insurance Card
- Financial Information: Recent Tax Return or pay stubs (weekly 4 pay stubs, biweekly 2 pay stubs), state forms, unemployment, etc.
- Medical Information: Physical with Immunization Record (**a child cannot start without a current physical**) For children with asthma/allergies: special/individual care plan, medication authorization form, etc.
- Proof of Residency (utility bill (gas, electric, water) or current mortgage/lease)

1. When you receive your application for registering please fill out everything.
2. Make sure you sign all **SIX** of the permission authorizations/agreements on the second and third page of the application.

*\*Once you have completed the packet and have gathered all other required documents, contact Stephanie x126, to schedule an appointment.*

### On your child's first day, he/she will need:

- ❖ 2 changes of clothes (weather appropriate) including: underwear, socks, shirts and pants.  
**ALL ITEMS must be LABELED!**
- ❖ Nap Items: fitted crib sheet, small blanket
- ❖ If medication is required, we must have a new prescription clearly labeled-not used.
- ❖ Children are not allowed to wear opened toed shoes or flip flops. Sneakers should be worn daily!

### Swim Days:

- ❖ Child must have bathing suit on under clothing
- ❖ Dress child in clothes so that the child can redress themselves easily
- ❖ Towel
- ❖ Underwear

**Child Development Director: Kristen Jones x125**

**Child Development Assistant Director: Alisa Detushev x407**

**Curriculum Specialist: Amy Miele x115**

**Family Engagement Specialist: Stephanie Maldonado x126**

**Nurse: Emily O'Connor x194**



20\_\_ to 20\_\_ School Year

Greater Waterbury YMCA Child Development Center
136 West Main Street
Waterbury, CT 06702

OFFICE USE ONLY
Date Enrolled:
Date Withdrawn:
Allergies: YES NO
Asthma: YES NO

Child Enrollment Form

\*If a parent does not have permission to pick your child up from care, please provide the appropriate court ordered paperwork. Please do not write the parent's information if they do not have permission to drop off/or pick up your child or receive information concerning your child.

Child/Family Information PLEASE PRINT IN BLUE/BLACK INK CLEARLY AND COMPLETE EACH LINE ("N/A" if it does not apply).

Child's Name (Last, First): Gender: M F Date of Birth: / /

Home Address: Town: Zip:

In case of emergency, which parent/guardian listed below should we contact first? Parent/Guardian 1 or 2

Parent/Guardian 1: Parent/Guardian 2:

Date of Birth: / / Date of Birth: / /

Address: (if different) Address: (if different)

City: State: Zip: City: State: Zip:

Home #: Home #:

Cell #: 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 divorce decree or the court order must be provided)

1. Name Relationship to child

Date of Birth: / / Cell Phone Additional Phone

2. Name Relationship to child

Date of Birth: / / Cell Phone Additional Phone

3. Name Relationship to child

Date of Birth: / / Cell Phone Additional Phone

Parent/Guardian Name (Print)

Parent/ Guardian Signature Date / /

**Permission Authorizations**

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

The undersigned voluntarily agrees 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 at the YMCA. This includes field trips, swimming, yoga, and creative movement. 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 the Greater Waterbury YMCA.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Publicity Permission**

I hereby give permission to the Greater Waterbury YMCA to take pictures/video of my child participating in the activities of the YMCA, and such pictures/video 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/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Trip Permission**

I give permission to have my child transported by school bus to and/or from school as needed. This permission includes bus transportation (and walking) 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.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Discipline Policy Agreement**

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

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child File Release**

I give permission to have my child's file reviewed/released on an as need basis to DCF, OEC, NAEYC, emergency personnel, public school personnel, consultants.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Vision, Hearing & Developmental Screenings/Assessments

The first five years of life are very important to your child because this time sets the stage for success in school and later life. It is important to ensure that each child's health and development are proceeding without problems or concerns. Vision, Hearing, Developmental screenings/assessments are provided to assess age appropriate response.

These simple screenings/assessments help to detect possible concerns regarding how a child sees and hears the world around him/her. Early identification of vision, hearing, and developmental difficulties can make a big difference in children. Early screening and identification lead to earlier diagnosis and treatment. The earlier treatment begins, the better the prospects are for the child. You will receive in writing the results of the screenings upon completion.

Yes  No Has your child ever had EAR TUBES placed in his/her ears by a surgeon/ENT doctor?

**Yes**, please screen my child for VISION, HEARING, & DEVELOPMENTAL ASSESSMENTS/ SCREENING

Please screen my child for **VISION ONLY**, my child has had a professional hearing evaluation in the past.

Please screen my child for **HEARING ONLY**, my child has had a professional vision evaluation in the past.

Please screen/assess my child for **DEVELOPMENTAL ONLY**, my child has had a professional vision/hearing evaluation in the past.

**No**, PLEASE DO NOT SCREEN MY CHILD FOR VISION, HEARING, or DEVELOPMENTAL

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 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 Greater Waterbury YMCA to act on my behalf relative to emergency medical treatment for my child.

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

List Child's Medications:

\_\_\_\_\_

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

**Emergency Hospital Preference:** \_\_\_\_\_

I give my consent for The Greater Waterbury YMCA to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for The Greater Waterbury YMCA to seek medical attention in an emergency at the above named hospital. I will be responsible for all medical charges.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Classroom: \_\_\_\_\_

**HOME LANGUAGE AND CULTURAL SURVEY**

List the language(s) your child uses at home: \_\_\_\_\_

What language do you use most frequently with your child? \_\_\_\_\_

Do you understand English? Yes \_\_\_ No \_\_\_

Are you comfortable speaking English? Yes \_\_\_ No \_\_\_

Do you read English? Yes \_\_\_ No \_\_\_

Would you like to have someone available to translate? Yes \_\_\_ No \_\_\_

List the members in your household:

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

Do you have other family that you interact with on a regular basis? Yes \_\_\_ No \_\_\_

Do they live in this community? Yes \_\_\_ No \_\_\_

Please list the major holidays that you celebrate: \_\_\_\_\_

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

Please list what your hopes and dreams are for your child while they are in the program:

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

The following questions are optional:

Race \_\_\_\_\_

Religion \_\_\_\_\_

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

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

**CHILD SURVEY**

What are your child's interests?	
Does your child have any dislikes? If so, what are they?	
What things is your child fearful of?	
How does your child refer to using the bathroom?	
What foods does your child eat at home?	
What kind of foods does your child <u>not</u> like?	
How do you put your child to bed? Is there anything we should know to help him/her get to sleep? (ex. special animal or blanket)	
What time does your child wake up? What is your child's bedtime?	Wake up time: Bedtime:
How do you discipline your child at home?	
How do you calm your child if he/she gets upset?	
What should we know about your culture to help your child adjust to our program?	
How does your family celebrate holidays?	
Has your child been swimming before? Are they afraid to go under water?	
Describe your transition routines at home for the following times.	Clean up:  Leaving the house:  Bedtime:
Name some things that you are working on at home.	
What is your primary form of transportation?	
List any questions or concerns you have about the YMCA preschool.	
What do you as a parent expect out of the YMCA preschool program?	
What are the goals you have for your child this year?	
Is there anything not mentioned above that you would like us to know about?	

## **FAMILY SURVEY**

Parent/Guardian Name: \_\_\_\_\_

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

**Please check any areas of interest that you would like to learn more about:**

- |   |  |
|---|--|
| <input type="checkbox"/> CHILD FIRST AID/CPR    | <input type="checkbox"/> SINGLE PARENTING                        |
| <input type="checkbox"/> NUTRITION              | <input type="checkbox"/> SIBLING RIVALRY                         |
| <input type="checkbox"/> LIVING ON A BUDGET     | <input type="checkbox"/> SPEAKING SO MY CHILD WILL LISTEN        |
| <input type="checkbox"/> CHILD DISCIPLINE       | <input type="checkbox"/> FAMILY FUN AT HOME                      |
| <input type="checkbox"/> CONTROLLING STRESS     | <input type="checkbox"/> AGE APPROPRIATE ACTIVITIES FOR CHILDREN |
| <input type="checkbox"/> MANAGING WORK AND HOME | <input type="checkbox"/> OTHER AREAS OF INTEREST: _____          |
|   | <input type="checkbox"/> _____                                   |

**Do you need help finding services such as those listed below? Please check items that you need.**  
***All information you provide will be kept confidential.***

- |  |   |
|--|---|
| <input type="checkbox"/> CHILD CARE ASSISTANCE | <input type="checkbox"/> BACK TO WORK ASSISTANCE            |
| <input type="checkbox"/> INSURANCE             | <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE (ESL) |
| <input type="checkbox"/> HELP WITH READING     | <input type="checkbox"/> GED                                |
| <input type="checkbox"/> MENTAL HEALTH RELIEF  | <input type="checkbox"/> TRANSPORTATION                     |
| <input type="checkbox"/> FOOD STAMPS           | <input type="checkbox"/> HOUSING                            |
| <input type="checkbox"/> INTERPRETER           | <input type="checkbox"/> CLOTHING                           |
| <input type="checkbox"/> JOB TRAINING          | <input type="checkbox"/> HEAT ASSISTANCE                    |

### **Family/Center Involvement**

**Classroom help is always appreciated.**

**WHAT DAYS/TIMES ARE YOU AVAILABLE TO JOIN YOUR CHILD IN HIS/HER CLASSROOM?**

\_\_\_\_\_

**I WOULD LIKE TO HELP IN THE FOLLOWING WAYS:**

- |  |   |
|--|---|
| <input type="checkbox"/> READ STORIES                      | <input type="checkbox"/> CHAPERONE A FIELD TRIP |
| <input type="checkbox"/> JOIN THE CLASS FOR A MEAL         | <input type="checkbox"/> SHARE CULTURAL VALUES  |
| <input type="checkbox"/> HELP WITH OUTDOOR PLAY            | <input type="checkbox"/> TEACH A SPECIAL SKILL  |
| <input type="checkbox"/> SERVE ON CHILD ADVISORY COMMITTEE |   |
| <input type="checkbox"/> OTHER: _____                      |   |

# Greater Waterbury YMCA School Readiness Fee and Hardship Procedures

The Greater Waterbury YMCA sets the cost of care for the School Readiness Program (SRP) each Calendar year, once the operating budget for the organization has been approved by the YMCA's Board of Directors. Fees for the School Readiness Program are based on family size and income and determined by guidelines set for the computing parent fee set by the State Department of Education and is identified through Parent Share Determination Intake Form. It is the expectation that all participants are assed a fee to participate in the SRP, however, time to time this fee may be subsidized based on documented financial need.

## Determination and Open Doors program:

Our goal is to provide quality programs throughout the YMCA. The YMCA Open Doors Program offers financial assistance for qualifying individuals based upon demonstration and documented need and availability of funds. The YMCA bases the applicant's assistance on a completed application and verification of all documents provided. The YMCA's Open Door program incorporates the Federal Poverty Guidelines and the YMCA of the USA guidelines to determine a sliding scale fee structure. A designated Y staff person, trained in the Open Doors Program will review and work directly with the parents to determine a fee and ensure a smooth fluid process. All documents are confidential and are only to be used for the determination process to calculate the participant's fee.

Determination will be based on verification of **ALL** household income. Please see the criteria below:

**Before the Y can accept your Financial Aid Application, you must first provide COPIES of ALL of the documentation listed on the checklist below.**

- Most current Federal and State Tax Return
- For all employed household members, 3 current paystubs
- Child Support verification for all minor dependants as it applies to each child. (A letter from support enforcement services stating that there is no pending case is required even if the parent receives no support for a child, or a notarized statement from the supporting parent stipulating support paid or not paid.)
- Foster Care Income, if applicable
- Paystubs from retirement income if applicable
- Social Security, if applicable
- Food Stamps for all household members receiving them, if applicable
- DSS awards if applicable

The Y will only accept **COPIES** of these documents. The Y cannot process incomplete applications and will not accept documentation that is incomplete. If you have a special circumstance that prevents you from having some of the required documentation you must note it here:

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Once all documents have been provided fees will be determined using the State Department of Education fee structure, Care for Kids eligibility, YMCA Open Doors Assistance, or other funding considerations that are available.