Welcome to the YMCA! We are pleased you have chosen us for your child care needs and will strive to provide the highest quality program for your family. Enclosed is the registration packet. Please be advised all paperwork must be complete and on file at the Greater Waterbury YMCA prior to enrollment. All participants must make a deposit to secure their spot in the program. Listed below are the components to a complete registration packet.

*** Please allow 5 to 7 business day to process all paperwork****

If you would like a copy of our handbook, please visit www.waterburyymca.org

THIS PACKET CAN BE DROPPED OFF IN PERSON AT THE GREATER WATERBURY YMCA, FAXED, OR EMAILED

FOR OFFICE USE ONLY

____ Registration Form
____ Tuition Agreement Form
____ Updated Health Assessment Record
____ Deposit
____ Authorization of Medication (if applicable)
____ Copy of IEP and/or 504 plan w/accommodations (if applicable)
____ Individual Care Plan (if applicable)
____ CARE 4 KIDS/OPEN DOORS Financial Assistance Application

Reviewed By (@ intake): _____________________________________________________________________________________________________
Notes:_______________________________________________________________________________________________________________________
Note:_______________________________________________________________________________________________________________________
_______________________________________

Reviewed By (Registrar): _____________________________________________________________________________________________________
Date: ______________________________________________________________________________________________________________________
Notes:_______________________________________________________________________________________________________________________
Note:_______________________________________________________________________________________________________________________
_______________________________________

Review By (Director): _______________________________________________________________________________________________________
Date: ______________________________________________________________________________________________________________________
Notes:_______________________________________________________________________________________________________________________
Note:_______________________________________________________________________________________________________________________
_______________________________________

Adam Dubois
Outdoor Center Director
(860)274-4820
(203)754-9622 x. 118
adubois@waterburyymca.org

Tamara Lee
Child Development Registrar
(203)754-9622 x. 136
tlee@waterburyymca.org

Zorrie Torres
Ast. Child Development Registrar
(203)754-9622
ztorres@waterburyymca.org
2020-2021 Wednesday Early Dismissal Care REGISTRATION

Child/Family Information PLEASE PRINT IN BLUE/BLACK INK CLEARLY AND COMPLETE EACH LINE (*N/A* if it does not apply)

Child’s Name: __________________________________________________________________________________________________________
Gender: M F Date of Birth: ________________________________
Home Address: __________________________________________________________________________________________________________
City: ___________________________ Zip: ______________________________
Home Phone: ___________________________ School: _____________________________________ Grade: ___________________________
Race: □ Hispanic/Latino □ African American □ Asian □ Native American □ Caucasian/White □ Other
Income: □ Below $14,999 □ $15,000 - $24,999 □ $25,000-$39,999 □ $40,000-$54,999 □ $55,000 or above

In case of emergency, which parent/guardian below should we contact first?

Parent/ Guardian 1: _________________________________________________________________
Address: _____________________________________________________________________________
City: _________________________________________ State: ____________ Zip: _____________
Home #: ____________________________________ Cell #: _____________________________
Work #: _____________________________________________________________________________
Employer: __________________________________________________________________________
Work Address: ____________________________________________________________________
Email: _______________________________________________________________________________

Parent/ Guardian 2: _________________________________________________________________
Address: _____________________________________________________________________________
City: _________________________________________ State: ____________ Zip: _____________
Home #: ____________________________________ Cell #: _____________________________
Work #: _____________________________________________________________________________
Employer: __________________________________________________________________________
Work Address: _________________________________________________________________
Email: _______________________________________________________________________________

PICK UP AND EMERGENCY INFORMATION  PLEASE READ CAREFULLY
I give permission for the following people, who are listed in order of contact preference; to pick up and transport my child from the YMCA program should I be unable to (State licensing requires AT LEAST on contact other than a parent/guardian). I understand that the YMCA staff may ask any person picking up my child for photo identification (license). My child will not be released to someone if they are not on the list or do not have photo identification with them. (In the event of a custodial agreement in which one parent is not allowed to pick up a child in our program on certain days, or at all, a complete copy of the divorce decree or the court order must be provided.)

1. Name : ____________________________________________________________________ Relationship to child: _____________________________
   Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________

2. Name : ____________________________________________________________________ Relationship to child: _____________________________
   Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________

3. Name : ____________________________________________________________________ Relationship to child: _____________________________
   Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________

Please PRINT Parent/Guardian Name: ______________________________________________________________________________________
Parent/Guardian Signature: ________________________________________________________________________________________________
Date: ________________________________________
PLEASE READ CAREFULLY

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 picture, or video tapes of the person named in 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 fess/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. Also, I have read and understand the Parent Handbook and know that I am responsible to uphold the policies and procedures as stated, including discussion of Behavior Management Policies.

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.

Parent/Legal Guardian Signature: __________________________ 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, NAYEC, emergency personnel, public school personnel and/or consultant 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 in the YMCA.

Parent/Legal Guardian Signature: __________________________ Date: __________________________

Transpiration 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.

Parent/Legal Guardian Signature: __________________________ Date: __________________________
SPECIAL/MEDICAL INFORMATION

- Any child with special/medical information MUST have an Individual Care Plan Form filled out by a 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 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:

_________________________________________________

Physician’s Name: ____________________________________________________________________________________________________________

Address: __________________________________________________________________________ Phone: ________________________________

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.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
**Behavior Modification Techniques**

Here at the YMCA, we believe in the concept of “Positive Discipline”. Through generous praise, encouragement and positive reinforcement, the motivation for the 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. 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 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.

If you have any further questions please contact Emily Powell, School Age Program Director for Waterbury Schools, or Adam Dubois, Outdoor Center Director for Watertown Schools.

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

Parent/Legal Guardian Signature: ___________________________________________________________ Date: ________________________________

Child’s Name: _________________________________________________________________________ Program/Site Location: _________________________________________________________________________

****PLEASE NOTE****

Additional enrichment opportunities (field trips, special guests, etc.) may be offered in your child’s program and only full time enrollment guarantees that your child has the opportunity to participate in all activities. Part time enrollment may cause your child to miss some of these enrichment opportunities depending on the day(s) your child attends.

Parent/Legal Guardian Signature: ___________________________________________________________ Date: ________________________________
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 (“Releases”) 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 any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO Sue Releases 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 Releases 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 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.

Child’s Name: ______________________________________ Date: ____________________________________________

Parent/Guardian Signature: _______________________________________________________________________ Parent/Guardian Name (Print): _______________________________________________________
Tuition Agreement

1) Please select the care option you are registering for:

   ____ Early Dismissal Time until Regular End of School Day (1:15PM-3:15PM) - $12.00 per day

   ____ Early Dismissal Time until Regular End of Program (1:15PM-6:00PM) - $30.00 per day

2) Please circle the Wednesdays that you need care:

   10/7  10/14  10/21  10/28
   11/4  11/18  11/25
   12/2  12/9   12/16  12/23
   1/6   1/13   1/20   1/27
   2/3   2/10   2/17   2/24
   4/7   4/21   4/28
   5/5   5/12   5/19   5/26
   6/2   6/9

   ☐ Please Check here to register for all Early Dismissal Wednesdays

TOTALS:

   Early Dismissal Wednesdays Weekly Fee: ____________

Parent/Guardian’s Signature: ______________________________________________ Date: ___________________________
PAYMENT RESPONSIBILITY INFORMATION

Please use two separate forms if payment responsibility is shared.

PLEASE PRINT CLEARLY—(Complete ALL sections)

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 situations): __________________________

Are you applying for CARE 4 KIDS and/or YMCA OPEN DOORS financial assistance?    □ Yes    □ No    □ CARE4KIDS    □ OPEN DOORS
*Please note that if you are applying for financial assistance and/or CARE4KIDS, you must fill out the financial assistance form and return the completed form with this application.

Payment Options
We encourage you to use our easy Electronic Funds Transfer service that would enable 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 below, until the end of the program or until my child(ren) has been disenrolled from the program:

□ Please charge the following account every Friday, according to the payment schedule: (Account Information MUST be complete)

CREDIT CARD EFT: □ Master Care    □ Visa    □ Discover
Card Holder’s Name: __________________________________________________________
Card Number: __________________________________________ Expiration Date: __________ CVV: __________

BANK DRAFT EFT: □ Checking    □ Savings
Bank name: __________________________ Account Number: __________________________
Routing Number: __________________________ Account Number: __________________________
Date of First Transfer: __________________________ Payment Amount: __________________________

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.

Account holder’s signature: __________________________________________ Date: __________________________

FOR YMCA OFFICE USE ONLY PLEASE DO NOT WRITE IN THE SHADEd SECTION

Program Start Date: ______________________ School Attending: ___________________________ Grade: _______
Schedule: __________________________________ Program Fee: ____________________________
Siblings: ___________________________________ Notes: _________________________________
___________________________________________________________________________________________

GREATER WATERBURY YMCA
136 West Main Street Waterbury, CT 06702
P 2037549622 F 2037549095 www.waterburymcma.org
Tuition Payment Information

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, according to the payment schedule. Your 1st payment is due at the time of registration and secures your child’s position in our program. Your 2nd payment is due the Friday of the 1st week of care.

1. A late fee of $15.00 will be assessed to all accounts that are delinquent by 2 payments. If payment is not received by the following Monday, child care services will be suspended until a payment is made. The YMCA administers a $25.00 non-sufficient funds fee if your payment is unable to be processed. Bank processing times vary depending on your financial institution. Please note that you bank may also charge an additional non-sufficient funds 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 you child’s needs, and are always willing to work with you in time of difficulty.

2. The YMCA does participate in the Care 4 Kids program. To ensure 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. All Care 4 Kids and OPEN DOORS financial aid families will be required to pay 50% of the weekly fee per child, per week. Once your YMCA OPEN DOORS financial aid is approved a parent share will be determined. If you should have any questions, please contact us.

3. We encourage you to use our EASY credit/debit card service that would enable us to charge your payment directly to your credit/debit card or bank account weekly, on Fridays. If you need a form please contact us. This service continues to be the most common means of payment that our parents are choosing and is highly recommended for its convenience and assurance that payments are made accurately and on time.

If you ever have any questions or concerns, please call us. Thank you for choosing the Greater Waterbury YMCA for your child care needs.

Tamara Lee  Zory Torres
Child Development Registrar  Assistant Child Development Registrar
(203)754-9622 ext. 136  (203)754-9622 ext. 114
tlee@waterburyymca.org  ztorres@waterburyymca.org