



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

Dear Families,

Welcome to the Naugatuck YMCA. Your child will be participating in either our Naugatuck YMCA Preschool and Early Learning Center or the Naugatuck YMCA Little Greyhounds child care program. We are very excited to have you become part of our YMCA family and look forward to getting to know you and your family. Below is a check list of everything needed to enroll your child in our program.

Please make sure that you have all of the following information completely filled out and included with the enrollment packet. Incomplete packets will delay the enrollment process.

- o Application (must be completely filled out)
- o Health Assessment Record / Physical (Parents fill out first page)
- o Parent Survey
- o Care 4 Kids Application (if applying for assistance)
- o YMCA Membership Application (Complete front page and sign waiver on the bottom of back side)
- o Birth Certificate
- o Proof of Residency
- o Proof of Income Previous years Income Tax return (2024), Paystubs (4 if weekly, 2 if bi-weekly, 2 if monthly)
- o CACFP Application (read and complete parts 1,2 or 2a, 3 and 4)

*** If your child has allergies, asthma or any health issues that may require medication to be here at either of the schools, all forms and doctor's signatures must be complete before your child can start. ***



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Child Care Application

___ YMCA 284 Church St ___ Little Greyhound 543 Rubber Ave

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

Days (Infant and Toddlers only) ___M ___T ___W ___R ___F Hours: ___ a.m. to ___ p.m.

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:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

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.



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Siblings:

Name	Ages	Birthdate

Medical Information:

Doctor: _____

Address _____ Phone Number: _____

Dentist: _____

Address: _____ Phone Number: _____



TUITON PAYMENTS

Tuition is paid on the Friday before the upcoming week. Payments are required to be set up for automatic withdrawal on a debit card, credit card or bank draft. If there is insufficient funds in your account and your payment gets declined, you will be charged \$30.00 fee.

Electronic Funds Transfer (EFT) Agreement

I/we hereby authorize the Naugatuck YMCA to charge the account provided on a weekly basis in the amount named, to pay for the Naugatuck YMCA Childcare program for the child(ren) listed below until the child(ren) leave the program.

Child's Name

Child's Name

___ BANK DRAFT EFT ___ Checking ___ Savings

NAME ON CHECKING ACCOUNT _____

ADDRESS _____

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

___ CREDIT CARD EFT CARD TYPE: ___ MasterCard ___ Visa

NAME ON CREDIT CARD _____

ADDRESS _____

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/ bank account for all fees owed for the childcare program including any late pick up fees that may occur. 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 Friday before the upcoming week). The yearly tuition is based on 50 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 monthly bill or payment reminder unless your account is delinquent.** Delinquent accounts are cause for termination from the program.

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 ____/____/____



CONTRACTUAL AGREEMENT

The following contract is for the children listed below who attend (check which center):

____ Naugatuck YMCA Preschool and Early Learning Center ____ Naugatuck YMCA Little Greyhounds

or the children and between _____.

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Tuition and Payment Policies:

Infant 5 days only and at YMCA only	\$255.00
Toddler 5 Days	\$255.00
Preschool	\$204.00

My weekly tuition is \$ _____.

- I am in the process of applying for Care 4 Kids. My tuition will be reduced by 50% until I receive my Care 4 Kids certificate. Once the certificate is received my tuition will be calculated and I will be responsible for any and all money owed to the Naugatuck YMCA while waiting for my certificate to be approved. **If I do not get approved or if my certificate gets canceled, I understand that I am responsible for paying the full tuition including any money that was accrued while waiting to hear back from Care 4 Kids.**
- Tuition is due every Friday and must be set up on autodraft upon enrollment into the program. If your account has insufficient funds and the payment doesn't go through, then you will be charged a \$30.00 decline fee.
- Tuition is paid if your child is out sick, on vacation, if we are closed for inclement weather, delayed open or early dismissal or for professional development days. There will not be any prorated days. The center may close up to 5 additional days for professional development. A 30 day notice will be given.
- There is a late fee for picking up children after 5:30 pm when we close. The late fee is \$25.00 for the first 5 minutes and \$1.00 for each additional minute after the first 5 minutes. Payment for late pick up will be added to your account and fee will be taken out using the credit card on file.

Termination Procedure

This contract begins on _____, 20____ and may be terminated by either parent/guardian or provider by giving a two weeks written notice. The provider may terminate the contract without notice if the parent/guardian is **at least** 2 weeks late with scheduled payments. Parents who do not give 2 weeks notice will be charged for those two week to the account on file.

Signatures:

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Parent/Guardian Signature

Date

Director

Date



PERMISSIONS
(Naugatuck YMCA and the Naugatuck YMCA Little Greyhounds)

I _____, parent of _____ give permission for my child to participate in normal program activities in and away from the child care center including swim instruction, physical fitness instruction, walks to the library, St. Francis Field, our playground, walks around the block or to the town green. 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 Naugatuck YMCA Preschool and Early Learning Center or Naugatuck YMCA Little Greyhounds. I further waive, release, absolve and indemnify the Naugatuckc YMCA, its directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs at the YMCA.

Initials

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 at the Naugatuck YMCA before they start the program. I have read and understand the Parent Handbook and have reviewed the Guidance and Discipline Plan and discussed any concerns with staff. Also, I know that I am responsible to uphold the policies and procedures as stated.

Initials

Naugatuck YMCA staff has permission to administer basic first aid and/or CPR to my child.

Initials

Naugatuck YMCA Staff has permission to call 911 and have my child transported to a local hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. We will transport them to Waterbury Hospital.

Initials

Consent

I understand that my child's health and safety file is confidential and give permission to Naugatuck YMCA child care center's teachers and Adminstrators to access my Child's file.

Initials

Photos and Social Media

I give permission for the YMCA child care centers to take pictures of my child for displays in the classroom, in hallways, on classtag and in newsletters. I give permission for my child photo to be displayed on the Naugatuck YMCA's social media or to be submitted to local newspapers.

Initials

Public Schools

I give the Naugatuck YMCA child care centers to share my child's information with the Board of Education, Kindergarten Teachers, or school they will be attending after attending preschool.

Initials

Tuition

I understand that I am responsible for my child(ren) tuition each week whether I am in a grant Funded Slot, private pay slot or receiving Care4Kids. Failure to make my weekly payments may result in my child loosing her slot at the Naugatuck YMCA child care centers.

Initials

Closing Policy

I understand the the Naugatuck YMCA child care centers may close for for up to 10 professional development days each year. may close early, have a delayed opening or close for inclement weather, natural disaster or building emergency (ex. no heat, no power)

Initials

Name

Date



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PARENT/CAREGIVER INFORMATION SURVEY

Child's Name: _____ Child's Date of Birth: _____

FAMILY BACKGROUND AND GENERAL DEVELOPMENT

___ African American ___ White ___ American Indian/Alaskan ___ Native Asian/Pacific Islander

___ Other: _____

Primary language in the home: ___ English ___ Spanish ___ Other: _____

Are you interested in learning English? ___ yes ___ no

Do you celebrate any holidays? Which ones? _____

Do you have any special traditions that you do as part of these holidays?

Are there any special traditions that you and your family do that are not holiday related?

Who has legal custody? ___ Mother ___ Father ___ Shared Custody ___ Other(foster home, relative, etc.)

Marital status of parents: ___ Married ___ Single ___ Widowed ___ Separated ___ Shared custody

Adults in the home: ___ Two biological parents ___ Adopted ___ Foster parent(s)
___ Mother with partner ___ Father with partner ___ Other: _____

What names does your child call you and family members (mom, dad, mommie, papa etc) _____

Where do you live? ___ house ___ apartment ___ condo ___ vehicle ___ shelter ___ friend/family ___ homeless

Do you need assistance to get your own place? ___ yes ___ no

Have you completed the following? ___ high school/GED ___ some college ___ college degree ___ technical/tradeschool

Do you? ___ work ___ go to school ___ stay at home parent ___ retired

Would you like information about going back to school or furthering your education? ___ yes ___ no

Do you feel you are able to provide you family with enough food to get through the week? ___ yes ___ no

Do you receive food assistance? ___ yes ___ no If yes, from where _____

Is your child part of the CACFP (Child And Adult Care Food Program) ? ___ yes ___ no

Would you like information to help you get assistance to get food for your family ? ___ yes ___ no

Do you receive services from the department of Social Services? ___ yes ___ no

If yes what services do you receive? _____

Please describe any major family or parental stressors that may have impacted your child in the past or that may impact him or her now: _____

Are there any particularly traumatic or troubling events which have happened in your child's life which we should know about in order to understand him/her better? (please give details, include incidents you feel were traumatic for your child.) _____

Has your child ever witnessed violence inside or outside of the home? ___ yes ___ no

If Yes, please give details below: _____



Have you had any changes in the household over the past year? (i.e. death, divorce, moving, etc)

GENERAL DEVELOPMENT:

HEALTH

Was the child born ___ Full term ___ Prematurely? How premature? _____ Birth Weight ___ lbs ___ oz
Any known complications at birth? _____

Any Serious illnesses and/or hospitalizations: _____

Any Special physical conditions, disabilities: _____

Does the child have any medical problems? ___ Yes ___ No

___ Asthma ___ Allergies to Medicines ___ Seizure ___ Seasonal Allergies ___ Other _____

Any daily/regular medications: _____

Please circle the traits/characteristics below in which apply to your child:

Happy	Sad	Moody	Friendly	Quiet	Overactive
Independent	Dependent	Sensitive	Affectionate	Fearful	Tantrums
Lethargic	Responsible	Angry	Impulsive	Thoughtful	Cooperative
Withdrawn	Lacking in self-control	Explosive	Volatile		Easily over stimulated
Withholding of affection		Difficulty calming down			

Any other ways you would you describe your child: _____

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

How does your child handle stress? _____

Does child understand simple directions? (e.g. "Put that down;" "Get your coat.") ___ Yes ___ No

Reaction to strangers? _____

Able to play alone? _____ Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

What was your child's reaction when told about Preschool: _____

What is the method of behavior management/discipline at home: _____

Previous experience with other children: _____

Which best describes the role your child takes with peer interactions:

- My child likes to be the leader most of the time.
- My child prefers follow other kids.
- My child can flexibly take the role of either the leader or the follower depending on the situation.

Does your child have difficulty relating to other children? ___ Yes ___ No

Does your child physically fight a lot with other children? ___ Yes ___ No

Does your child argue a lot with other children? ___ Yes ___ No

Does your child prefer to play alone? ___ Yes ___ No

Does your child have difficulty with the non-verbal rules of social interaction
(e.g. turn taking, how close to stand to others) ___ Yes ___ No

Any other comments about your child's interactions with other children? _____



Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?

____ Yes ____ No If yes, which hand is used most often _____

What toys does your child like to play with? _____

What are some of your child's favorite activities? _____

Does your child transition from one activity to another with ease? ____ Yes ____ No

What was your child's reaction when told about Preschool: _____

Any other comments about your child's interactions with other children? _____

What is the method of behavior management/discipline at home: _____

Do both parents subscribe to the same method or style of behavior management/discipline? _____

How does your child like to be comforted? What are the particular words you use? _____

What are some of your child's favorite things? (i.e. dress up, music, puzzles, books, etc) _____

SLEEPING HABBITs

My child usually naps _____ times a day. From _____ to _____ From _____ to _____

My child sleeps at night from _____ pm to _____ am

Does your child have any sleep disturbances? _____

Does your child sleep with any special object? _____

Does your child sleep in a: ____ crib ____ bed ____ with parent(s) ____ couch ____ pack and play

What helps your child go to sleep/soothe him/herself? (i.e. cuddling, reading, blanket, music, snugly, etc) _____

Does your child sleep in a crib? _____ Bed? _____ Other _____

What signs does your child show when he/she is tired? _____

How does your child wake up? (i.e. slowly, needing to use the toilet, grumpy, etc) _____

Does your child have a consistent bedtime routine? ____ Yes ____ No

Any concerns that your child does not get enough sleep and/or has poor sleep quality? ____ Yes ____ No

EATING HABBITs

____ Breast fed - how long? _____ ____ Bottle fed Types of formula given _____

____ drinks from a bottle ____ holds own bottle ____ drinks from a cup ____ uses a pacifier

____ can feed self ____ Eats table food ____ uses fork ____ uses knife ____ uses spoon ____ hands

Does your child have a good appetite? ____ yes ____ no

What foods does your child eat? _____

What foods does your child dislike? _____

Any eating problems we should know about? _____

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?

____ Yes ____ No If yes, which hand is used most often _____



TOILETING / POTTY TRAINING

My child shows an interest in using the potty. ☐ yes ☐ no

My child wears ☐ diapers ☐ pull ups ☐ underwear

What is used at home? Potty chair ☐ special child seat ☐ regular seat ☐

How does your child indicate bathroom needs (include special words) _____

Is your child ever reluctant to use the bathroom _____

Does the child have accidents? _____ How often? _____

EDUCATIONAL EXPERIENCES

Has the child been in other childcare Center(s) or family childcare home(s)? ☐ Yes ☐ No

If yes, how many different placements? _____

If yes, how long ago was the most recent placement? _____

How often did your child attend this program? ☐ Full Time ☐ Full Days (2-3 Days a week)
☐ Part Time ☐ 2 days a week ☐ 3 days a week

Does the child have an: ☐ IEP ☐ IFSP ☐ None

Is the child attending any other program (therapy, speech etc.)? ☐ Yes ☐ No

Is the child or family receiving services from Department of Social Services? ☐ Yes ☐ No

If yes, which services? _____

Do you have any concerns with your child pertaining to the following?

☐ Attention ☐ Anxiety ☐ Disruption ☐ Hyperactivity ☐ Pica (eating non-edible items)
☐ Seems Depressed ☐ Self Injury ☐ Withdrawn ☐ Somatic (excessive complaints of physical ailments)
☐ Other _____

When did behavioral difficulties begin? _____

Are there any significant changes in the child's life? _____ When? _____

Does the child have a diagnosis or diagnoses? ☐ Yes ☐ No Please check all that apply.

☐ Attention-Deficit Hyperactivity Disorder ☐ Bi-Polar Disorder ☐ Autism Spectrum Disorder
☐ Speech and Language Delay ☐ Cognitive Delay ☐ Developmental Delay
☐ Sensory Impairment ☐ Physical Disability ☐ Other : _____

PHYSICAL DEVELOPMENT

Any concerns about child's motor skills (i.e. walking, sitting, crawling)? ☐ Yes ☐ No

Does your child: ☐ sit with support ☐ sit unsupported ☐ crawl forward/backward ☐ stand
☐ walk with assistance ☐ walk unassisted ☐ run ☐ go up steps ☐ go down steps

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?

☐ Yes ☐ No If yes, which hand is used most often _____

Please check under the word that best describes your child.

	Good	Average	Needs Help	Not Applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on 1 foot				
Jumps				

Please check under the word that best describes your child.

	Good	Average	Needs Help	Not Applicable
Uses words to express self				
Speaks clearly				
Vocabulary is age appropriate				
Understands directions				

COMMUNICATION

How many words does the child use? _____

Does the child put words together? (2 – 3 word sentences) ____ Yes ____ No

Does the child make any sounds? (i.e. car sounds, animal sounds) ____ Yes ____ No

Example: _____

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?

____ Yes ____ No If yes, which hand is used most often _____

SWIMMING:

As part of our curriculum we provide weekly swim lessons to the children.

Has your child had swim lessons ? ____ yes ____ no If yes, how many years experience: _____

Can your child swim with out a floatation device? ____ yes ____ no

Is your child afraid of the water? ____ yes ____ no

How does your child react when they go into a pool, pond or ocean? _____

Do you know how to swim? ____ yes ____ no

Are you interested in learning how to swim? ____ yes ____ no

GOALS FOR YOUR CHILD

What would you like your child to gain from this child care experience? _____

Is there any information which you might like to share that would help us in understanding and caring for your child? _____

How can our staff support you and your child in reaching these goals? _____



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For office use only:

- ☐ Child care application is completely filled out including family survey
- ☐ Child's physical is completed including Family Assessment page
- ☐ CACFP income eligibility form is completed
- ☐ Paystubs (weekly =4, biweekly or bimonthly=2, monthly=1)
- ☐ Proof of residency (car registration, lease or mortgage statement, car insurance bill, utility bill)
- ☐ Birth Certificate
- ☐ Care 4 Kids Application
- ☐ Care 4 Kids Parent Provider Form
- ☐ YMCA Membership Application

If child needs medication the following forms must be completed by doctor / family

- ☐ Asthma Action Plan
- ☐ Medication Prescription form
- ☐ Individual Care Plan
- ☐ Anafalaxis Action Plan (Students who have severe allergies ie peanuts, sea food, bees, etc.)
- ☐ Topical Cream form (diaper cream, non-prescription creams)