



# Naugatuck YMCA School's Out

**Before School Hours: 7-Start of School**

**After School Hours: School Dismissal until 6:00 pm**

**Vacation Days and Holidays Hours: 8am-6pm**

**Summer Camp: 9am-4pm (Extended Care 7am-9am & 4pm-6pm)**

Swimming (YMCA SITE ONLY)  
Creative Experiences  
Gym Time

Cooperative Games  
Homework Quiet Time  
Summer Camp Field Trips

Quality Staff  
Counselor In Training  
(grades 9-12)

## Rates

**\$52 Program Membership Fee**

**\$20 Registration Fee**

**\$85 After School Weekly Rate** (multiple child discount may apply)

**\$22 After School Daily Rate (Days must be chosen on first page)**

**\$60 Before School Weekly Rate**

**\$15 Before School Daily Rate**

**\$45 Vacation or Holiday Daily Rate**

**\$165 Vacation or Holiday 5 Day Rate**

**\$115 Part Time Summer Camp (Monday, Wednesday and Friday)**

**\$170 Summer Camp (Final week of camp \$185)**

**\$30 Summer Camp Extended Care Morning**

**\$30 Summer Camp Extended Care Afternoon**

**\$20 Bounced Check Fee**

**\$20 Schedule Change Fee**

We do accept Care 4 Kids, however payments must be made in advance to secure your child's spot.

Once Care 4 Kids certificate is issued your account will be adjusted and a family fee will be established.

Open Door Policy is available for those who qualify. Families must apply for Care 4 Kids before financial assistance is given.

## **All registrations MUST be accompanied by:**

\$20 Registration Fee for Before/Afterschool, Holiday and Vacation Days

2 Week deposit for Before / Afterschool, Holiday and Vacation Days

\$50 non-refundable deposit for each week of summer camp

State of Connecticut Department of Education Health Assessment Record

Medication Administration Form

Asthma Action Plan

Emergency Action Plan

Individual Care Plan

Medication in the original box with prescription label.

Additional paperwork if needed.

Mail to: Naugatuck YMCA, 284 Church Street, Naugatuck, CT 06770

For more information contact Sherri Beck (203)729-9622 ext. 15 [sbeck@naugatuckymca.org](mailto:sbeck@naugatuckymca.org)

## **SCHOOL'S OUT PARENT INFORMATION**

**GOALS** Help children develop to their fullest potential. Support and strengthen the family unit Deliver child care in a safe and positive environment. Teach, model, celebrate, practice, praise, and reinforce the four values of character development: caring, honesty, respect, and responsibility; and confront inconsistencies. Foster health and well-being for children and families.

### **FORMS NEEDED**

Registration form

Medication Administration Form

Asthma Action Plan

CT Depart. of Ed. Health Assessment Record

Emergency Action Plan

Additional paperwork if needed.

Individual Care Plan

Medication in the original box with prescript. Label

**STAFF** We have a certified head teacher and a supportive trained staff. We have First Aid and CPR certified staff member on site at all times. Medication Administration and Epi Pen Trained staff are on site when a child is present with the need for care.

**CONTACT INFORMATION** YMCA 284 Church Street Naugatuck (203)729-9622 Western Site- 203-525-3845 Andrew Ave Site- 203-725-6123

### **HOURS OF OPERATION**

- Before School Hours: 7am- Start of School After School Hours: School dismissal until 6:00.
- Vacation and Holiday Camp Hours: 8am until 6:00pm
- Delayed School Openings: Before care is closed when there is a delayed opening for the start of school.
- Emergency Half Days: Aftercare is closed on school emergency early dismissal days and school closings for afterschool activities. The school must have a plan for your child if there is an emergency half day. We will not be open.
- The program is closed on the following days: Good Friday, Memorial Day, 4<sup>th</sup> Of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas, and New Year's Day. Early closings on Christmas Eve and New Year's Eve.
- Snow Days and Emergency Half Day closings are not made up or adjusted.
- Open for scheduled half days.

**PICK UP POLICY** Children must be picked up by an adult. Parents must sign their child out at time of pickup. Please list all people allowed to pick up your child. Please advise them they will need to show ID. IF A PARENT IS NOT ALLOWED TO PICK UP A CHILD, A COURT ORDER MUST BE ATTACHED TO REGISTRATION FORM.

Dismissal is at 6:00. A late fee will be charged of \$5 will be charged for every 5 minutes you are late. If you are unable to be reached at your contact numbers, we will attempt to call emergency contact people. If the child is not picked up by emergency people or the parents by 7:00, we are mandated by the state of CT to contact the Naugatuck Police Department and DCF.

**PAYMENT POLICY** Payments are due the Friday before care is given. Payments can be made at the front desk or on line. Email [sbeck@naugatuckymca.org](mailto:sbeck@naugatuckymca.org) for username and password set up. Save your receipts for tax purposes. All accounts must be kept up to date in order to stay active in any of our YMCA programs. Failure to pay will result in a referral to a collection agency. You will be responsible for attorney fees, court costs and any other cost associated with this debt. There is a \$25 bounced check fee and a 1.5% interest fee for unpaid balances. We do accept Care 4 Kids. Open Door Policy is available for those who qualify. Families must apply for Care 4 Kids before financial assistance is given. Summer Camp requires a \$50 non-refundable deposit for each week registered for. This deposit will hold your child's place and will be applied to the full payment of the camp tuition. Lack of payment or late payment may result in loss of reserved space. Please note a late charge of \$15 applies to each late payment. All cancelations must be made in writing at least 30 days prior to the start of the camp session. All cancellations must be received in writing between 15-29 days prior to the start of the camp session for a 50% refund minus the \$50 nonrefundable deposit per session. No refunds will be granted less than 15 days prior to the start of the session.

**MEDICATION** Prescribed emergency medication will be the only medication administered by the trained staff in our program. All other medication should be dispensed by the school nurse prior to dismissal. A trained staff will be on site at all times when a child who may require medication is in our care. Medication must be in original container with dated current labeling that includes pharmacy and name of prescribing

physician. Forms needed are: Written Order from an Authorized Provider/parent's Permission, Emergency Health Care Plan, Asthma Action Plan, Individual Plan of Care and Epi Pen Administration Permission. Emergency medications are stored in the director's office. Controlled medication is stored in a locked box in the director's office. Thorough hand washing is expected. Staff will wear gloves at all times when dispensing or handling medications. If medications are administered, the date, time, dosage and comments will be recorded on the child's individual administration of medication record. The information will be logged into our medical incident log for review by our consulting physician if necessary.

**ATTENDANCE** Attendance will be done on a daily basis; please call the YMCA (203)729-9622 if your child is going to be absent. We will be expecting your child if we do not receive a call saying otherwise. It is important to let your child's school know as well. There is no fee adjustments for missed days.

**HEALTH AND ILLNESS** If your child becomes ill, parents will be called first. If we are unable to reach a parent we will call emergency contact people. 2 emergency contact people must be listed on your registration form. The child must be picked up within an hour of the call. Sick children will be supervised away from other children and made comfortable while waiting to be picked up. Please keep your sick children home. This will help prevent spread of infection or illness among children. Children should be kept home if they have experienced any of the following within the past 24 hours; a fever of 101 or more, a runny nose with green or yellow discharge, diarrhea, vomiting or nausea, unidentified rash, any contagious disease or condition including but not limited to conjunctivitis, chicken pox, impetigo, lice or severe cough/croup.

Please notify the YMCA if your child has developed a contagious disease. If a child develops these symptoms while in after school, we will call the parents or authorized pick up person to take the sick child home.

**INJURY AND ACCIDENTS** If your child is injured at the after school program and more than first aid is required, 911 will be called first then every effort to contact the child's parent or legal guardian will be made. Emergency transportation will be provided by emergency service vehicles only. Treatment will try to be secured at the hospital of your choice.

**DISCIPLINE AND BEHAVIOR** The YMCA uses positive discipline techniques for guiding children. Avoiding competition, comparison and criticism, staff members must deal with children using positive methods of guidance including redirection, anticipation and elimination of potential problems, positive reinforcement and encouragement. Discipline techniques are to be non-punitive and accompanied by rational explanation of expectations. At no time may the staff use corporal punishment or any other humiliating or frightening discipline techniques. The withholding of food may not be used as consequence of behavior at any time. No child shall be restrained. The program operates on the basis of clear and consistent rules, which are explained and understood by the children. Difficult behavior is routinely anticipated, activities are redirected and alternative behaviors are discussed with children. At no time is neglect or abuse of children tolerated. Removal of a child from the group for disciplinary or health reasons will be to a location where at least 2 staff members may maintain visual supervision. Parents can discuss the discipline policy with the staff. The following procedures will take place:

- The child will be given a verbal warning and redirected to another activity.
- If inappropriate behavior continues, the child will be encouraged to talk it out.
- Whenever there is a serious concern about a behavior or discipline problem, the staff will inform the parents. The staff and family will meet to develop plans to resolve the problem and communication on behavior will be offered daily.
- In the event that a recommendation is made for the child to receive an assessment from local health education or mental health services, the parent agrees to provide the results of these assessments to the center. (Any costs relating to these services are the responsibility of the parent.)
- If the above actions have not resulted in improved behavior from the child, written notice will be given to the parent/guardian to remove the child from the program for a determined period of time. During this time period, the YMCA staff will continue to work with the parent/guardian and child on behavior modifications.
- The YMCA reserves the right to remove any child who may pose a danger to themselves or other children in our setting. Efforts will be made to recommend an appropriate placement for the child.

**WITHDRAWALS** 2 weeks advanced notice must be given when withdrawing a child from the program. All

families failing to provide this notice will be responsible for 2 weeks payment following the withdrawal. If the program is cancelled due to weather there will not be a refund for the closing. Summer Camp requires a \$50 non-refundable deposit for each week registered for. This deposit will hold your child's place and will be applied to the full payment of the camp tuition. Lack of payment or late payment may result in loss of reserved space. Please note a late charge of \$15 applies to each late payment. All cancellations must be made in writing at least 30 days prior to the start of the camp session. All cancellations must be received in writing between 15-29 days prior to the start of the camp session for a 50% refund minus the \$50 nonrefundable deposit per session. No refunds will be granted less than 15 days prior to the start of the session.

### **SCHEDULE**

- **BEFORE SCHOOL DAILY SCHEDULE**

7am Drop off table activities and gym activities (HEPA) 8:30 Walk to school (YMCA Site)

- **AFTER SCHOOL DAILY SCHEDULE**

3:00 Attendance and Snack (HEPA) Free choice in after school room

3:30 Afterschool room activities 4:00 Afterschool room activities, gym or swim (Mondays and Wednesdays)(HEPA), and if weather permitting outside activities. 5:15 Homework and quiet activities

- **VACATION CAMP SCHEDULE**

8-9am Afterschool room games and activities 10-11:30am Field Activities (or gym depending on weather) (HEPA)

11:30-12:45 Hand washing and lunch (HEPA) in afterschool room 1-1:30 Swim (HEPA)

1:45-2:30 Snack and games afterschool room 2:30-3:45 Gym (HEPA)

3:45-6 Afterschool Dismissal

- **Summer Camp Sample Schedule**

7-9am Extended Care

9-9:30 Opening Ceremony

9:30-11:30 Free Choice Activities

11:30 Lunch provided except for the 1<sup>st</sup> week of camp.

12:00 Reading or Journaling

12:30 Swimming

1:00 Group Games

1:30 Outdoor Activities

2:00 Youth Room Activities

2:30 Open Gym

3:30 Closing Ceremony

4:00 Dismissal

4-6pm Extended Care

### **SNACKS and LUNCHES**

Afterschool: A snack is provided daily. The snack consists of two food groups. A snack menu is posted near the parent board. If the snack we provide is not enough for your child, you may send a snack with him/her. Peanuts and nut products are not allowed due to allergies. Snacks must follow our healthy eating guidelines. Please do not send in money for the vending machines.

Vacation Days and Holidays: Lunches and snacks are not provided. They need to follow our healthy eating guidelines. We do not have access to heating lunches or refrigerating lunches. Peanut butter and nuts are not allowed due to allergies. Fruits or vegetables are to be served at every snack. Sugar content must be 8 grams or lower.

No Trans Fat is allowed. No fried or pre-fried foods are allowed. Whole grain foods served daily at snack time. Water or low-fat milk are the only beverages allowed.

Summer Camp: Lunches are provided except for the first week of camp. Campers need to bring a snack and water bottle daily.

**Summer Camp Field Trips** Emergency information forms will accompany children on the trip along with emergency procedures and first aid kit. If transportation is required, adequate safety procedures and regulations will follow in compliance with state regulations. Transportation will be contracted school vendors. Permission is on the registration forms.

**LOST AND FOUND** A lost and found bin is located in the after school room. Please check it daily. The bin will be emptied once a month and items will be brought to the good will.

**Clothing** Children should wear comfortable clothing suitable to the season and the activities in the program. Bathing suits and towels should be brought daily along with a full change of clothing for emergencies. Please be sure to label all of your child's belongings with their first and last name. Children are to wear sneakers. Flip flops and sandals are not allowed.

**Screen Time Policy** Digital devices are to be used for programs that engage children in physical activity.



Admin only: Western	Andrew	YMCA
	Before	After
Allergies	Asthma	
Court Order		

Child's Name \_\_\_\_\_ Circle Days Attending M T W TH F

Circle Site: Western Andrew YMCA Site Circle all needed: Before Care After Care

Address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Start Date \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Race \_\_\_\_\_

Child's Legal Guardian \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact person allowed to pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

People Authorized to pick up your child:

Attach Custody Orders If Applicable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your child have special needs? (explain) \_\_\_\_\_

Describe your child's school experience. \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How does your child express his/her feelings? \_\_\_\_\_

What do you find to be the best way to discipline your child? \_\_\_\_\_

What is your child's YMCA swimming level? \_\_\_\_\_

I give my child permission to participate in open swim. \_\_\_\_\_(initial)YMCA Site

I understand the School's Out program is not responsible for lost or stolen items. \_\_\_\_\_(initial)

I understand the children will not be forced to do their homework in the afterschool program. \_\_\_\_\_(initial)

I give permission for my child to be transported to the Naugatuck YMCA School's Out Program by Student Transportation of America. I understand my child may be escorted (walked) by the YMCA staff. \_\_\_\_\_(initial)

I give permission for my child to be taken on walking trips and summer camp field trips. \_\_\_\_\_(initial)

You must notify the school and the School's Out director of any changes made to the schedule. If your child will not be attending the program on a regular scheduled day please contact the YMCA. \_\_\_\_\_(initial)

**Naugatuck YMCA Bullying Policy**

It is the intent of the Naugatuck YMCA to provide all youth a safe, orderly and respectful recreational environment. It is not the program's intent to prohibit children from expressing their ideas, including ideas that may offend the sensibilities

of others, or from engaging in civil debate.

Bullying, as defined in this policy, is not acceptable conduct at the Naugatuck YMCA and is prohibited. Any person that engages in conduct that constitutes bullying shall be subject to disciplinary consequences up to and including expulsion from the facility and loss of membership. The YMCA reserves the right to involve local law enforcement, at any time if applicable and necessary.

For the purpose of this policy "bullying" means and physical act or gesture, or any verbally, written or electronically communicated expression that:

A reasonable person should expect that bullying would have the effect of:

1. Physically harming a person or damaging a person's property.
2. Placing a person in reasonable fear of physical harm or damage to his/her property.
3. Substantially disrupting the recreational or instructional program or the orderly operations of the program.
4. Is so severe, persistent, or pervasive that it creates an intimidating, hostile environment for the person who is bullied.

I have read and understand the Naugatuck YMCA's Bullying Policy and understand that if my child participates in the bullying of another child, as defined by the above policy, he/she may be expelled from the program.

**Child's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Discipline Policy and Behavior Modification Plan**

I understand the YMCA uses positive discipline techniques for guiding children. Avoiding competition, comparison and criticism, staff members must deal with children using positive methods of guidance including redirection, anticipation and elimination of potential problems, positive reinforcement and encouragement. Discipline techniques are to be non-punitive and accompanied by rational explanation of expectations. At no time may the staff use corporal punishment or any other humiliating or frightening discipline techniques. The withholding of food may not be used as consequence of behavior at any time. No child shall be restrained. The program operates on the basis of clear and consistent rules, which are explained and understood by the children. Difficult behavior is routinely anticipated, activities are redirected and alternative behaviors are discussed with children. At no time is neglect or abuse of children tolerated. Removal of a child from the group for disciplinary or health reasons will be to a location where at least 2 staff members may maintain visual supervision. The following procedures will take place:

1. The child will be given a verbal warning and redirected to another activity.
2. If inappropriate behavior continues, the child will be encouraged to talk it out.
3. Whenever there is a serious concern about a behavior or discipline problem, the staff will inform the parents. The staff and family will meet to develop plans to resolve the problem and communication on behavior will be offered daily.
5. In the event that a recommendation is made for the child to receive an assessment from local health education or mental health services, the parent agrees to provide the results of these assessments to the center. (Any costs relating to these services are the responsibility of the parent.)
6. If the above actions have not resulted in improved behavior from the child, written notice will be given to the parent/guardian to remove the child from the program for a determined period of time. During this time period, the YMCA staff will continue to work with the parent/guardian and child on behavior modifications.
7. The YMCA reserves the right to remove any child who may pose a danger to themselves or other children in our setting. Efforts will be made to recommend an appropriate placement for the child.

I have discussed the above discipline policy and the behavior modification plan with the YMCA staff.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Child Pick-up Agreement**

The afterschool hours are from school dismissal until 6:00 pm. If you are unable to be reached at your contact numbers, we will attempt to call your emergency release people. After 6:15 your child will be transported by the Naugatuck Police Department to the Police Station. You will be charged a \$5 late fee for every 5 minutes you are late picking up your child. This includes the time necessary to transport your child to NPD. I understand these terms and agree to them.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Emergency Medical Release**

In the event of an emergency, I understand emergency responders will be called first and then an effort will be made to contact the child's parents or legal guardian. In the event I cannot be reached I hereby appoint the Naugatuck YMCA my true and lawful attorney for the purpose of authorizing hospitalization, treatment, injection, anesthesia, or surgery

for my child or ward after consultation with the child's physician or emergency physician selected by the Naugatuck YMCA Staff. If possible treatment will be secured at the hospital of your choice. Emergency transportation will be provided by emergency service vehicles only.

**Child's Name** \_\_\_\_\_ **Parent signature** \_\_\_\_\_

**Hospital Choice** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witnessed by** \_\_\_\_\_

**Parent contact information:**

**Parent Name** \_\_\_\_\_ **Parent Name** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Home Number** \_\_\_\_\_

**Cell Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Work Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

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

**Town** \_\_\_\_\_ **zip code** \_\_\_\_\_ **Town** \_\_\_\_\_ **zip code** \_\_\_\_\_

**VACATION DAYS AND HOLIDAYS 8am-6pm**

**2018/2019 Holidays \$45 per day (check dates attending)**

**Nov. 6** \_\_\_\_\_ **Nov. 21** \_\_\_\_\_ **Feb. 18** \_\_\_\_\_

**Nov. 12** \_\_\_\_\_ **Jan. 21** \_\_\_\_\_ **Feb. 19** \_\_\_\_\_

**Dec. 24<sup>th</sup> through December 31** \_\_\_\_\_ **(\$198)** (note closing at 2 on Dec. 24 and Dec. 31)

**April 15 through April 18** \_\_\_\_\_ **(\$132)**

**I understand I am responsible for payments on the above checked dates. \_\_\_\_\_ Initial**

**Payment Policy**

Payments are due the Friday before care is given. Payments can be made at the front desk or on line. Email sbeck@naugatuckymca.org for username and password set up. Save your receipts for tax purposes. All accounts must be kept up to date in order to stay active in any of our YMCA programs. Failure to pay will result in a referral to a collection agency. You will be responsible for attorney fees, court costs and any other cost associated with this debt. There is a \$25 bounced check fee and a 1.5% interest fee for unpaid balances. We do accept Care 4 Kids. Open Door Policy is available for those who qualify. Families must apply for Care 4 Kids before financial assistance is given.

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I fully understand all these rules and regulations. I agree to these terms and conditions.

**Mother's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Income Level:**

**Below \$15000** \_\_\_\_\_ **\$15,000-\$24,000** \_\_\_\_\_

**\$25,000-39,999** \_\_\_\_\_ **\$40,000-\$54999** \_\_\_\_\_

**\$55,000 and above** \_\_\_\_\_

Please attach an updated Child Health Assessment Form. (Available at your child's school or pediatrician)  
Please attach Authorization for Administration of Medication Form, Individual Plan of Care Form, Asthma Action Plan, and Emergency Action Plan.



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Naugatuck YMCA  
284 Church Street  
Naugatuck, CT 06770  
(203) 729-9622  
www.naugatuckymca.org

Membership Waiver

Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes participants to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, its directors, officers, agents, and employees from all claims, actions, or liability on account of such causes.

I am an adult over 18 years of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premise and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the Naugatuck YMCA, its staff, directors, members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the Naugatuck YMCA is not responsible for personal property lost, damaged, or stolen while member and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Naugatuck YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

Member's Name \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

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

Email Address \_\_\_\_\_



# CAMP PROGRAMS AND SESSIONS

5 Day Traditional	Grade	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	TOTAL
RED 9am-4pm	K-1st	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Yellow 9am-4pm	2nd	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Green 9am-4pm	3rd	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Blue 9am-4pm	4th-5th	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Purple 9am-4pm	6th-8th	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
CIT9am-4pm	9th-10th	\$100 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$135 [ ]	
<b>Extended Care</b>		<b>18-Jun</b>	<b>25-Jun</b>	<b>2-Jul</b>	<b>9-Jul</b>	<b>16-Jul</b>	<b>23-Jul</b>	<b>30-Jul</b>	<b>6-Aug</b>	<b>13-Aug</b>	<b>TOTAL</b>
Before Care 7-9		\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	
After Care 4-6		\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	
<b>Part Time Camp</b>		<b>18-Jun</b>	<b>25-Jun</b>	<b>2-Jul</b>	<b>9-Jul</b>	<b>16-Jul</b>	<b>23-Jul</b>	<b>30-Jul</b>	<b>6-Aug</b>	<b>13-Aug</b>	<b>TOTAL</b>
RED 9am-4pm	K	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Yellow 9am-4pm	1st-2nd	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Green 9am-4pm	3rd	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Blue 9am-4pm	4th-5th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Purple 9am-4pm	6th-8th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
9am-4pm	9th-10th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Part Time Camp is Monday Wednesday and Friday											
<b>Extended Care PT</b>		<b>18-Jun</b>	<b>25-Jun</b>	<b>2-Jul</b>	<b>9-Jul</b>	<b>16-Jul</b>	<b>23-Jul</b>	<b>30-Jul</b>	<b>6-Aug</b>	<b>13-Aug</b>	<b>TOTAL</b>
Before Care 7-9		\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	
After Care 4-6		\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	
<b>TOTAL FEES DUE</b>											
Yearly Youth Program Membership Fee Required For All Camp Programs											\$52 [ ]
<b>FIELD TRIPS</b>											
	Location	Date	Location	Date	Location	Date	Location	Date	Location	Date	
	Hop Brook	6/28/2017	Ansonia Nature	7/12/2017	Bowling	8/9/2017	Rollermagic	8/2/2017			
	Laser Planet	7/5/2017	Brush Strokes	7/19/2017	Bounce Barn	7/26/2017	Lake Compounce	8/16/2017			
I give permission for my child to participate in the above field trips. Parent signature _____											Date _____