



**2026-2027  
SCHOOL AGE CHILD CARE REGISTRATION PACKET**

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

★ PLEASE ALLOW 5 TO 7 BUSINESS DAYS TO PROCESS ALL PAPERWORK ★

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. Listed below are the components to a complete registration packet.

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

If you would like a copy of our handbook, it is available online at [www.waterburymca.org](http://www.waterburymca.org)

**PARENT/GUARDIAN CHECKLIST**

BEFORE SUBMITTING YOUR CHILD’S REGISTRATION PACKET, PLEASE BE SURE TO HAVE THE FOLLOWING CHECKLIST COMPLETED IN ITS ENTIRETY. INCOMPLETE REGISTRATION FORMS WILL NOT BE DEEMED A PRIORITY.

- 2026/27 Registration Form Completed
- Individual Care Plan (If Applicable)
- Health Assessment Record / Physical Attached
- Tuition Agreement w/ Payment Information
- Authorization of Medication Form (If Applicable)
- Care 4 Kids Application / Parent Provider Form
- IEP/504 Plan with Accommodation (If Applicable)

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

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

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

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

**Shavonne Arline**

School Age Program Director  
(203) 754 - 9622 Ext. 123

[SArline@Waterburymca.org](mailto:SArline@Waterburymca.org)

**AnnaMarie Lewis**

School Age Program Coordinator  
(475) 233 - 8997

[ALewis@Waterburymca.org](mailto:ALewis@Waterburymca.org)

**Tammie Lee**

Child Development Registrar  
(203) 754 - 9622 Ext. 136

[TLee@Waterburymca.org](mailto:TLee@Waterburymca.org)

**Zory Torres**

Asst. Child Development Registrar  
(203) 754 - 9622 Ext. 114

[ZTorres@Waterburymca.org](mailto:ZTorres@Waterburymca.org)



**2026/27 BEFORE AND AFTER SCHOOL SITE LOCATIONS**

**BEFORE SCHOOL CARE SERVICES**

- Available from 6:30AM til 8:40AM, Monday through Friday
- For students who attend John Trumbull Primary School, Judson Elementary School, and Polk Elementary School
- Drop-Off Locations:

John Trumbull Primary School	Judson Elementary School	Polk Elementary School
779 Buckingham Street Watertown, CT	124 Hamilton Lane Watertown, CT	435 Buckingham Street Oakville, CT

**AFTER-SCHOOL CARE SERVICES**

- Available from school dismissal to 6:00PM, Monday through Friday
- For students who attend John Trumbull Primary School, Judson Elementary School, and Polk Elementary School
- Pick-Up Locations:

John Trumbull Primary School	Judson Elementary School	Polk Elementary School
779 Buckingham Street Watertown, CT	124 Hamilton Lane Watertown, CT	435 Buckingham Street Oakville, CT

**CARE 4 KIDS:**

**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 for 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.



## 2026-2027 SCHOOL AGE CHILD CARE 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 (Office Use Only): \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade (as of September '26) \_\_\_\_\_

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

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### 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: \_\_\_\_\_ 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)**

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

- Yes  
 No

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

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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.

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### 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: \_\_\_\_\_



## 2026-2027 SCHOOL AGE CHILD CARE CHILD CARE SCHEDULE AND FEES

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

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

**PLEASE NOTE:** If there is a two-hour delay in the morning, the YMCA Before Care Program will open at 8:30 AM, **if staffing permits.**

JOHN TRUMBULL PRIMARY  
SCHOOL

JUDSON ELEMENTARY  
SCHOOL

POLK ELEMENTARY  
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 ELEMENTARY  
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% (ONLY APPLIES TO THE YOUNGEST SIBLING WHO IS ALSO IN THE YMCA CHILDCARE PROGRAM) SIBLING'S NAME: \_\_\_\_\_**

**ARE YOU APPLYING FOR CARE 4 KIDS AND/OR YMCA OPEN DOORS FINANCIAL ASSISTANCE?**

Care 4 Kids

**Please Note: The C4K application and/or Parent Provider MUST be submitted with this application.**

Open Doors

**Please Note: You MUST apply for Care 4 Kids before.**

**PLEASE NOTE: 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: \_\_\_\_\_**



## **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 program open that day. On days of an emergency or weather related dismissals, please choose one of these alternate transportation options:

- Parent Pick Up at School
- Bus Taken Home - 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:** \_\_\_\_\_

## **WATERTOWN PUBLIC SCHOOLS HALF DAYS AND DELAYED OPENINGS**

Watertown Public Schools schedule several early dismissal days throughout the school year, as well as call delayed openings due to inclement weather. These schedule changes fall outside of the YMCA Before and After-School Program's usual operating hours. While we will make every reasonable effort to accommodate families when possible, coverage on half days or delayed openings may not always be available due to staffing limitations. By signing below, you acknowledge and understand that on early dismissal days or delayed openings due to weather, the YMCA After-School Program may be closed based on staffing availability.

**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.

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



## **CODE OF CONDUCT FOR FAMILIES AND SCHOOL-AGE CHILDREN**

Our program is committed to providing a safe, respectful, and positive environment for all children, families, and staff. Enrollment in the program requires agreement to the expectations below.

### **CHILDREN'S EXPECTATIONS**

Children are expected to:

- Show respect to peers, staff, and themselves.
- Follow program rules, routines, and staff directions.
- Use appropriate language and behavior.
- Treat program materials and property with care.
- Resolve conflicts peacefully and ask for help when needed.

**Behavior that compromises safety, including bullying, physical aggression, or repeated disruptive behavior, may result in disciplinary action up to and including removal from the program.**

### **FAMILY EXPECTATIONS**

Families are expected to:

- Communicate respectfully with staff and other families.
- Follow program policies regarding attendance, pick-up times, and payments.
- Provide accurate and current contact and emergency information.
- Address concerns or questions directly with program staff in a respectful manner.
- Support and reinforce program rules and behavior expectations with their child.

**Disrespectful, threatening, or inappropriate behavior toward staff, children, or families will not be tolerated and may result in termination of services.**

### **SAFETY & PROGRAM COMMITMENT**

- The program maintains a zero-tolerance policy for harassment, bullying, discrimination, or violence.
- Staff may step in when necessary to maintain a safe and supportive environment for all participants.

### **AGREEMENT**

By signing below, I acknowledge that I have read, understand, and agree to follow this Code of Conduct. I understand that failure to comply may result in disciplinary action, including removal from the program.

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



## **DISCIPLINE, BEHAVIOR SUPPORT, AND BULLYING RESPONSE POLICY**

The goal of discipline throughout the School Age program is to help the child develop self-control and move toward appropriate social behavior. Example of developmentally appropriate methods utilized for resolving conflict are the following:

- **Positive Guidance** - When a conflict arises, program staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas whenever possible.
- **Setting Clear Limits** - Program staff will encourage and model positive behavior by establishing clear expectations, consistently reinforcing program rules, and using positive guidance strategies. Clear limits help children understand what behavior is expected and create a safe, respectful environment for everyone.
- **Redirection** - A child who may be aggressive or who is disruptive or destructive of other children’s work may be asked to make an activity choice in another area.

**School Age Program Staff shall not be of abusive, neglectful, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking a child under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using least restrictive methods, as appropriate.**

### **BULLYING POLICY**

**Bullying is defined as repeated, unwanted behavior in which power is used to cause physical or emotional harm. This may include teasing, name-calling, intimidation, exclusion, spreading rumors, or physical aggression.**

### **BULLYING RESPONSE PROCEDURE**

#### **1. Immediate Staff Intervention**

When bullying behavior is observed or reported, staff will intervene right away to ensure the safety of all children involved.

#### **Examples:**

- Separating the children involved
- Stopping inappropriate language or physical behavior

- Providing immediate support to the child who was harmed
- Staff will remain calm, neutral, and focused on safety rather than blame.

**2. Investigation of the Incident**

Staff will privately gather information to understand what occurred. This may include speaking with the children involved, witnesses, and reviewing any relevant documentation. Each situation is reviewed on a case-by-case basis, taking into account the child’s age, developmental level, and behavior history.

**3. Parent/Guardian Notification**

Parents / Guardians of all involved children will be notified once the investigation is complete.

**Communication will include:**

- A general description of the incident the same day
- Steps taken by staff
- Any follow-up actions or supports being implemented
- Notification to site coordinator
- Specific details about other children involved will remain confidential.

**4. Behavior Support Plan for Repeated Incidents**

If bullying behavior continues, a behavior support plan will be developed in collaboration with staff, families, and program leadership.

**Examples may include:**

- Clear behavior expectations
- Increased staff supervision
- Social skills coaching or check-ins
- Scheduled parent meetings to review progress

**The goal of the plan is to support positive behavior change and ensure the safety of all children.**

**5. De-escalation Steps**

If bullying behavior persists despite support and intervention, additional steps may be taken.

**These may include:**

- Temporary removal from specific activities
- Short-term suspension from the program
- Further action in accordance with YMCA and SACC policies

**AGREEMENT**

By signing below, I acknowledge that I have read, understand, and agree to the Discipline, Behavior Support, and Bullying Response Policy. I understand that the program staff will address behavior concerns through a structured process. I understand that failure to comply with program rules and expectations, including engaging in bullying or disruptive behavior, may result in disciplinary action, up to and including removal from the program.

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**MINOR NAME (PRINT CLEARLY)**

**DATE (MM/DD/YY)**

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**PARENT/GUARDIAN NAME (PRINT CLEARLY)**

**PARENT/GUARDIAN SIGNATURE**



## 2026-27 SCHOOL AGE CHILD CARE 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 authorize my child to participate in activities on the YMCA campus, including in unlicensed areas such as the main YMCA building, driveway, etc. This permission extends to bus or walking transportation for field trips as part of any Greater Waterbury YMCA program. 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 or company car 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:** \_\_\_\_\_



## 2026-2027 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@waterburyyymca.org](mailto:tmacary@waterburyyymca.org)

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**MINOR NAME (PRINT CLEARLY)** **DATE (MM/DD/YY)**

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**PARENT/GUARDIAN NAME (PRINT CLEARLY)** **PARENT/GUARDIAN SIGNATURE**



2026-2027 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.**

**PLEASE NOTE: IF YOU REFUSE TO SIGN THIS PAGE, YOUR CHILD WILL NOT BE PERMITTED TO BEGIN OUR PROGRAM.**

**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.

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**MINOR NAME (PRINT CLEARLY)**

**DATE (MM/DD/YY)**

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**PARENT/GUARDIAN NAME (PRINT CLEARLY)**

**PARENT/GUARDIAN SIGNATURE**



## 2026-2027 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 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)



## 2026-2027 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 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 for 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.**