



FOR YMCA USE ONLY Date: ___/___/___ Received by (initial) _____ Forms Received: <input type="checkbox"/> Current Health record & immunization <input type="checkbox"/> Care 4 Kids Application & PPA <input type="checkbox"/> Deposit made \$ _____
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2019-2020 Before & After School Registration

**PLEASE INCLUDE A COPY OF AN UPDATED PHYSICAL AND IMMUNIZATION RECORD
CHILD CAN NOT START THE PROGRAM WITHOUT CONFIRMATION CALL FROM DIRECTOR**

Student Information:

Child's Name: _____ Gender M F Date of Birth ___/___/___

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Child lives with: Mother Father Grandparents Foster Family

Race / Ethnicity: White Asian/Pacific Islander American Native/ Alaskan Native Black, not of Hispanic origin
 Hispanic Other

Income: Below 20,000 20,000-30,000 30,000-40,000 40,000-50,000 over 50,000

Family Information:

Parent 1 _____	Parent 2 _____
Address: _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Home Phone _____	Home Phone _____
Cell Phone: _____	Cell Phone _____
Email _____	Email _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Work Phone _____	Work Phone _____

Permission to Release and Emergency Contacts (Other than parents). Persons picking up must be at least 18 and provide a photo ID when picking up. Copies of ID's will be taken:

Name: _____	Relationship: _____
Home: _____	Cell: _____
Name: _____	Relationship: _____
Home: _____	Cell: _____
Name: _____	Relationship: _____
Home: _____	Cell: _____
Name: _____	Relationship: _____
Home: _____	Cell: _____

Please list any person(s) who are not allowed to pick up your child. Any person who is not allowed to pick up said child must provide a copy of the restraining order or court order.



Siblings:

Medical Information:

Name	Ages	Birthdate

Doctor: _____

Address: _____ Phone Number: _____

Dentist: _____

Address: _____ Phone Number: _____

Naugatuck YMCA School Age Program will close in observance of the following days:

New Year's Day Fourth of July Labor Day Good Friday Memorial Day
Thanksgiving and Friday after Christmas Day (Dec. 23- Jan. 1)

I understand that by signing this contract with the YMCA Before and After Care Program, I am responsible for following the policies set by Naugatuck YMCA, including paying my child's and tuition, registration fee and late fees that may occur. I understand that rates are subject to change with a 30 day notice.

Parent Signature

Date

Directors Signature

Date



Permission Authorizations

In the following statements of permission, the phrase "my child" refers to the child listed on the application.

I, the undersigned, give permission for my child to participate in normal program activities in and away from the childcare center. I voluntarily agree to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in the YMCA After School Program. I further waive, release, absolve and indemnify the Naugatuck YMCA, its directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs of the YMCA.

Parent/Guardian's Signature _____ Date ____/____/____

I, the undersigned, give the YMCA permission to take/use photographs, slides, or video 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.

Parent/Guardian's Signature _____ Date ____/____/____

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 Naugatuck YMCA before my child starts the program. I have read and understand the Parent Handbook and have reviewed the Behavior Management Technique and discussed any concerns with staff. Also, I know that **I am responsible to uphold the policies and procedures as stated.**

Parent/Guardian's Signature _____ Date ____/____/____

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. Physician Name Address Phone Number.

Parent/Guardian's Signature _____ Date ____/____/____

I, the undersigned, give permission to have my child transported by school bus or to and/or from school as needed. This permission includes bus transportation for field trips for any YMCA Child Care program. This permission includes any walking field trip for the 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/Guardian's Signature _____ Date ____/____/____

Special Information

Any child with special information in either section needs to have an Individual Care Plan form filled out by the parent/guardian. These forms are available at the Naugatuck YMCA and **MUST** be completed before the child starts the program. Is there any special information concerning your child? (Example: medication, allergies, behavior, pick-up)

Please use this space to provide detailed information regarding behavioral or parental custody issues that would enable us to provide appropriate services to your child. If relevant, please list any behavioral modification methods used at home or at school.

Parent/Guardian's Signature _____ Date ____/____/____



MEMBERSHIP WAIVER

Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant 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 old 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 premises 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, its staff director's 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 members 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 purpose of promotion or interpreting YMCA programs.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Member Signature

Print Name Here

Date



Naugatuck YMCA School Age Program Weather Related Early Dismissal/ Delayed Opening Plan

When Naugatuck schools are dismissed early or the town cancels afterschool activities as a result of inclement weather, the Naugatuck 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. When Naugatuck schools have a delayed opening, the Naugatuck YMCA does not offer Beforecare.

Child's Name: _____ Home Address: _____

School: _____

___ 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:



Tuition Agreement for Before and After Care Fees:

Membership Fee: \$52.00

Registration Fee: \$20.00

Security Deposit: Total of 2 weeks tuition

AM Session: 7:00 a.m. – 8:45 a.m (school starts)

_____ 5 Days \$60.00 _____ Daily Rate \$15.00 (Circle days needed) M T W R F

PM Session: 3:00 p.m. – 6:00 p.m.

_____ 5 Days \$85.00 _____ Daily Rate \$22.00 (Circle days needed) M T W R F

AM and PM Session:

_____ 5 Days \$ 145.00 _____ Daily Rate \$37.00 (Circle days needed) M T W R F

Vacation Days and Holiday Rate (hours of operation 7:00 a.m to 6:00 p.m)

_____ Daily Rate \$45.00

_____ Vacation or Holiday 5 day rate \$160.00 (April Vacation)

Check dates that care will be needed during holidays and vacations

___ Nov. 5 ___ Nov. 11 ___ Nov. 27 (Wed. before Thanksgiving)

___ Jan. 20 ___ Feb. 17 ___ Feb. 18

___ Apr. 13 ___ Apr. 14 ___ Apr. 15 ___ Apr. 16 ___ Apr. 17

I understand I am responsible for payments on the above checked dates.

Payment Policy

If changes need to be made to my child's schedule to decrease or increase my child's attendance at the Naugatuck YMCA I will give a minimum of 2 weeks notice. I understand I will also be responsible for completing a new tuition agreement form.

Parent Initials



PAYMENT OPTIONS

___ I will pay by cash/check each Friday, according to the payment schedule, for 50 weeks. Cash/check payments must be made at the Naugatuck YMCA main building 284 Church Street.

___ I would like the following account charged on each Friday, according to the payment schedule, for 50 weeks.

Electronic Funds Transfer (EFT) Agreement

I/we hereby authorize the Naugatuck YMCA to charge the account provided on a weekly basis(according to the pay schedule), in the amount named, to pay for the Naugatuck YMCA Childcare program for the child(ren) listed below, until the end of the school year (August for preschool) or until my child(ren) has been disenrolled from the program.

Child's Name

Child's Name

___ BANK DRAFT EFT Checking Savings

BANK NAME _____
 ROUTING NUMBER _____
 ACCOUNT NUMBER _____
 CREDIT CARD EFT CARD TYPE: MasterCard Visa
 CC # _____ Exp. Date _____

Date of First Transfer: _____ Payment Amount: _____

My signature below states my understanding that I have agreed for the Naugatuck YMCA to draft my credit card 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.

SIGNATURE: _____ DATE: _____

Fees are due **weekly** on a prepaid basis. The yearly tuition is based on 40 weeks of school regardless of school closings or absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined. **You will NOT receive a weekly bill or payment reminder unless your account is delinquent.**

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's Signature _____ Date ____/____/____

My signature below states my understanding that I have agreed for the Naugatuck YMCA to draft my credit card 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.

SIGNATURE: _____ DATE: _____



Handbook Sign Off

I _____, parent of _____
understand that the contract between the Naugatuck YMCA can end at any time on either the family or
provider's behalf. I/we have read, received and understand all information in the Naugatuck YMCA's handbook.
I/we feel comfortable with all the information that I/we have learned and understand that I/we may ask
questions at anytime.

Signature

Date



Parents Keep for your Records

Before and After Care Payment Schedule 2019-2020

Payment Due	Period of Care
UPONS Registration Cash/Check/CC EFT 1 st daft Aug.23	8/26-8/30
8/30/19	9/2-9/6
9/6/19	9/9-9/13
9/13/19	9/16-9/20
9/20/19	9/23-9/27
9/27/19	9/30-10/4
10/4/19	10/7-10/11
10/11/19	10/14-10/18
10/18/19	10/21-10/25
10/25/19	10/28-11/1
11/1/19	11/4-11/8
11/8/19	11/11-11/15
11/15/19	11/18-11/22
11/22/19	11/25-11/29
11/29/19	12/2-12/6
12/6/19	12/9-12/13
12/13/19	12/16-12/20
12/20/19	12/30-1/3/2020
1/3/20/19	1/6—1/10
1/10/20	1/13-1/17
1/17/20	1/20-1/24
1/24/20	1/27-1/31
1/31/20	2/3-2/7
2/7/20	2/10-2/14
2/14/20	2/17-2/21
2/21/20	2/24-2/28
2/28/20	3/2-3/6
3/6/20	3/9-3/13
3/13/20	3/16-3/20
3/20/20	3/23-3/27
3/27/20	3/30-4/3
4/3/20	4/6-4/10
4/10/20	4/13-4/17
4/17/20	4/20-4/24
4/24/20	4/27-5/1
5/1/20	5/4-5/8
5/8/20	5/11-5/15
5/15/20	5/18-5/22
5/22/20	5/25-5/29
5/29/20	6/1-6/5
6/5/20	6/8-6/12

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
Emergency Action Plan
Epi Pen Action Plan
Individual Care Plan
CT Depart. of Ed.Health Assessment Record
Medication in the original box with prescription 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 sbeck@naugatuckymca.org

HOURS OF OPERATION

- Before School Hours: 7am- Start of School After School Hours: School dismissal until 6:00.
- Vacation and Holiday Camp Hours: 7am 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, 4th Of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Vacation, and New Year's Day.
- 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. 2 staff ages 18 or over will be remain with the child. 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 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 Prep for the day
- **AFTER SCHOOL DAILY SCHEDULE**
 3:00 Free choice activities
 3:45 Snack
 4:00 Gym or outdoor activities
 5:15 Homework and quiet activities
- **VACATION CAMP SCHEDULE**
 7-9am 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

SNACKS and LUNCHESES

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.

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 for most weeks 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.

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, homework or planned activities.