



Naugatuck YMCA School's Out Before and After School Vacation Days and Holidays

Before School Hours: 7-Start of School
After School Hours: School Dismissal until 6:00 pm
Vacation Days and Holidays Hours: 8am-6pm

Swimming (YMCA SITE ONLY)

Creative Experiences

Gym Time

Cooperative Games

Homework Quiet Time

Quality Staff

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 Weekly Rate

\$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 a completed physical form, medication permissions and plans (if applicable), \$20 registration fee and a 2 week deposit.

Mail to: Naugatuck YMCA, 284 Church Street, Naugatuck, CT 06770
For more information contact Sherri Beck (203)729-9622 ext. 15

sbeck@naugatuckymca.org

**SCHOOL'S OUT BEFORE and AFTERSCHOOL
VACATION DAYS and HOLIDAYS
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 (which includes: emergency medical release, emergency contacts, child pick up agreement, payment policy, transportation release, YMCA Waiver)

Health Assessment Record

Authorization for Administrations of Medication form, Asthma action plan, emergency action plan for allergies and Individual Plan of Care form if applicable. (Forms available at the YMCA)

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
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. 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, and New Year's Day. Early closings on Christmas Eve and New Year's Eve.

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 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.

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 bound 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.

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

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.

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.

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

SNACKS and LUNCHES

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 have refrigeration for the lunches but do not have access to heating lunches. Peanut butter and nuts are not allowed due to allergies.

Healthy Eating Guidelines

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.

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.

Screen Time Policy

TV and movie time is prohibited. 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 on Mon. and Wed. from 4:15-5:00. _____(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)

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

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. I have discussed the above discipline policy 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

2017/2018 Holidays \$45 per day (check dates attending)

Oct. 9 _____ Nov. 7 _____ Nov. 10 _____ Jan. 15 _____

Feb. 19 _____ Feb. 20 _____

Aug. 21 through Aug. 25 _____ (\$165)

Dec. 26th through December 29th _____ (\$165)

April 16 through April 20 _____ (\$165)

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

Payment Policy

Payments are due the Friday before care is provided.

I have agreed to pay the amount of _____ per week. If I am negligent and I default on this debt in any way I understand I am responsible for any charges that have incurred. I further understand I will be financially responsible for actions taken by the YMCA to collect this debt. Failure to pay will result in a referral to a collection agency. I will be responsible for attorney fees, court costs and any other costs associated with this debt.

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

Mother's Name _____ Signature _____

Father's Name _____ Signature _____

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 _____

Income Level:
Below \$15000 _____ \$15,000-\$24,000 _____
\$25,000-39,999 _____ \$40,000-\$54,999 _____
\$55,000 and above _____

