

**YMCA CHILDREN'S CENTER
2009 GRASSY PLAIN SUMMER CLUB
and SPECIALTY CLUB
REGISTRATION FORM**

Child's Name: _____ *Age:* _____ *Sex:* _____

Grade completed as of 6/09 _____ (Must have completed Kindergarten)

Please register my child for the following week/weeks of Summer Club:
(Check weeks attending)

| | | |
|-----------------|---------------|---------------|
| *6/22/09 _____ | 7/13/09 _____ | 8/3/09 _____ |
| **6/29/09 _____ | 7/20/09 _____ | 8/10/09 _____ |
| 7/6/09 _____ | 7/27/09 _____ | |

*date is subject to change based on last day of school
** No camp on Friday, July 3. Tuition will be prorated.

One inclusive fee: 7:00-6:30 \$245

Includes cost of weekly field trips/in-house activities, Hot dog lunch on Mondays, and a Camp T-shirt

Please register my child for the following Specialties:
(Please circle)

| | | | |
|--|--------------------------|---------------------------|------------------------|
| <i>Trendy Tweens</i> | <i>Arts & Crafts</i> | <i>Jazz & Hip Hop</i> | <i>Sports Camp</i> |
| <i>Girls Health & Fitness Camp</i> | <i>July 6-10</i> | <i>July 13-17</i> | <i>July 27-July 31</i> |
| <i>June 22-26</i> | <i>Ages 7-12</i> | <i>Ages 7-12</i> | <i>Ages 9-12</i> |
| <i>Ages 9-12</i> | | | |

Specialty Fees:

9:00 a.m. - 4:00 p.m. \$230
7:00 a.m. - 6:30 p.m. \$260

There is an additional charge for Sports and Trendy Tweens Camp for Trips and Activities.

Please register my child for the following Mini-Specialty Camp:
(Please circle)

Broadway Stars
July 20-24
Ages 8-12 years
Cost: \$160 Mon-Thurs 9:00 a.m.-12:00 pm Friday 9:00 a.m.-4:00 p.m.

Grassy Plain Summer Club/Specialty Club Tuition & Fee Information

1. If registering for one week of Summer Club, the full week's tuition is due upon registration.
2. Specialty Club Tuition is due upon registration. Membership and enrollment fees are waived for Specialty Clubs.
3. If registering for two or more weeks of Summer Club, a \$200 deposit will be required in addition to a \$25 enrollment fee and \$55 membership fee. Families currently registered in the school age program already have a \$200 registration fee held.
 - \$200 registration fee goes toward your child's last week of camp. If you withdraw your child before his/her last scheduled week, the \$200 is non-refundable.
 - The \$55 membership fee entitles your child to register for any Regional YMCA program for a full year. It also entitles you to a Family Swim Pass for immediate family members. This allows your immediate family to swim at the Greenknoll YMCA indoor pool during Family Swim on weekends for the 8 weeks of Summer Club.
4. Tuition is charged on a weekly basis and is due in advance. Payments must reach us before the close of business (6:30 p.m.) the Friday preceding your child's attendance. If tuition is not paid in advance, your child may not attend the program the following week until paid. MasterCard and Visa credit card payments are accepted and must be paid one month in advance.
5. There will be a 10% discount on tuition for additional siblings (based on the lower fee). This does not apply to Specialty Club participants or scholarship and Care 4 Kids recipients.
6. Tuition will be charged regardless of a child's attendance and facility closings. The only exception is July 3 when the center is closed and the week's tuition will be prorated. Receipts will be placed in your child's cubby/mailbox after payment has been processed.
7. Changes in weeks registered for, must be made two weeks in advance by completing a Summer Club Change Form. The director must approve the changes and they are subject to availability. Change forms are available in the office.
8. Late Fee: Summer Club and Specialty Clubs: After 6:30 p.m., any child not picked up will be charged \$50 per 15 minutes. Repeated instances of not picking your child up by 6:30 will result in termination of services. For Specialty Clubs only: Dropping your child off earlier than or picking up your child after the contracted hours signed up for, will be charged a late fee calculated at \$10.00 per half hour or any part thereof.
9. Families will be charged an additional \$30.00 service charge for checks returned to us due to insufficient funds. We reserve the right to accept only certified checks, money orders or cash for those who repeatedly have insufficient fund checks.
10. Scholarships are available to families **that attend the program year round**. Scholarship applications are available February 1st for the summer and following school year and must be returned along with the necessary documents by April 15th in order to be considered for a scholarship. Scholarship funds are awarded prior to the start of the program. Scholarship funds are not guaranteed and subject to change at any time.
11. **Termination of Contract by Parent:** Parents may terminate their contract by giving a two week written notice of withdrawal. Without written notice, the registration fee held will be forfeited. NOTE: If you withdraw your child before his/her first day at the center all fees are non-refundable.
12. **Termination of Contract by Center:** The center reserves the right to reevaluate any child/families continued participation in the program who has needs that cannot best be met by the centers or may be detrimental to the health or progress of the other children/families.

The centers may, under these circumstances, request withdrawal. Any legal costs incurred from dismissal of a child from the program are the responsibility of the parent/guardian.

Unless the child is an immediate danger to himself or others, a two week written notice of withdrawal will be given should the Center request the withdrawal of a child. (Please see the Family Handbook for a more detailed explanation of the Policy.)
13. Changes in fees, policies, procedures or programs may be instituted at any time the organization feels it is warranted.
14. If you need information regarding the status of your account or your account balance, please call the childcare bookkeeper Monday-Friday at 203-740-3432 extension 216.



REGIONAL YMCA OF WESTERN CONNECTICUT CHILDREN'S CENTERS

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

| | | | | |
|--|-----------------------------|---------------------------|--|-----------------------------------|
| _____ Mother's/Guardian's Name | _____ Middle Name | _____ Last Name | _____ / _____ / _____ Social Security Number | |
| _____ 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 | _____ / _____ / _____ Social Security Number | |
| _____ 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 | Relationship to Child | Home Phone | | |
| Employer | Work Phone | Employer | Work Phone | | |
| Cell Phone | | Cell Phone | | | |

Physician's Name _____ Office Address _____ Town _____ Zip _____ Office Phone _____

Dentist's Name _____ Office Address _____ Town _____ Zip _____ Office Phone _____

Insurance Company _____ Policy Number _____ Office Phone _____

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.

My child is registered for the following programs :

- Grassy Plain School-age Summer Club
- Jazz/HipHop 9-4
- Jazz/HipHop 7-6:30
- Sports Camp 9-4
- Sports Camp 7-6:30
- Trendy Tweens 9-4
- Trendy Tweens 7-6:30
- Arts & Crafts 9-4
- Arts & Crafts 7-6:30
- Broadway Stars

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.
- ❖ 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 EMT's 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.
- ❖ I give permission for the YMCA to release my child to the Bethel Public School System in order to be transported to the Bethel Public Schools.

Parent/Guardian Comment(s): _____

Parent(s)/Guardian(s) Certification: I/We hereby certify I/We have read and understand this Registration Form and the Family Handbook. I/We agree to the financial terms and conditions indicated in the attached financial information sheet and the fee schedule. Both parents and/or guardians **MUST** sign this registration form.

Parent/Guardian Signature(s): _____
Date: _____ Date: _____

How did you hear about our Center? Postcard Mailer Newspaper Agency Referral
 Friend/Family Work YMCA Staff Kids Events Website Other _____

| | | | |
|--|----------|---|----------|
| <u>To be completed by Center:</u> | | First Day of Enrollment: _____ | |
| Registration Fee: | \$ _____ | Weekly Tuition Rate: | \$ _____ |
| Membership Fee: | \$ _____ | Less 10 percent (2 nd child) | \$ _____ |
| Enrollment Fee: | \$ _____ | Amount of Scholarship Awarded | \$ _____ |
| Insurance Fee: | \$ _____ | Adjusted Weekly Tuition | \$ _____ |



PARENT RELEASE FORM

The Regional YMCA of Western Connecticut does not recommend, condone or take responsibility for any private baby-sitting arrangements made with staff.

In the event that a parent does make private arrangements with a staff member, that staff member must be on file as an emergency contact person authorized to pick up your child (please refer to Page 10 of the YMCA Children's Center Family Handbook).

I understand that the Regional YMCA discourages and does not condone private baby-sitting by either YMCA staff members or volunteers.

Should I as a parent choose to ignore this policy and have an employee or volunteer act as a baby-sitter, I will not hold the Regional YMCA of Western Connecticut, Incorporated liable and I hereby discharge, release and waive the Regional Y from any and all responsibility in connection therewith.

Further, I agree that the Regional YMCA of Western Connecticut Incorporated, its officers, directors, employees, and independent contracting staff (Regional YMCA), are not liable for, responsible for and do not assume any liability, responsibility or obligations for any and all claims, damages, injuries, accidental or otherwise, including: actions or omissions by other persons if I have YMCA staff or volunteers baby-sit privately for my child(ren).

Child's Name (Please Print Name): _____

Signature of Parent/Guardian: _____

Today's Date: _____

Health Information Continued School-age:

Does your child have any problems hearing? Please explain. _____

Social Relationships/Play

Has your child been in a childcare program before? Yes No

What ages are your child's most frequent playmates? _____

Does your child play well alone? If so, doing what? _____

My child's favorite: Toy _____ Book _____ Activity _____
TV show _____ Video _____

Is your child uncomfortable with/frightened by?

Animals _____ Older Children _____ Dark _____ Loud noises _____ Odors/textures _____ Strangers _____

Thunder/lightening storms _____ Anything else _____

How does your child feel about going to school? _____

How do you comfort your child? _____

What do you, as a parent, wish for your child to gain from this experience? _____

Is there anything not covered on this form, which you feel we should know about your child?

If other than parents, please list child's guardians.

Information on other children/adults in the family:

| <i>Name</i> | <i>Age</i> | <i>Relationship</i> | <i>School/Grade</i> |
|-------------|------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

How does your child relate to siblings and other members of the household?

Are there any pets at home? Yes No Name(s): _____

YMCA Grassy Plain Summer Club

Code of Conduct

This Code of Conduct has been created for the safety and well being of all YMCA program participants. We strive to instill character in our participants by promoting four core values. Through daily experiences and activities we reinforce the values of Caring, Honesty, Responsibility and Respect. Please review this information with your child and both the parent and child please sign 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 always, by respecting others property and personal space, refraining from inappropriate touching or physically hurting others, by being respectful of staff and following 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 is grounds for immediate dismissal from the program.

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

Summer 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 member, the parent will be called and the child must be picked up immediately for the remainder of the day and 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 YMCA reserves the right to terminate childcare services at any time we deem it necessary in order to meet the needs of all the children we serve.

I agree to discuss the code of conduct with my child and to assist him/her in following the rules and being a good citizen of the YMCA community.

Parent/Guardian Signature

Date

I agree to do my best at all times and follow the Grassy Plain Club Code of Conduct.

Child's Signature

Date

YMCA Grassy Plain Summer Club Swim Permission And Permission to view PG movies Form

The Grassy Plain Summer Club Swim Program is held at the Boughton Street YMCA on Tuesdays and Thursdays from 1:00-3:00. If there is bad weather or the possibility of lightening, swim will be canceled. Campers will participate in lessons and free swim time. There will be certified lifeguards on duty at the pool as well as YMCA Children's Center Staff. Children are transported to the pool on YMCA buses.

Boughton Street closes for one week each summer for their yearly renovations; therefore we will be unable to swim that week. The tentative week is July 20, but is subject to change.

Thanks!

.....
I give my child _____ permission to participate in swim at the Boughton Street YMCA.

Parent/ guardian signature

date

.....

Movie Permission Slip

On days when it is too hot to go outside or it is raining, we sometimes watch a movie. Age appropriate PG and G movies are both offered. Please sign below to indicate which movie you would prefer your child to watch.

Thank you!

My child _____ has my permission to watch a:

PG _____

G _____

(Please check one)

Parent/guardian signature

date

**Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Medications by Daycare Personnel**

To: Daycare Nurse, Director or Teacher:

I hereby request that a staff member of the daycare facility administer the following non-prescription topical medication to my child. I understand that I must supply the child day care center with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the administration of the medication.

The authorization is limited to the following medications as listed below. I have administered the first dose of this medication to my child without adverse side effects.

- Non-prescription diaper changing ointments that are free of antibiotic, anti-fungal or steroidal components.
- Non-prescription medicated powders
- Non-prescription teething medications
- **Non-prescription sunscreen protectants that is free of amino benzoic acid (PABA) or its derivatives.**

Child's Name: _____ Date of Birth: _____

Address: _____

Medication: Name, method of administration and area of application: _____

Schedule of Administration: _____

Medication shall be administered from: (date) _____ to (date) _____

Reason this medication is being administered: _____

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Relationship to child: _____

Address: _____

Telephone: _____

For Staff Completion:

Parent Authorization Form and medication received by: _____

Staff Signature

Date: _____

Medication started on (date) _____ and (time) _____

Medication started on (date) _____ and (time) _____

**YMCA Grassy Plain Summer Club
2009 Activity/Field Trip Information and Permission Slip**

Below you'll find a permission slip for every "special" activity and field trip taking place this summer. Please complete and return this permission slip at the time of registration. You will find a more detailed explanation of the trips and activities in the Camp Information Packet. Each activity will occur @ the YMCA Children's Center unless noted otherwise. For all off-site field trips, children will be transported to the activity by the YMCA mini buses. Campers must wear their YMCA t-shirt on all off-site Field Trips in order to participate.

We reserve the right to change or cancel activities due to circumstances beyond our control. By signing the permission slip below you also acknowledge having read this statement and give permission for your child to participate in the activities on the assigned rain dates.

| Date | Raindate | Trip/Activity | Age Group |
|-------------------------------|---------------|--|---------------------|
| Week 1: Wed 6/24/09 | Thurs 6/25/09 | Moonbounce & Ice Cream Party | All |
| Week 2: Mon 6/29/09 | Wed 7/1/09 | Inflatable Waterslide | All |
| Week 3: Mon 7/6/09 | None | Maritime Aquarium, Norwalk, CT Bring lunch, souvenir money is optional | Wanderers |
| Wed 7/8/09 | None | Maritime Aquarium, Norwalk, CT Bring lunch, souvenir money is optional | Explorers |
| Fri 7/10/09 | None | Maritime Aquarium, Norwalk, CT Bring lunch, souvenir money is optional | Rangers |
| Week 4: Mon 7/13/09 | Fri 7/17/09 | Great Hollow Wilderness School, New Fairfield, CT | Explorers |
| Wed 7/15/09 | Fri 7/17/09 | Great Hollow Wilderness School, New Fairfield, CT | Rangers |
| Fri 7/17/09 | None | Fun Factor, Brookfield, CT 9:30-12:00 | Wanderers |
| Week 5: Monday 7/20/09 | None | Red Carpet Movie Event at Bethel Cinema | All |
| Tues 7/21/09 | 7/23/09 | Inflatable Waterslide | All |
| Week 6: Thurs. 7/30/09 | None | Fun Station, Danbury, CT | Explorers |
| Fri 7/31/09 | None | Fun Station, Danbury, CT | Wanderers & Rangers |
| Week 7: Mon. 8/3/09 | None | Planet Play, New Milford, CT | Wanderers |
| Wed 8/5/09 | None | Ct Sports Center-Shelton, CT bring lunch in insulated bag | Rangers |
| Fri 8/7/09 | None | Stepping Stones Museum | Explorers |
| Week 8: Wed 8/12/09 | Fri 8/14/09 | Inflatable Bouncer/ Carnival Week | All |
| | | | |

I give permission for my child _____ to participate in the activities stated above, for the YMCA Children's Center Summer Club 2009. I understand that by signing below I also give permission for my child to participate in the activities on the assigned rain dates.

parent/guardian signature

date