

**School Attending:** \_\_\_\_\_

   Before Care                    M T W TH F

   After Care                    M T W TH F

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

Date Withdrawn: \_\_\_\_\_

Allergies: YES    NO

Special Care Plan Required:  
                  YES    NO

**Waterbury YMCA**  
136 West Main Street  
Waterbury, CT 06702

**Child Registration Form**

**\*If a parent does not have permission to pick your child up from care, please provide the appropriate court ordered paperwork. Please do not write the parent's information if they do not have permission to drop off/or pick up your child.**

**\*Both parents will have access to ALL account information if they are listed on this page.**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

***In case of emergency, which parent/guardian listed should we contact first and How?***

Mother \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_                    Father \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Mother/Guardian's Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Email Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father/Guardian's Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Email Address: \_\_\_\_\_

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

## Pick Up and Emergency Contacts

**Your child will not be released to anyone that is NOT on the pick-up list OR that does not have a photo ID at time of pick up, unless authorized in writing prior to pick-up date.**

2 Persons to call in case of emergency & to whom my child may be released to: (*other than parents*)

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home # \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home # \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Emergency Medical Care Form

*The Waterbury YMCA takes the safety and well-being of your child very seriously. It is important that this information is filled out completely.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

List Child's Medications: \_\_\_\_\_

Insurance Carrier and Member ID #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

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

## **Permission Authorizations**

*In the following statements of permission, the phrase "my child" refers to the child named above.*

### **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 Waterbury YMCA to act on my behalf relative to emergency medical treatment for my child.

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

### **Field Trip/Gym/Swim/Outdoor Activity Permission**

I hereby give permission for my child to participate in normal program activities in and away from the childcare center, and release the Waterbury YMCA and its staff from all responsibility for injury or damage resulting from such activities to the extent that they might exceed any coverage which the YMCA may have, except injury or damage resulting from gross negligence or willful misconduct.

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

### **Publicity Permission**

I hereby give permission to the Waterbury YMCA to take pictures of my child participating in the activities of the YMCA, and such pictures 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 or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Discipline Policy Agreement**

By signing, I agree that I understand the discipline policy of the Greater Waterbury YMCA and it has been reviewed both verbally and in writing.

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

**The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at YMCA. 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 YMCA.**

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

## Receipt of Policy Handbook

I acknowledge receipt of the Greater Waterbury YMCA Childcare Policy Handbook. I realize that it is my responsibility to read, understand and comply with its contents.

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

Print full name: \_\_\_\_\_

### Enrollment Checklist

(For YMCA staff only)

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

Forms	Complete	Comments
Child Registration Form		
Emergency Information		
Permission Authorizations (Medical, Field Trip/Swim, Publicity & Discipline Policy Agreement)		
Contractual Agreement		
Transportation Authorization		
Health Assessment Record		
Medication Authorization(s)		How many? For: Expiration date:
Days of Care Needed		
Emergency Dismissal Plan		
Guardianship/Court Order ( if applicable)		
Nutrition (if applicable)		

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WATERBURY YMCA CHILD CARE CONTRACTUAL AGREEMENT

## TUITION AGREEMENT

I am enrolling my child \_\_\_\_\_ in the Before and/or After School program(s) provided by The Greater Waterbury YMCA. I agree to pay \$\_\_\_\_\_, on the 1<sup>st</sup> and 15<sup>th</sup> of each month. The non-refundable deposit will cover my first payment. As long as the program is open I am responsible for that payment, even though my child may not be present. If payment is not received by Tuesday of the week of care, I will pay a \$10.00 late fee.

The YMCA Child Care Center's hours are from 6:30 a.m. for the before school and from school dismissal to 6:00 p.m. for the after school program. The YMCA **off-site** program hours vary by site and are located on the cover of this enrollment packet. There is a per child LATE PICK UP FEE of \$10.00 for every 15 minutes or part thereof if a child is left in the facility beyond the above hours. \*

I may apply for the Care4Kids child care subsidy program. If I qualify, I agree to pay my family portion, as determined. I agree to authorize Care4Kids to pay the Waterbury YMCA directly. I will notify The Greater Waterbury YMCA Child Care Program of any changes to my qualifications. I understand that I am responsible for the child care fees if Care4Kids terminates payments.

The Greater Waterbury YMCA Child Care Center and off-site programs reserve the right to withdraw a child if warranted, as indicated in the Parent Handbook. In turn, a parent has the right to withdrawal their child in writing with at least two weeks' notice or the parent will be charged for those weeks.

I have read the policies and procedures of the YMCA Child Care Center and off- site programs which include but are not limited to tuition, late fees, absenteeism, holidays, vacations, center closings, special events and termination and I understand these regulations and agree to comply.

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

**\*ABANDONED CHILDREN STATEMENT:** The State of Connecticut has an "Abandoned Child Policy" If a child is not picked up within 1 hour of the center's closing, and all efforts have been made to contact the parents and emergency contact people, providers are to assume the child has been abandoned. Providers must contact DCF and the police to have the child picked up and brought to the local Department of Children and Families. The Center's staff are mandated reporters for child abuse and neglect.

## Important Policies to Remember

- **ALL** After School Programs **DO NOT** run when school is cancelled due to inclement weather.
- **ALL** Before School Programs **DO** run on a delayed schedule if there is a delayed opening due to inclement weather, i.e. if there is a 90 minute delay the program will begin on a 90 minute delay.
- **ALL** After School Programs are **CANCELLED** when PM Activities are cancelled or when school is dismissed early due to inclement weather. It is your responsibility to provide the school office with information pertaining to how your child will be dismissed from school in these instances.
- **ALL** After School Programs **DO** run when there is a scheduled half day. For example, the day before Thanksgiving or Christmas Eve and when teachers have in service trainings or open house, etc.
- A **TWO WEEK** notice is required for your child to be disenrolled from the program. Therefore, you are responsible for payments during this time period. Notice must be given to the offsite childcare director via written notice or phone call.
- If your child is absent from the program due to a vacation or illness, you are still responsible for payment during that week, unless other arrangements have been made with the offsite childcare director.

# Waterbury YMCA Before & After School Child Care Fees 2012-2013

## **Before School**

### **Member**

Mon-Fri \$93/bi-weekly

M/W/F \$63/bi-weekly

T/R \$43/bi-weekly

### **Non-Member**

Mon-Fri \$105/bi-weekly

M/W/F \$77/bi-weekly

T/R \$57/bi-weekly

## **After School**

### **Member**

Mon-Fri \$127/bi-weekly

M/W/F \$90/bi-weekly

T/R \$61/bi-weekly

### **Non-Member**

Mon-Fri \$139/bi-weekly

M/W/F \$103/bi-weekly

T/R \$74/bi-weekly

## **Van Fees (if applicable)**

\$10 One-way

\$20 Two-way

**Student Name** \_\_\_\_\_

Please register my child for:

AM Session: Monday-Friday

Mon/Wed/Fri

Tues/Thurs

PM Session: Monday-Friday

Mon/Wed/Fri

Tues/Thurs

**Fees are payable on a prepaid 1<sup>st</sup> and 15<sup>th</sup> of the month basis. The yearly tuition is based on 180 days of school regardless of school closings or absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all bi-weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined.**

\*Schedules outside of the above options may be considered on a per case basis at the discretion of YMCA Management.

# Waterbury YMCA School Age Program Weather Related Early Dismissal Plan

When school is dismissed early as a result of inclement weather, the Waterbury YMCA does NOT offer Aftercare. In order to ensure that the children are safe, please indicate the provisions established for your child once he or she is dismissed from school.

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ My child is to be picked up at school by his/her parent.

\_\_\_\_ My child is to take his/her bus home. He/she rides on bus number \_\_\_\_\_

\_\_\_\_ My child is a "walker" and will be walking home from school. Once he/she is home, someone will be there for him/her.

\_\_\_\_ My child is to go to a friend/relative's house.

He/she is to \_\_\_\_\_.

*(Take a bus (indicate bus number), walk, or be picked up at school)*

He/she will be in the care of \_\_\_\_\_.

*(Name and phone number of caretaker)*

My child(ren)'s arrangements are not described above. He/she is to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

In addition to the procedures listed above, please include pertinent emergency telephone numbers in case the school or the Waterbury YMCA School Age Program needs to reach you for any reason.

## **Mother's Contact Information**

Place of Employment \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

## **Father's Contact Information**

Place of Employment \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

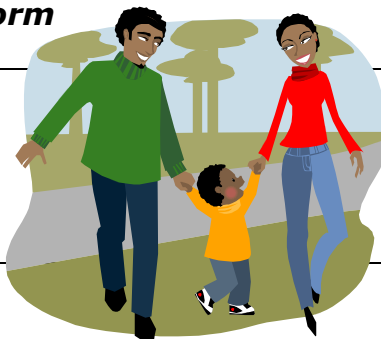
## **Emergency Numbers**

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_



**Greater Waterbury YMCA Child Development Center  
Swipe Card Form**



Child's Name: \_\_\_\_\_  
Classroom: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_  
Disenrollment Date: \_\_\_\_\_

**Parent/Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

*My signature below indicates that I give permission for the staff to call the following persons in case of an emergency & to whom my child may be released to:*

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

**(List the 2 people you chose as emergency contacts)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\* The YMCA does not allow access to anybody who has a sexual criminal history or anybody who is a registered sex offender.

(If additional swipe cards are needed or are lost or damaged, you will be charged \$5.00 per card.)