



Greater Waterbury YMCA's
SUMMER DAZE
@ ROSE HILL

Build Friendships, Discover
Adventure & Create Memories!

NEW INDOORS SUMMER PROGRAM!



Greater Waterbury YMCA

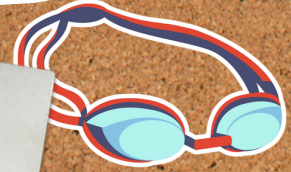
Registration Opens: 04.06.2026

136 W Main Sreet
Waterbury, CT 06702
203.754.9622

Brielle Myers – Program Coordinator
Bmyers@waterburymca.org
203.754.9622 x 424

YMCA SUMMER DAZE

Not every kid loves the great outdoors, and that's okay! Summer Daze is our newest program designed for kids who thrive indoors but still crave fun, friends, and adventure. Through hands-on activities, experiences, and exciting field trips, Summer Dazers will unleash their creativity, spark curiosity, and make unforgettable memories. If your child enjoys exploration in a comfortable indoor setting, Summer Daze is the perfect place to spend the summer!



GROUP

Lil' Rays
Daze Breakers
AC All-Stars
Certified Summer Squad



AGES

5-6
7-8
9-10
11-12

SESSION DATES



\$350 / 2 Weeks

One-time \$25 Registration Fee

Session 1 June 29- July 10

Session 2 July 13- July 24

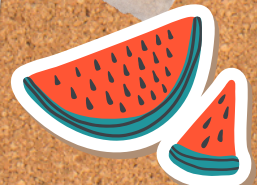
Session 3 July 27- August 7

DAY IN THE LIFE OF A SUMMER DAZER

With a focus on helping build character, all activities during the camp day present opportunities for social and emotional growth while our staff foster elements of teambuilding and independence. We provide Breakfast, Lunch & PM Snack.

8:00 - 8:15 Camper Drop Off
8:30 - 9:00 Morning Meeting
9:00 - 10:00 Activity Period 1
10:00 - 10:15 Transition
10:15 - 11:15 Activity Period 2
11:15 - 11:30 Transition
11:30 - 12:00 Lunch

12:00 - 12:15 Transition
12:15 - 1:15 Activity Period 3
1:15 - 1:30 Transition
1:30 - 2:30 Activity Period 4
2:30 - 2:45 Transition
2:45 - 3:45 Group Time
3:45 - 4:00 Dismissal





Greater Waterbury YMCA

SUMMER DAZE

@ Rose Hill

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 Summer Daze at Rose Hill registration packet. 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 Note: Your first payment will include a one-time \$25 registration fee.

★ **PLEASE ALLOW 5-7 BUSINESS DAYS FOR ALL PAPERWORK TO BE PROCESSED.** ★

FOR OFFICE USE ONLY

___ 2026 REGISTRATION PACKET

___ Individual Care Plan

___ Updated Health Assessment Record

___ Tuition Agreement w/ Payment Info.

___ Med Authorization Form (If Applicable)

___ C4K Application / P.P. Form

Reviewed By (Coordinator) _____ Date: _____

Notes: _____

Reviewed By (Registrar) _____ Date: _____

Notes: _____

Brielle Myers

Summer Program Coordinator
(203) 754 - 9622 Ext. 424
BMyers@Waterburyymca.org

Tammie Lee

Child Development Registrar
(203) 754 - 9622 Ext. 136
TLee@Waterburyymca.org

Zory Torres

Asst. Child Development Registrar
(203) 754 - 9622 Ext. 114
ZTorres@Waterburyymca.org



2026 SUMMER DAZE REGISTRATION

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

CHILD/FAMILY INFORMATION: PLEASE PRINT IN BLUE OR BLACK INK CLEARLY AND COMPLETE EACH LINE. (N/A IF IT DOES NOT APPLY)

Date of Application: _____ Date of Enrollment: _____
Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code: _____

Grade (as of September '26) _____

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

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

IN AN EMERGENCY, ADULTS TO BE CONTACTED IF THE PARENT CANNOT BE REACHED AND TO WHOM THE CHILD CAN BE RELEASED.

Name: _____ Name: _____ Name: _____
Phone #: _____ Phone #: _____ Phone #: _____
Relationship: _____ Relationship: _____ Relationship: _____



SPECIAL/MEDICATION 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 about 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 that 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: _____



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 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 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 that I have read and understand the policies and procedures and have been informed of the Behavior Management Techniques 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: _____

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: _____



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@waterburymca.org

MINOR NAME (PRINT CLEARLY)

DATE (MM/DD/YY)

PARENT/GUARDIAN NAME (PRINT CLEARLY)

PARENT/GUARDIAN SIGNATURE



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



CARE SCHEDULE & FEES

Summer Daze at Rose Hill will offer three sessions, each lasting two weeks.

Each session costs \$350 for two weeks or \$175 for a single week.

Please Note: Your first payment will include a one-time \$25 registration fee.

(Please check the box(es) on the left for which session or week your child is attending camp.)

SESSION 1 - JUNE 29TH – JULY 10TH

Week 1 - JUNE 29TH – JULY 3RD

Week 2 - JULY 6TH – JULY 10TH

SESSION 2 - JULY 13TH – JULY 24TH

Week 3 - JULY 13TH – JULY 17TH

Week 4 - JULY 20TH – JULY 24TH

SESSION 3 - JULY 27TH – AUGUST 7TH

Week 5 - JULY 27TH – JULY 31ST

Week 6 - AUGUST 3RD – AUGUST 7TH

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

Care 4 Kids

Open Doors

Please Note: If you are applying for financial assistance and/or Care 4 Kids, you must complete the financial assistance form and submit it along with this application. Care 4 Kids must be applied for before applying for YMCA Open Doors financial assistance. Once Care 4 Kids and/or YMCA Open Doors financial aid is approved, a parent share will be determined.

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

☆ **PLEASE NOTE** ☆

Additional enrichment opportunities (i.e., swimming, field trips, special guests, etc.) may be offered as part of your child's program. **Full-time enrollment guarantees** your child's participation in all activities. **Part-time enrollment** may result in your child missing some enrichment opportunities, depending on the day(s) your child attends.

SUMMER DAZE @ ROSE HILL 7



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 AND 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 Code: _____
 Cell Phone #: _____ Work Phone #: _____
 Email 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.

PLEASE NOTE: IF NO DATE IS LISTED ABOVE YOU WILL BE CHARGED WEEKLY.

CREDIT CARD EFT

_____ **MASTERCARD** _____ **VISA** _____ **DISCOVER**

Card #: _____

Card Holder's Name: _____ Exp. Date: ____/____/____ Security Code: _____

BANK DRAFT EFT

_____ **CHECKING** _____ **SAVINGS**

Routing #: _____ Account #: _____

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

ACCOUNT HOLDER'S SIGNATURE

DATE (MM/DD/YY)