



## **GREATER WATERBURY YMCA CHILD DEVELOPMENT CENTER**

136 West Main Street  
P (203)754-9622

56 Gaffney Place (Rose Hill Annex)  
F (203)754-9095

**Child Development Director:** Kristen Jones x125

**Site Director:** Alisa Detushev x204

**Site Director:** Phyllis Lucas-Coleman x407

**Family Engagement Specialist:** Holly Ramos x194

When registering your child, the following information is needed:

- ☐ Enrollment Form
- ☐ Medical: Physical with Immunization Record (a child cannot start without a current physical)
- ☐ For children with medications: we will need a special/individual care plan, medication authorization form, and medicine in original container with prescription label.
- ☐ Completed Ages and Stages Questionnaire through Sparkler
- ☐ Care 4 Kids Application & Parent Provider Agreement (Required for all working families)

Additional documentation:

- ☐ Child's Birth Certificate
- ☐ Health Insurance Card
- ☐ Proof of Address (utility bill, car insurance etc.)
- ☐ Financial information: Recent Tax Return or pay stubs (weekly 4 pay stubs, biweekly 2 pay stubs), state forms, unemployment etc.
- ☐ IF APPLICABLE: Copies of Educational Evaluations, Speech/Hearing/Language Evaluations, IEP, Evaluations from outside agencies



20\_\_\_\_\_ to 20\_\_\_\_\_ School Year  
**GREATER WATERBURY YMCA CHILD DEVELOPMENT CENTER**  
136 West Main Street 56 Gaffney Place (Rose Hill Annex)

OFFICE USE ONLY

Site: \_\_\_\_\_

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

Date Enrolled: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

### Enrollment 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 (Last, First): \_\_\_\_\_ Gender: ☐ M ☐ F Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Bi-Racial or Multi-Racial

*(In the event of a custodial agreement in which one parent is not allowed to drop-off/pick-up or receive information concerning the child please provide a complete copy of divorce decree or the court order and do not write the parent's information on the application)*

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 Greater Waterbury YMCA program should I be unable to (State license requires at least one contact other than a parent). I understand that the 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.

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: _____

The information on this form is complete and accurate. I have provided the Greater Waterbury YMCA with all the necessary information to properly care for my child. I understand that the Greater Waterbury YMCA and/or employee thereof is not responsible for any consequences that result from information withheld, false, or incorrect given at the time of registration or any time thereafter.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Code of Conduct**

The Greater Waterbury YMCA Child Care Programs expect the parent/guardian of enrolled children act in a manner consistent with decency, courtesy, and respect. One of the goals of Greater Waterbury YMCA Child Care Centers is to provide the most appropriate environment in which a child can grow, learn and develop. Achieving this ideal environment is not only the responsibility of the employees of the Greater Waterbury YMCA, but is the responsibility of each parent or adult who enters the center. Parents/guardians and employees are required to behave in a manner that fosters this ideal environment. **Parents/guardians who violate the Code of Conduct will not be permitted on YMCA property thereafter.**

**Swearing/Cursing-** No parent or adult is permitted to curse or use other inappropriate language on YMCA property at any time, whether in the presence of a child or not. Such language is considered offensive by many people and will not be tolerated. If a parent or adult feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff or towards any child.

**Threatening of employees, children, other parents/guardians or adults associated with the Greater Waterbury YMCA-** Threats of any kind will not be tolerated. All threats will be reported to the appropriate authorities and will be prosecuted to the fullest extent of the law. While apologies for such behavior are appreciated, the center will not assume the risk of a second chance.

Parents/guardians must be responsible for and in control of their behavior at all times.

### **Physical/Verbal punishment of your child or other children at Greater Waterbury YMCA Child Care Centers-**

The Greater Waterbury YMCA does not support or condone corporal punishment of children, such acts are not permitted in the child care facility. While verbal reprimands may be appropriate, it is not appropriate for parents/guardians to verbally or physically abuse their child. Doing so may cause undue embarrassment or emotional distress. Parents/guardians are always welcome to discuss behavior issues with the teacher and to seek advice and guidance regarding appropriate and effective disciplinary procedures. Parents/guardians are prohibited from addressing, for the purpose of correction or discipline, a child that is not their own. No parent/guardian or other adult may physically punish another parent/guardian's child. If a parent/guardian should witness another parent's/guardian's child behaving in an inappropriate manner, or is concerned about behavior reported to them by their own child, it is most appropriate for the parent/guardian to direct their concern to the classroom teacher and/or Director. Furthermore, it is inappropriate for one parent/guardian to seek out another parent/guardian to discuss their child's inappropriate behavior. All behavior concerns should be brought to the classroom teacher or Director's attention. At that point, the teacher and/or Director will address the issue.

**Smoking-** For the health of all Greater Waterbury YMCA employees, children and members, smoking is prohibited anywhere on YMCA property. Parents/guardians are prohibited from smoking in the building, on the grounds, and in the parking lot of Greater Waterbury YMCA Child Care Centers. Parents/guardians who are smoking in their cars must dispose of the cigarette prior to entering the parking lot.

**Violations of the Safety Policy-** Parents/guardians are required to follow safety procedures at all times. These procedures are designed to protect the welfare and best interest of the employees, children and members of the Greater Waterbury YMCA. Please be mindful of Greater Waterbury YMCA Child Care entrance procedures. Please do not allow unauthorized individuals into the center. Holding the door open for the person following you may be polite, however that person may not be authorized to enter the premises. Be alert and mindful. Immediately report any safety breaches to a teacher or Director.

**Violations of the Confidentiality Policy-** Greater Waterbury YMCA Child Care Centers adhere to strict confidentiality of all persons associated with each center. Parents/guardians must understand the implications of this responsibility. Confidentiality not only applies to their child or family, but all children, families and employees associated with the Greater Waterbury YMCA Child Care Centers. Any parent/guardian who shares any information considered to be confidential, pressures employees or other parents/guardians for information which is not necessary for them to know, will be considered to be in violation of the Confidentiality Policy.

**Firearms and Weapons-** At no time is any person permitted to carry any type of firearm, ammunitions and/or weapon on YMCA property for any reason. Violation of this policy will result in immediate dismissal from the program.

**Parent/Guardian Initials \_\_\_\_\_**

### **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 for my child to be transported by school bus to and/or from school as needed. I also authorize my child to participate in activities on the YMCA campus, including in unlicensed areas (such as the MakerSpace, driveway, etc.). This permission extends to bus or walking transportation for field trips as part of any Greater Waterbury YMCA Child Care program. In the event of an unforeseen emergency requiring immediate evacuation, I grant permission for my child to be transported to a safe location.

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

Date: \_\_\_\_\_

### **Discipline Policy Agreement**

By signing, I agree that I have been informed of the Discipline and Behavior Management Policy.

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: \_\_\_\_\_

### **Contract Hours**

I understand my child's schedule is based on my Work Schedule. Non-Working families have a contracted schedule of 8:00am-3:00pm.

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

Date: \_\_\_\_\_

### **Code of Conduct Agreement**

By signing, I agree that I have read and understand the Code of Conduct.

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: \_\_\_\_\_ Address: \_\_\_\_\_  
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: \_\_\_\_\_

### **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.

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 \_\_\_\_\_

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.

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

**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: \_\_\_\_\_

Dear Families,

In our classrooms, we love learning about various peoples, cultures, holidays, and traditions. Listed below are a variety of holidays and celebrations that we may discuss or learn more about in our classroom. Please fill out the following questionnaire so that I am aware of what holidays, seasons, cultural traditions, your family celebrates.

- |  |   |
|--|---|
| <input type="checkbox"/> Hanukkah December 2-10                      | <input type="checkbox"/> Memorial Day May 28                        |
| <input type="checkbox"/> International Human Rights Day December 10  | <input type="checkbox"/> Eid Alfitr June 15                         |
| <input type="checkbox"/> Christmas December 25                       | <input type="checkbox"/> Native American Citizens Day June 15       |
| <input type="checkbox"/> Kwanzaa December 26-January 1               | <input type="checkbox"/> Junteenth June 19                          |
| <input type="checkbox"/> New Year's Eve/Day December 31/January 1    | <input type="checkbox"/> International Friendship Day July 30       |
| <input type="checkbox"/> Makar Sankranti Harvest Festival January 14 | <input type="checkbox"/> Mexican Independence Day September 16      |
| <input type="checkbox"/> Valentine's Day February 14                 | <input type="checkbox"/> Yom Kippur September 18-19                 |
| <input type="checkbox"/> Lunar New Year February 16                  | <input type="checkbox"/> National Indigenous People's Day October 8 |
| <input type="checkbox"/> Holi/Lantern Festival March 2               | <input type="checkbox"/> Halloween October 31                       |
| <input type="checkbox"/> St. Patrick's Day March 17                  | <input type="checkbox"/> Diwali November 7                          |
| <input type="checkbox"/> Good Friday March 30                        | <input type="checkbox"/> Thanksgiving November 22                   |
| <input type="checkbox"/> Passover March 30-April 7                   | <input type="checkbox"/> Other:                                     |
| <input type="checkbox"/> Easter April 1                              | _____   |
| <input type="checkbox"/> Night Journey April 13                      | _____   |
| <input type="checkbox"/> Earth Day April 22                          | _____   |
| <input type="checkbox"/> Cinco De Mayo May 5                         | _____   |
| <input type="checkbox"/> Ramadan May 15-June 16                      | _____   |
| <input type="checkbox"/> World Culture/Diversity Day May 21          | _____   |

Would you be opposed to your student learning or joining in other cultural/holiday activities throughout the year?

☐ Yes ☐ No

If so, please list below the holidays you would not like your child to participate in:

---

---

---

---

---

What would you prefer your child to do instead?

- ☐ Seasonal Activity
- ☐ Read
- ☐ Use of technology
- ☐ Craft bin/ STEM
- ☐ Draw / Color

## FAMILY SURVEY

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

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

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

- ☐ READ STORIES
- ☐ CHAPERONE A FIELD TRIP
- ☐ JOIN THE CLASS FOR A MEAL
- ☐ SHARE CULTURAL VALUES
- ☐ HELP WITH OUTDOOR PLAY
- ☐ TEACH A SPECIAL SKILL
- ☐ SERVE ON CHILD ADVISORY COMMITTEE
- ☐ OTHER: \_\_\_\_\_

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



## **BEHAVIOR MODIFICATION TECHNIQUES:**

Here at the Greater Waterbury 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 Greater Waterbury 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.

The Behavior Modification Techniques have been discussed with me at registration time and or reviewed at the orientation prior to the start of program.

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

*Date:* \_\_\_\_\_

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

**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)**

**Parent/Guardian Name (Print Clearly)**

---

**Parent/Guardian Signature**

**Date**

## **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 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 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@waterburyymca.org](mailto:tmacary@waterburyymca.org).

---

**Minor Name (Print Clearly)**

**Parent/Guardian Name (Print Clearly)**

---

**Parent/Guardian Signature**

**Date**

## **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 assessed 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:

---

---

---

---

*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.*

**PAYMENT RESPONSIBILITY INFORMATION PLEASE PRINT CLEARLY- (Complete ALL sections)**

(Please use two separate forms if payment responsibility is shared.)

- 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),
- Accounts two weeks in arrears may result in immediate termination of service.

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. All Care 4 Kids and OPEN DOORS financial aid families will be required to pay 100% of the weekly fee per child, per week. Once your YMCA OPEN DOORS financial aid 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.

**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 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 every, ☐ week or ☐ Biweekly and start date \_\_\_\_\_ according to YOUR payment schedule: (Account information MUST be complete)

**(If you do not check off a box and put 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: \_\_\_\_  
Date of First Transfer: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

- ☐ Please charge the following credit/debit card every Friday, according to the payment schedule: (Account information MUST be complete)

BANK DRAFT EFT: ☐ Checking ☐ Savings

**PLEASE ATTACH VOIDED CHECK HERE**

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: \_\_\_\_\_