



# Naugatuck YMCA Before & After Care Application Checklist

## Membership Checklist: (Full Facility OR Community)

- Completed Member Application:** this application must be completed whether you choose to be a Full Member of the YMCA or choose to be a Community non-member.
- Activate Membership Unit in Person at the YMCA** (with proof of Account and Routing Number **if** using a bank for payment see back of membership form)

\*\*\*\*\*Program does not require membership to Y to register, however full facility members receive a discount on program fees. Membership may be activated online by a parent or completed at the YMCA in person.

## Registration Check List: Did you include the following? (This is not online)

- Completed Registration Packet (attached) with parent handbook signature
- Completed Health Form with immunizations
- If your child has been vaccinated, please provide a copy of their COVID-19 Vaccination Record Card (optional)
- Authorization for the Administration of Medication (Required if medication present)
- Medication Administration Record (MAR) (Required if medication present)
- Asthma Action Plan (Required if medication present)
- Individual Plan of Care (Required if medical condition present)
- Food Allergy and Anaphylaxis Emergency Care (required if medication present)
- Medication (Must be in original box with prescription label)
- Care 4 Kids Application if qualified & assistance needed (Care 4 Kids is optional)
- Care 4 Kids Parent Provider Agreement Form completing C4K Application (optional)
- Tax Forms, Paystubs, Benefits, etc. (Attach to C4K or Financial Assistance App)
- Snow Day Vacation Program Registration and down payment (if interested)
- \$25 non-refundable, non-transferable registration fee
- 1<sup>st</sup> month tuition paid to YMCA

***I am aware that if I do not have all the necessary paperwork found in the Registration checklist above and proper payments for tuition/registration fee paid, my child will not be able to start in the program.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# 2023-2024 Before & After School Registration

Please include a copy of an updated physical and immunization record  
Child cannot start the program without confirmation call from director.

### Student Information:

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

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Foster Family

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



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**Please list any person(s) who are not allowed to pick up your child. For any person who is not allowed to pick up said child, the YMCA must be provided with a copy of the restraining order or court order.**

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**Siblings:**

Name:	Age:	Birthdate:

**Medical Information:**

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The 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 & Following Friday      Christmas Break (December 24-January 1)*

**Communications:**

Please check off your preferred way of (non-emergency) communication during the day. Please note that in the event of an emergency, 911 and the parent(s) will be called.

Phone       Email       Remind       Other: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date



## Monthly Tuition

Tuition is based on Naugatuck Public School schedule. We will have the same half days and no school days as the public school. Yearly tuition is divided into 9 equal monthly payments. Payments are due the last Friday of the month prior to service. Care 4 Kids accepted and financial assistance available for both monthly membership and tuition fees. Please apply for Care 4 Kids first.

<b>YMCA Youth Membership</b>	<b>\$16 Monthly</b>	<b>N/A</b>
	<b>YMCA Member</b>	<b>Community Member</b>
<b>Before Care</b> 7:00 a.m. – 8:55 a.m.	5 Days per week \$240 per month (\$60 per week)	5 Days per week \$280 per month (\$70 per week)
<b>Before Care</b> 7:00 a.m. – 8:55 a.m.	3 Days per week \$180 per month (\$45 per week)	3 Days per week \$210 per month (\$52.50 per week)
<b>Before Care</b> 7:00 a.m. – 8:55 a.m.	2 Days per week \$120 per month (\$30 per week)	2 Days per week \$140 per month (\$35 per week)
<b>After Care</b> 3:15 p.m. – 6:00 p.m.	5 Days per week \$340 per month (\$85 per week)	5 Days per week \$390 per month (\$97.50 per week)
<b>After Care</b> 3:15 p.m. – 6:00 p.m.	3 Days per week \$240 per month (\$60 per week)	3 Days per week \$314 per month (\$78.50 per week)
<b>After Care</b> 3:15 p.m. – 6:00 p.m.	2 Days per week \$160 per month (\$40 per week)	2 Days per week \$210 per month (\$52.30 per week)
<b>No School Days</b> 7:00 a.m. – 6:00 p.m.	\$45 per day	\$60 per day
<b>Public School Half Days</b> Dismissal – 6:00 p.m.	After Care Participant: \$0 Non-After Care Participant: \$30	After Care Participant: \$0 Non-After Care Participant: \$35

**Pricing subject to change with a month's notice.**



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**Security Deposit: First month tuition is required**

**One Time Registration Fee: \$25 non-refundable, non-transferable**

**Please check off schedule as needed and circle which days are needed for part time care (if applicable).**

<b>Before Care</b> 5 Days per week 7:00 a.m. – 8:55 a.m.	
<b>Before Care</b> 3 Days per week 7:00 a.m. – 8:55 a.m. Monday Tuesday Wednesday Thursday Friday	
<b>Before Care</b> 2 Days per week 7:00 a.m. – 8:55 a.m. Monday Tuesday Wednesday Thursday Friday	
<b>After Care</b> 5 Days per week 3:15 p.m. – 6:00 p.m.	
<b>After Care</b> 3 Days per week 3:15 p.m. – 6:00 p.m. Monday Tuesday Wednesday Thursday Friday	
<b>After Care</b> 2 Days per week 3:15 p.m. – 6:00 p.m. Monday Tuesday Wednesday Thursday Friday	
<b>No School Days</b> 7:00 a.m. – 6:00 p.m.	
Tuesday, November 7, 2023	
Friday, November 10, 2023	
Wednesday, November 22, 2023	
Monday, January 15, 2024	
Monday, February 19, 2024	
Tuesday, February 20, 2024	
Monday, April 15, 2024	
Tuesday, April 16, 2024	
Wednesday, April 17, 2024	
Thursday, April 18, 2024	
Friday April 19, 2024	
<b>Public School Half Days</b> Dismissal—6:00 p.m.	

**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



### Care4Kids

We encourage families who qualify to apply early for Care 4 Kids, which can subsidize the tuition for childcare through the state agency. If interested in financial assistance, please contact the director for more information. **All families are responsible for half of tuition until approved or denied from Care4Kids.**

Please note that you must apply for Care 4 Kids before applying for YMCA financial assistance. Once you are approved or denied by Care 4 Kids, you can apply for YMCA program financial assistance.

### Payments/Payment Information

Auto-draft payments are required for all families. If opting out of auto-draft you will need approval from the director and are responsible for making payments on due dates. If you miss the due date your child will not be allowed to attend programming and you are still responsible for the payments.

**\*If you choose to place a monthly bank draft, please be aware if payment is returned, there may be overdraft charges.**

### **Payment Method/Authorization Agreement**

Debit/ Withdrawal from  
Checking/Savings Account

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Please show proof of Account and Routing  
Number

Charge Debit or Credit Card

Visa  MasterCard  Am. Exp.  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

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.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fees are due **monthly** on a prepaid basis. The yearly tuition is based on 180 days of school regardless of absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all monthly payments until a certificate is issued from Care 4Kids and a parent share fee has been determined. **You will NOT receive a monthly bill or payment reminder unless your account is delinquent.**

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### Exchange of Information

I, \_\_\_\_\_, hereby consent to the release of the information initialed and checked below, regarding my child \_\_\_\_\_ held by the Naugatuck YMCA to \_\_\_\_\_.

- Educational/Developmental Records
- Diagnostic Assessments/ Evaluations
- Developmental/Health Screenings
- Medical
- Dental
- Immunizations
- Other \_\_\_\_\_

I authorize communication and exchange of information between the Naugatuck YMCA and \_\_\_\_\_ to discuss the above indicated records/conditions, and or findings. I also authorize communication and exchange of information between \_\_\_\_\_ and the Naugatuck YMCA. Further, \_\_\_\_\_ is authorized to share the information gained with his/her supervisor and staff working directly with him/her. Consent for release of information and authorization of communication shall be for the limited purpose of understanding and addressing my child's needs. This consent is voluntary, and I understand I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be effective for the period my child is continuously enrolled in the Naugatuck YMCA. By signing below, I am confirming that I have read, understand and agree to the above.

Parent/Guardian (print) \_\_\_\_\_





### 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 YMCA facility. 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 Program. I further waive, release, absolve, and indemnify the Naugatuck YMCA, its directors, volunteers, officers, or employees for injuries or accidents occurring while participating the programs of the YMCA.

PARENT/GUARIDAN 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/GUARIDAN 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 prior to my child's start date. Also, I know that **I am responsible to uphold the policies and procedures as stated.**

PARENT/GUARIDAN 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.

PARENT/GUARIDAN 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 Childcare Program. This permission includes any walking field trip for the program. In the unforeseen event of an emergency which would require immediate evacuation of any YMCA program, permission is granted for transportation to a safe location.

PARENT/GUARIDAN 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? I understand if medication is needed, I must supply the medication, as well as medication administration form and the emergency action plan filled out by the physician and signed by the parent.

\_\_\_\_\_

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 or accommodations used at home or at school.

\_\_\_\_\_

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that information regarding my child is generally confidential and may not be given to employees of other schools, public agencies, or individual professionals in private practice without my consent or other legal requirement.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## 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 after care. 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 before care. These days have been calculated in tuition fees.

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PARENT INFORMATION – Keep as a Reference

**GOALS** To help children develop to their fullest potential. To support and strengthen the family unit. To deliver childcare in a safe and positive environment. To teach, model, celebrate, practice, praise, and reinforce the four values of character development: responsibility, respect, caring, and honesty; and confront inconsistencies. To foster health and well-being for all children and families.

### Forms Needed:

Registration Form  
CT Dep. Of Ed. Health Assessment Record  
Medication Administration Form (if needed)  
Individual Care Plan (if needed)  
Asthma Action Plan (if needed)  
Emergency Action Plan (if needed)  
Medication in original box with prescription label (if needed)

### Communication:

YMCA Main Number: (203) 729-9622  
Western School Site: (475) 331-7983  
Andrew Ave School Site: (475) 331-7164  
SACC Email: [YMCASACC@naugatuckymca.org](mailto:YMCASACC@naugatuckymca.org)  
Remind App: join the group for notifications

**STAFF** We have a certified head teacher and supportive trained staff. Staff working in YMCA licensed childcare programs undergo background checks, fingerprinting, and various trainings prior to working with the children. First Aid and CPR certified staff members are present on site at all times we have children in our care, as well as Medication Administration certified and Epi Pen trained staff for children with the need for care. Staff are trained in Safety Care procedures.

### INFORMATION

Before School Hours: 7:00 a.m. – Start of School; After School Hours: School Dismissal – 6:00 p.m.

Vacation and Holiday Hours: 7:00 a.m. – 6:00 p.m.

Delayed School Openings: Before care is closed when there is a delayed opening for the start of school.

Emergency Half Days: After care 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: Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Vacation, New Year's Day, Good Friday, Memorial Day

Snow Days and Emergency Half Day closings are not made up or adjusted. Please see YMCA website for snow day activities.

Open for scheduled half days.

### DROP OFF AND PICK UP

**Andrew Ave:** Drop off and pick up location will be in the back of the building. When facing the building go to the left and go behind the building down the long, skinny driveway. There will be a doorbell for you to ring. Staff will come and allow your child in at drop off. At pick up, your child will be walked to the door for you and you will sign your child out. (Please always bring ID)

**Western:** Drop off and pick up are to the right of the building. Go to the cafeteria door first; if the children are not there they are in the gym or playground. Staff will keep an eye out. At pick up, your child will be walked to the door for you and you will sign your child out. (Please always bring ID)

**YMCA:** Drop off and pick up is at the YMCA building; on nice weather days, they may be at St. Francis Field in the afternoon. There you can sign your child out. (Please always bring ID)

**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 on registration form and 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 of \$5 will be charged for every 5 minutes you are late. Two staff ages 18 or over will remain with the child. IF you are unable to be reached at your contact numbers, we will attempt to call the emergency contacts listed. If the child is not picked up by the parents or an emergency contact 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 25<sup>th</sup> or 26<sup>th</sup> of the month prior to scheduled care. 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 \$30 returned charge fee. We do accept Care4Kids. Program Financial Assistance is also available for those who qualify. Families must apply for Care4Kids before financial assistance is given.

**WITHDRAWALS** 2 weeks advanced notice must be given when withdrawing or schedule changing. 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.

**MEDICATION** Prescribed emergency medication will be the only medication administered by the trained staff in our program. All other medication should be dispensed at home or 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 the original container with dated current labeling that includes pharmacy and name of prescribing physician. Forms needed include: written order of med. administration from an authorized provider with parent signature; emergency health care plan; asthma action plan; individual plan of care; epi-pen administration permission. **All forms are valid for only one year, from the date it is signed.** Emergency and controlled medications are stored in a locked cabinet at the child's care location. Thorough hand washing is expected. Staff will always wear gloves 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 in our medical incident log for review by our consulting physician if necessary.

**ATTENDANCE** Attendance will be taken on a daily basis; please call or text your child's location contact number if your child is going to be absent (contact numbers listed above). We will be expecting your child if we do not receive a call saying otherwise. It is important to let our child's school know as well. There are 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 the emergency contacts (two emergency contacts per child 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 the 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 100 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 at camp, we will call the parents or authorized pick up person to take the sick child home.

**INJURY AND ACCIDENTS** If your child is injured while at before or after care 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 choice.



**DISCIPLINE AND BEHAVIOR** The YMCA uses positive discipline techniques for guiding children. Avoiding competition, comparison, and criticism, staff members will deal with children using positive methods of guidance including redirection, anticipation, and elimination of potential problems, as well as 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 a consequence of behavior at any time. No child shall be restrained. The program operates based on clear and consistent rules, which are explained and understood by the children. Difficult behavior is routinely anticipated, activities are redirected, and alternate 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 with a staff.
- 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 behavior and communication 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 the 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 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.

## **SAMPLE SCHEDULE**

### **Before Care Daily Schedule**

7:00: Drop off, Table Activities, Gym Activities  
8:30: Prepare for the Day

### **After Care Daily Schedule**

3:15: Homework & Quiet Activities  
3:45: Handwashing & Snack  
4:00: Gym or Outdoor Activities  
5:00: Free Choice Activities

### **Vacation Schedule\***

7:00-9:00: After Care Room Games & Activities  
10:00-11:30: Gym or Field Activities  
11:30-12:45: Handwashing & Lunch  
1:00-1:45: Swim  
1:45-2:30: Snack & After Care Room Games  
2:30-3:45: Gym  
3:45-6:00: Free Choice Activities & Dismissal

\*We will follow the public-school schedule for half days and no school days



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**SNACKS AND LUNCHES**

After Care: 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 & Holidays: Lunch is not provided; please send lunch in with your child that follows our healthy eating guidelines. We do not have access to heating or refrigerating lunches. Peanut butter and nut products are not allowed due to allergies. An afternoon snack is provided.

**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, schoolwork, or planned activities. No cell phones are allowed during programming.

**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 any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**QUESTIONS AND CONCERNS**

Contact Monica Vitzoski at (203) 729-9622 or [mvitzoski@naugatuckymca.org](mailto:mvitzoski@naugatuckymca.org)