



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Welcome to the YMCA! We are pleased you have chosen us for your childcare 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. This includes a copy of a current physical and immunizations as well as any additional medical forms required by the State of CT. 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**

\_\_\_\_ 2024-25 Registration Form

\_\_\_\_ Individual Care Plan (if applicable)

\_\_\_\_ Updated Health Assessment Record

\_\_\_\_ Tuition Agreement Form w/ payment information

\_\_\_\_ Authorization of Medication Form (if applicable)

\_\_\_\_ Care 4 Kids Application/ Parent Provider Form

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**Shavonne Arline**  
School Age Program Director  
203.754.9622 x 123  
[sarline@waterburymca.org](mailto:sarline@waterburymca.org)

**Tammie Lee**  
Child Development Registrar  
203.754.9622 x 136  
[tle@waterburymca.org](mailto:tle@waterburymca.org)

**Zory Torres**  
Asst. Child Development Registrar  
203.754.9622 x 114  
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## 2024–2025 BEFORE AND AFTER SCHOOL SITE LOCATIONS

On Site Before School Care services are available at the YMCA from 6:30 AM until bus pick up, Monday through Friday for students from Bunker Hill, Kingsbury, Maloney, and Rotella. Drop off will be in the Rose Hill Gym at the lower door on Park Place and Gaffney.

On Site After-School Care services are available on-site from the bus drop off until 3:30 pm or 6:00 PM, Monday through Friday, for students attending Regan, Bucks Hill, Maloney, Kingsbury, Carrington, Brass City Charter, Bunker Hill, Wilson and Wendell Cross schools. Pick up is at YMCA Rose Hill Campus, 63 Prospect St.

The YMCA provides after-school care at Chase (serving Chase and Rotella) from school dismissal until 6:00 PM, Monday through Friday. Pick up is at Chase Elementary School 40 Woodtick Road.

The YMCA provides after-school care at Gilmartin (serving Gilmartin and Hopeville) from school dismissal until 6:00 PM, Monday through Friday. Pick up is at Gilmartin Elementary 94 Spring Lake Road.

The YMCA provides after-school care at Tinker serving Tinker Students from school dismissal until 6:00 PM, Monday through Friday. Pick up is at Tinker Elementary 809 Highland Ave.

*\*Effective March 1, 2023, as part of program enrollment management, Care 4 Kids will begin placing new applicants who are working, attending higher education or participating in Workforce Development on an enrollment management waitlist.* Applications for families who are TFA recipients, former TFA recipients within the past 5 years and teen parents ages 18 and 19 who attend high school or equivalent will be processed and eligibility determined at the time of application. This is for new applications only, there will be no change to families currently enrolled or at redetermination. Those families placed on the enrollment management waitlist will be invited off as soon as spaces become available by Care 4 Kids.



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### 2024-2025 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: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade (as of Sept. '24) \_\_\_\_\_

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 or guardian listed below should we contact first?

Parent/Guardian 1  Parent/Guardian 2 | Preferred language  English  Spanish  Other \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Work # \_\_\_\_\_ DOB: \_\_\_\_\_

Work # \_\_\_\_\_ DOB: \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

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#### 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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## CARE SCHEDULE AND FEES

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

### BEFORE CARE 6:30AM TO BUS/VAN ARRIVAL

- \_\_\_ 5-Day \$75/Week
- \_\_\_ 3-Day \$54/Week \_\_\_ & \_\_\_ & \_\_\_
- \_\_\_ 2-Day \$43/Week \_\_\_ & \_\_\_

### AFTER CARE BUS/VAN ARRIVAL TO 6:00PM

- \_\_\_ 5-Day \$100/Week
- \_\_\_ 3-Day \$75/Week \_\_\_ & \_\_\_ & \_\_\_
- \_\_\_ 2-Day \$54/Week \_\_\_ & \_\_\_

Sibling Discount – 10% sibling discount (applied to the youngest sibling) Siblings name: \_\_\_\_\_

\* Since WPS have made the 1<sup>st</sup> Wednesday of each month a ½ day, please add an additional \$3 to your weekly fee if Wednesday is a day you will be needing aftercare services\*

### TOTALS:

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

Total of all Weekly Fees: \_\_\_\_\_

Are you applying for Care 4 Kids and /or YMCA OPEN DOORS financial assistance?    YES    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. Once your YMCA OPEN DOORS financial aid and/or Care 4 Kids is approved a parent share will be determined.

**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.

Parent/Legal Guardian 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. I acknowledge I have read and understand the policies and procedures as stated in the Parent Handbook. I 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 \_\_\_\_\_



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## POLICY ON PROHIBITION OF DISCRIMINATION ON THE BASIS OF DISABILITY

The Waterbury Young Men’s Christian Association d/b/a The Greater Waterbury YMCA (Greater Waterbury YMCA) is committed to making its programs and activities available on a nondiscriminatory basis as required by the Americans with Disabilities Act (ADA).

The Greater Waterbury YMCA will not discriminate against any individual on the basis of disability with regard to the full and equal enjoyment of its goods, services, privileges, advantages and accommodations.

The Greater Waterbury YMCA will make reasonable modifications to its programs for children with disabilities, both new applicants and those already enrolled, on a case-by-case basis, to permit them to participate in its before and after school programs in the most integrated setting possible unless Greater Waterbury YMCA can demonstrate that making the modifications would fundamentally alter the nature of its goods and services.

### **Individualized Assessment and Reasonable Modification**

When informed that a child with a disability has applied to participate in one of Greater Waterbury YMCA’s programs, the Greater Waterbury YMCA will provide the parent/guardian of that child with a copy of this Policy. Greater Waterbury YMCA will also provide a written copy of this Policy upon request.

When a request for a modification is made, Greater Waterbury YMCA will individually assess the needs of the child on whose behalf the request is made and will address each request for a modification on a case-by-case basis. Greater Waterbury YMCA will work with families to provide reasonable modifications in accordance with this Policy and applicable laws and may, to that end, request certain documentation concerning the child’s needs. Absent extenuating circumstances, Greater Waterbury YMCA provide the parent/guardian with a decision on the request for a reasonable modification within 5 business days of the request having been made.

If an agreement cannot be reached for Greater Waterbury YMCA to provide reasonable modifications, Greater Waterbury YMCA will notify the parent/guardian, in writing, of the modifications Waterbury YMCA will provide (if any) and which modifications it will not provide. Pursuant to the ADA, Greater Waterbury YMCA may choose not to provide a modification if that modification would fundamentally alter the nature of its service, program, or activity.

Point of Contact If you have any questions about this Policy, please contact Tami Macary, Human Resource Director, at The Greater Waterbury YMCA at 203-754-9622 ext. 104 or [tmacary@waterburymca.org](mailto:tmacary@waterburymca.org).

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Minor Name (Print Clearly)

Date

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Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



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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 Shavonne Arline, School Age Program Director x123.

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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## SPECIAL/MEDICAL INFORMATION

1. Any child with special/medical information **MUST** have an Individual Care Plan Form filled out by the parent/ legal guardian.
2. 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.
3. These forms are available at the Greater Waterbury YMCA or online and **MUST** be completed before the child starts the program.
4. Is there any special information concerning your child? (Example: medications, allergies, pick-up, etc.)  
\_\_\_\_\_

5. Does your child(ren) require any additional care while in our program(s)?    Yes \_\_\_\_\_ No \_\_\_\_\_

6. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

7. 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. Please be advised additional information may be requested and reviewed before your child can begin the program.

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





## 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 Men's 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 Releases 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 Releases.

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 Releases 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)

Date

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Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



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## PAYMENT RESPONSIBILITY INFORMATION

PLEASE PRINT CLEARLY- (Complete ALL sections) Please use two separate forms if payment responsibility is shared.

- A non-refundable registration fee is due 2 weeks prior the start of program.
- I agree to pay the full weekly tuition in advance of services rendered.
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).
- Accounts two weeks in arrears may result in immediate termination of service.

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

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

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

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

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

### Electronic Funds Transfer (EFT) Agreement

I/we hereby authorize the Greater Waterbury YMCA to charge the account provided on a weekly or biweekly basis, in the amount named, to pay for the Waterbury YMCA Childcare program for the child(ren) listed above, until the end of the program or until my child(ren) has been disenrolled from the program. I understand it is my responsibility to notify the YMCA of any changes in address, bank account or credit card information/expiration date.

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

Please charge the account **BIWEEKLY** starting \_\_\_\_\_ and every 2 weeks after: (Account information **MUST** be complete)  
(If you do not check off a box and choose a start date you will be charged weekly on Friday)

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

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

BANK DRAFT EFT:  Checking  Savings

Routing# \_\_\_\_\_ Account # \_\_\_\_\_

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. It is further understood that if the bank or credit card institution does not honor such payment, the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

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



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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.

1. The tuition payments are divided into 39 equal weekly payments. Your 1st payment is due 2 weeks prior to the start of the program and secures your child's position in our program. Your 2nd payment is due the Friday of the 1st week of care. You will not be charged for the Winter and Spring Breaks, however your payment will be processed the Friday prior to the break and cover the week children return to school.
2. If payment is not received by the following Tuesday, childcare services will be suspended until a payment is made in full. The YMCA administers a \$10, \$20 or \$30 service 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.
3. 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. Once your YMCA OPEN DOORS financial aid is approved a parent share will be determined if the Care 4 kids program does NOT cover at least 50% of our weekly fee or you do not qualify for the Care 4 kids program. If you should have any questions, please contact us.
4. 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 an alternate schedule is needed please contact us.
5. *\*Effective March 1, 2023, as part of program enrollment management, Care 4 Kids will begin placing new applicants who are working, attending higher education or participating in Workforce Development on an enrollment management waitlist.* Applications for families who are TFA recipients, former TFA recipients within the past 5 years and teen parents ages 18 and 19 who attend high school or equivalent will be processed and eligibility determined at the time of application. This is for new applications only, there will be no change to families currently enrolled or at redetermination. Those families placed on the enrollment management waitlist will be invited off as soon as spaces become available by Care 4 Kids.

Thank you for choosing the Greater Waterbury YMCA for your childcare needs.

**Tammie Lee**  
Child Development Registrar  
203.754.9622 x 136  
tlee@waterburymca.org

**Zory Torres**  
Asst. Child Development Registrar  
203.754.9622 x 114  
ztorres@waterburymca.org