



**2025-2026
SCHOOL AGE CHILD CARE REGISTRATION PACKET**

Start Date _____

Welcome to the Greater Waterbury 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 for the Before/After-School Program. Please be advised ALL paperwork must be completed 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 Connecticut. 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 at www.waterburymca.org

FOR OFFICE USE ONLY

___ 2025/26 Registration Form	___ Individual Care Plan (If Applicable)
___ Updated Health Assessment Record	___ Tuition Agreement w/ Payment Info.
___ Authorization of Medication Form (If Applicable)	___ Care 4 Kids Application/P.P. Form
___ IEP/504 Plan with Accommodation (If Applicable)	

Reviewed By (Registrar) _____ Date: _____

Notes _____

Reviewed By (Director) _____ Date: _____

Notes _____

Shavonne Arline
School Age Program Director
(203) 754 - 9622 x 123
sarline@waterburymca.org

AnnaMarie Lewis
School Age Program Coordinator
(475) 233 - 8997
alewis@waterburymca.org

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



**2025-2026 SCHOOL AGE CHILD CARE
CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM**

Date of Application: _____
Child's Name: _____
Child's Address: _____
School: _____

Date of Enrollment (Office Use Only): _____
Child's Date of Birth: _____
City: _____ Zip Code: _____
Grade (as of September '25) _____

Parent/Guardian's Name: _____
Date of Birth: _____
Address: _____
City: _____ Zip Code: _____
Email Address: _____
Cell Phone #: _____
Parent/Guardian's Employer: _____
Employer Address: _____
City: _____ Zip Code: _____
Work Phone #: _____

Parent/Guardian's Name: _____
Date of Birth: _____
Address: _____
City: _____ Zip Code: _____
Email Address: _____
Cell Phone #: _____
Parent/Guardian's Employer: _____
Employer Address: _____
City: _____ Zip Code: _____
Work Phone #: _____

PICK UP AND EMERGENCY INFORMATION

I give permission for the following people who are listed 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. My child will not be released to someone if they are not on this list or do not have a photo ID with them.

Name: _____
Phone #: _____
Relationship: _____

Name: _____
Phone #: _____
Relationship: _____

Name: _____
Phone #: _____
Relationship: _____

Name: _____
Phone #: _____
Relationship: _____

Print Parent/Guardian Name

Parent/Guardian Signature



2025-2026 SCHOOL AGE CHILD CARE
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 the child's physician.
- These forms are available at The Greater Waterbury YMCA or online and **MUST** be completed **before** the child starts the program.

1. Is there any special information concerning your child? (Example: Medications or Allergies)

2. Does your child require any additional care while in our program?

- ☐ Yes
☐ No

3. If you answered yes to #2, please explain.

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.

Medical Information

Known Allergies: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician Name: _____ **Phone #:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Child's Dentist Name: _____ **Phone #:** _____

Address: _____ **City:** _____ **Zip Code:** _____



2025-2026 SCHOOL AGE CHILD CARE
CHILD CARE SCHEDULE AND FEES
Before (AM) and After Care (PM) Fees and Schedules

BEFORE (AM) CARE 6:30AM - 8:40AM

If there is a two-hour delay in the morning, the YMCA Before Care Program will be opening at 8:30AM.

- ☐ John Trumbull Primary School
- ☐ Judson Elementary School
- ☐ Polk School

Check off the schedule and days of the week needed.

☐ 5 Day \$79/Week

☐ 3 Day \$57/Week

☐ 2 Day \$45/Week

1. _____
2. _____
3. _____

1. _____
2. _____

AFTER (PM) CARE UNTIL 6:00PM

- ☐ John Trumbull Primary School
- ☐ Judson Elementary School
- ☐ Polk School

Check off the schedule and days of the week needed.

☐ 5 Day \$105/Week

☐ 3 Day \$79/Week

☐ 2 Day \$57/Week

1. _____
2. _____
3. _____

1. _____
2. _____

Sibling Discount - 10% (Applied to the youngest sibling) Siblings Name: _____

Are you applying for Care 4 Kids and/or YMCA Open Doors financial assistance?

- ☐ 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.

Signature of Parent or Guardian: _____

Date: _____

POLICIES AND PROCEDURES FOR EMERGENCY WEATHER DELAYS/DISMISSAL

If there is an Emergency or Weather-Related Early Dismissal, or cancellation of after-school activities there will be **NO** YMCA After School Care Program. On days of an emergency or weather-related dismissals, please choose one of these alternate transportation options:

- ☐ Parent Pick Up at School
- ☐ Bus / Bus Number _____

Please contact the Main Office of your child's school to ensure that they have alternate transportation on these days.

Signature of Parent or Guardian: _____

Date: _____



**2025-2026 SCHOOL AGE CHILD CARE
PARENT/LEGAL GUARDIAN PERMISSION/RELEASES**

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 pictures, or videotapes 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 on 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 and have been informed of the Behavior Management Technique as stated in the Parent Handbook. I know that I am responsible for upholding the policies and procedures as stated.

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.

Signature of Parent or Guardian: _____

Date: _____



**2025-2026 SCHOOL AGE CHILD CARE
PARENT/LEGAL GUARDIAN PERMISSION/RELEASES (CONTINUED)**

Authorization For Release of Information

If deemed appropriate, I give my permission to the Greater Waterbury YMCA administrative staff to communicate with DCF, OEC, NAEYC, 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.

Signature of Parent or Guardian: _____ **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.

Signature of Parent or Guardian: _____ **Date:** _____

☆ PLEASE NOTE ☆

Additional enrichment opportunities (I.E. swimming, field trips, special guests, 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.

Signature of Parent or Guardian: _____ **Date:** _____



2025-2026 SCHOOL AGE CHILD CARE

POLICY OF PROHIBITION OF DISCRIMINATION ON THE BASIS OF DISABILITY

The Waterbury Young Men's Christian Association d/b/a The Greater Waterbury YMCA is committed to making its program 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 The 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 The Greater Waterbury YMCA's programs, The Greater Waterbury YMCA will provide the parent/guardian of that child with a copy of this policy. The Greater Waterbury YMCA will also provide a written copy of this policy upon request.

When a request for a modification is made, The 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. The 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, The Greater Waterbury YMCA provides 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 The Greater Waterbury YMCA to provide reasonable modifications, The Greater Waterbury YMCA will notify the parent/guardian, in writing, of the modifications the Greater Waterbury YMCA will provide (if any) and which modifications it will not provide. Pursuant to the ADA, The Greater Waterbury YMCA may choose not to provide a modification if that modification would fundamentally alter the nature of its service, program, or activity.

If you have any questions about this policy, please contact Tami Macary our Human Resource Director at The Greater Waterbury YMCA at (203) 754 - 9622 x 104 or tmacary@waterburyymca.org

Minor Name (Print Clearly)

Date (MM/DD/YY)

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature



2025-2026 SCHOOL AGE CHILD CARE

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 THE GREATER WATERBURY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below, acknowledge and agree that any use of The Greater Waterbury YMCA's facilities, services, equipment, and premises and any participation in The Greater Waterbury YMCA's programs and activities comes with inherent risks including, but in no way limited to: 1. Moderate and Severe Personal Injury 2. Property Damage 3. Disability 4. Death 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 described herein.

Waiver, Release, Indemnification, and 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 The Greater Waterbury YMCA, its officers, directors, agents, employees, volunteers, insurers, and representatives 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 releases. 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 all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE releases from any cause of action, claims, suits, liabilities, or demands whatsoever including but not 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 damages, 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 or not 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.

Minor Name (Print Clearly)

Date (MM/DD/YY)

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature



2025-2026 SCHOOL AGE CHILD CARE
PAYMENT RESPONSIBILITY INFORMATION

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.

PLEASE PRINT CLEARLY COMPLETE ALL SECTIONS

- 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 _____ % (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 bi-weekly 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. (Account information MUST be completed)**

☐ **Please charge the account BIWEEKLY starting _____ and every two weeks after.**

CREDIT CARD EFT:

☐ Master Card

☐ Visa

☐ Discover

Card # _____ Expiration Date: ____/____ Security Code _____

Card Holder's Name: _____

Bank Draft EFT:

☐ Checking

☐ Savings

Routing # _____ Account # _____

Date of First Transfer: _____ Payment Amount: \$ _____

Account Holder's Signature

Date (MM/DD/YY)



2025-2026 SCHOOL AGE CHILD CARE
TUITION PAYMENT INFORMATION

(Please keep this page for your records.)

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 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 Care4Kids' 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 wait/ist.** 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.