



Regional YMCA of Western CT. - 2009 Summer Club Registration Forms

Print Child's Name: _____

- ☺ Hours - Monday through Friday, 7:00 A.M. until 6:30 P.M.
- ☺ Weekly fee - \$270 (Field Trips and T-shirt is included).
- ☺ A 10% discount on tuition will be given to any additional sibling(s) who is registered for the 2009 Summer Club program. (NOT applicable to YMCA Scholarship Assistance or Care 4 Kids participants.)
- ☺ **The first week's fee is due at the time of registration and is non-refundable. Applications will not be accepted without this fee.**
- ☺ Changes in registration must be made two-weeks in advance by completing a Change of Contract form and must be approved and verified by the director.
- ☺ A two-week written notification of withdrawal must be provided if your child is withdrawn from the program. Without a two-week written notice, a \$15 fee will be charged. **Verbal or phone communication will not be accepted!**
- ☺ You will be responsible to make tuition payments for all the weeks you have registered your child for even if your child does not attend those weeks.

Other Fees

- ❖ *A Program Membership fee of \$55 is due upon registration for new and/or expired memberships.*
- ❖ *A one-time \$10 activity fee is due at the time of registration per camper.*
- ❖ *Medical forms must be up-to-date and in the office prior to the first day of attendance. Children may not participate in the program without this form.*
- ❖ *A late fee of \$50 will be charged every 15 minutes or any part thereof for any child picked up after 6:30 P.M.*
- ❖ *An additional \$30 will be charged for each check returned for insufficient funds.*
- ❖ *Tuition is due in advance each Friday for the following week. A fee of \$10 per child will be charged for late payments.*

I wish to register my child for the following week(s) of 2009 Summer Club.

To be completed by office only

Check Week(s) of Registration	Date	Weekly Fee	Membership Fee \$55	Activity Fee \$10	10% Discount (If applicable)	Total	Date Paid	Check Number	Cash	Credit Card	Authorized
1	6/22/09	\$270									
2 Closed 7/05	6/29/09-7/04/09	\$235									
3	7/06/09	\$270									
4	7/13/09	\$270									
5	7/20/09	\$270									
6	7/27/09	\$270									
7	8/03/09	\$270									
8	8/10/09	\$270									
9	8/17/08	\$270									

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Both parents/guardians must sign this registration form.



For Office Use Only:
Date Received: _____
By: _____

**REGIONAL YMCA OF WESTERN CONNECTICUT
GREENKNOLL CHILDREN'S CENTER**

2009 SUMMER CLUB PROGRAM

_____	_____	_____	_____	_____
Child's First Name	Middle Name	Last Name	Nickname	Date of Birth
_____/_____/_____				
_____			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's Social Security Number		Adult(s) Child Lives With		

_____	_____	_____			
Mother's/Guardian's Name	Middle Name	Last Name			
_____				(_____)_____	
Home Address		City	State	Zip	Home Phone
Employer	_____				
Employer Address:		City	State	Zip	
Phone (_____)_____	Cell (_____)_____	Beeper (_____)_____	E-Mail	_____	

_____	_____	_____			
Father's/Guardian's Name	Middle Name	Last Name			
_____				(_____)_____	
Home Address		City	State	Zip	Home Phone
Employer	_____				
Employer Address:		City	State	Zip	
Phone (_____)_____	Cell (_____)_____	Beeper (_____)_____	E-Mail	_____	

CUSTODY STATUS: Please describe any restrictions involving the access of any person to remove and/or contact the child while in our care. A copy of the most recent court document granting these restrictions must be provided. A photo of the restricted person is most helpful. _____

EMERGENCY CONTACT: (other than parent/guardian)-Children will be released only to the person(s) signing this application and to the following person(s) except as required by law.

LEGAL AUTHORITIES WILL BE CONTACTED FOR CHILDREN LEFT AT THE CENTER ONE HOUR AFTER CLOSING TIME OF THE CENTER.

First Name	Last Name	First Name	Last Name		
Address	City	State, Zip	Address	City	State, Zip
Relationship to Child	Home Phone/Cell Phone		Relationship to Child	Home Phone/Cell Phone	
Employer	Work Phone		Employer	Work Phone	

Physician's Name	Office Address	Town	Zip	Office Phone
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Dentist's Name	Office Address	Town	Zip	Office Phone
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Insurance Company	Policy Number	Office Phone
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ALLERGIES AND MEDICATION: Please describe any health problems that would be relevant to emergency treatment of your child (for example: diabetes, epilepsy, allergy to medication, bee sting) and any medication taken.

I give permission for the following:

- ❖ For my child to have his/her picture taken to be used for advertisement or other forms of public relations.
- ❖ I give permission for administrators, teaching staff and regulatory authorities to access my child's records.
- ❖ For my child to be transported by YMCA vehicle, (i.e. school bus, van etc.), and YMCA staff.
- ❖ For my child to participate in any field trips planned by the YMCA. I understand that the YMCA will provide transportation, and that I will be notified in writing prior to each trip.
- ❖ In the event that I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- ❖ I give permission for treatment provided by EMTs and by YMCA staff trained in first aid. Also that transportation will be provided to the nearest hospital by the YMCA or emergency services at the parent's expense.

Parent/Guardian Comment(s): _____

Parent(s)/Guardian(s) Certification: I/We hereby certify I/We have read and understand this Registration Form. I/We agree to the financial terms and conditions indicated in the attached fee information sheet.

***Both parents and/or guardians MUST sign this registration form.**

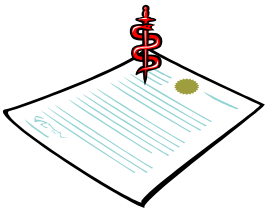
Parent/Guardian Signature(s): _____

Date: _____

Date: _____

How did you hear about our Center? Program Guide Newspaper Agency

Referral Friend/Family Work YMCA Staff Other _____



INSURANCE INFORMATION

Regional YMCA of Western Connecticut – Children’s Centers

CHILD’S NAME (Please Print): _____

PARTICIPANT’S NAME (Please Print Parent/Guardian Name):

COMPANY NAME (Employer): _____

COMPANY PHONE NUMBER: () _____ - _____

NAME OF INSURANCE COMPANY (Carrier):

TELEPHONE NUMBER: () _____ - _____

INSURANCE ID #: _____

GROUP/POLICY #: _____

PARENT SIGNATURE: _____ **Date:** _____

***CHECK IF NO INSURANCE:**

Copy of insurance card must be included.

**Greenknoll Children's Center
School age/Summer Club Program Permission Slip
(Building to Building/Camp Grounds)**

**I hereby give my child (print child's full name): _____
permission to be escorted by YMCA school age staff to and from the YMCA Children's
Center/building (Huckleberry Hill Road) and Annex (60 Old New Milford Road) and the
Greenknoll camp grounds.**

Children will have use of the pools, gym and locker rooms for scheduled activities.

Parent/Guardian Signature: _____ Date: _____

**Regional YMCA of Western Connecticut
Greenknoll Summer Club
Code of Conduct**

This Code of Conduct has been created for the well being of all YMCA program participants. We strive to instill character in our participants by promoting four core values through daily experience and activities, by reinforcing the values of Caring, Respect, Honesty and Responsibility. Please review this information with your child. The signatures of parents/guardians and child are required below.

Honesty: Children are expected to show honesty by telling the truth, never taking anything that does not belong to them and by being trustworthy.

Respect: Children are expected to respect others by using appropriate language; by respecting each others property and personal space, refraining from physically hurting others, by being respectful to staff and following the YMCA rules.

Caring: Children are expected to care for others, as they would like others to care for them. All children must refrain from intentionally using hurtful words or humiliating actions. Bullying will NOT be tolerated and will be grounds for immediate dismissal from the program.

Responsibility: Children are expected to act responsible, show good sportsmanship and be accountable for their actions at all times.

Summer Club staff will communicate with parents either verbally or through a note home if a child has difficulty following the Code of Conduct. If a child becomes disruptive, disrespectful, or physically injures or threatens another child or staff, the parent will be contacted and the child must be picked up immediately for the remainder of the day. The child may not attend the following day. Depending on the severity of the incident, the child may incur a longer suspension at the director's discretion. The Regional YMCA reserves the right to terminate childcare services at any time deemed necessary in order to meet the needs of all children served.

I hereby agree to discuss the Code of Conduct with my child and to assist him/her in following the rules to be a good citizen of the Regional YMCA.

Parent/Guardian Name (Please Print) _____

Signature Parent/Guardian Signature: _____

Date: _____

Child's Name (Please Print) _____

Child's Signature: _____

Date: _____



Regional YMCA of Western Connecticut
Greenknoll Children's Center
Credit Card Authorization
2009 Summer Club Payments

I/We, the family of (please print): _____ wish to pay Summer Club tuition with a credit card. The following confidential information is provided:

1. Type of Card: Visa Master Card American Express Discover

2. Credit Card Number: _____

3. Expiration Date: _____

4. Authorized Signature on Card: _____

5. Home Phone: () _____ - _____

6. Work or Cell Phone: () _____ - _____

7. Current home address: _____
 _____, _____

Please check off the weeks you have your child registered for. Tuition will be deducted from your credit card as noted on this form two weeks in advance. A printed receipt will be returned to you.

Check Each Week Registering For	Date	Weekly Fee	Credit Card Withdrawal Date	Credit Card Payment	Date Paid
1.	6/22/09	\$270	06/08/09		
2. Closed 7/03	06/29/09-07/02/09	\$235	06/15/09		
3.	7/06/09	\$270	06/22/09		
4.	7/13/09	\$270	06/30/09		
5.	7/20/09	\$270	07/06/09		
6.	7/27/09	\$270	07/13/09		
7.	8/03/09	\$270	07/20/09		
8.	8/10/09	\$270	07/27/09		
9.	8/17/09	\$270	08/03/09		

Parent Signature: _____

Date: _____