



Dear Families:

Welcome to the YMCA Children's Center. The facility is open from 7:00 a.m. to 6:30 p.m. year round in order to serve the various needs of families in the area. The flexibility of the program is designed to accommodate your childcare needs on a cost-effective basis and our policies are based on a thorough understanding of the requirements of today's families.

The fee schedule for the programs may be found on the attached sheet. Please note that **all payments will be made on a weekly basis on the Friday preceding your child's attendance.** This has been done to help with your budgeting process. As a non-profit childcare center, our programs have a limited number of scholarships available which are awarded on a needs assessment basis.

Upon registration, we ask that you please remit the following fees:

Deposit: Nursery School = \$300.00
 School Age = \$300.00
 Part Time Preschool = \$140.00

When a two-week notice of withdrawal is given, the deposit held will be applied against your childcare balance. **If you withdraw your child before the start of the program your child's deposit is non-refundable.**

An additional Regional YMCA Enrollment Fee of \$35.00 is due upon registration. **This fee is annual and non-refundable.**

Children must have a copy of a recent physical (including all immunization dates). The physicals must be in your child's file for their first day of attendance at the "Y" Children's Center.

All enrollments are accepted on a "first-come, first-served" basis and all required fees must be paid to reserve a space in the desired program. We do hope that you will feel free to ask for any additional information and call if you have further inquiries.

Regards,

Michele Burbage-Halberg
Preschool Child Care Director
mburbage@regionalyymca.org

Mary Stevens
School Age Childcare Director
mstevens@regionalyymca.org

Out of House Registration Non SR and SACC



Nursery School Rates School Year 2018 – 2019

FULL TIME WEEKLY RATES

Toddler/Two's	\$282
Preschool	\$250

Families will register for a FULL YEAR program (August 2018-2019). Any child that withdraws from the program will no longer have a space held for the following September.

Tuition is a yearly rate, charged on a weekly basis and is **due in advance**. Payments must reach us by the close of business (6:30 p.m.) the Friday PRECEDING your child's attendance.

PART TIME RATES

Preschool (August 29 th – mid June)	\$70 a week
Toddler/Two's (Limited spaces available)	*\$10.50 an hour

*Toddler/Two's part time must contract for set days and hours with at least an 8 hour per week minimum. This is a year round program.

School Readiness Tuition is figured on family size and gross income in accordance with the State Department of Education Sliding Fee Scale. The School Readiness grant is offered to Danbury Residents first, in accordance with School Readiness regulation and tuition is re-evaluated twice a year. Full Time School Readiness is a year round program, Part Time School Readiness runs on a school calendar from late August – June. Both programs require children to attend five days per week.



YMCA Children's Center

TUITION/FEE INFORMATION

TUITION IS DUE WEEKLY REGARDLESS OF A CHILD'S ATTENDANCE AND FACILITY CLOSING

1. It is understood that tuition will be charged according to the number of hours (days for School-Age children) for which the families have contracted. The Preschool program is a yearly tuition, split into 52 weekly payments. Families are responsible for tuition as described once the child is registered, regardless of facility closures or absences due to vacation, illness and expulsion due to lack of payment or behavior.
2. Tuition is charged on a weekly basis and **due in advance**. Payments must reach us by the close of business (6:30 pm) the Friday **PRECEDING** your child's attendance. **All accounts must be kept at a zero balance or childcare services will be suspended**. If services are suspended you will be financially responsible for your child's tuition during the time your child is asked not to attend (this includes suspension of services for expired physicals, immunizations and flu vaccine and behavior issues where applicable). Your account will need to be at a zero balance in order for childcare services to resume. Mastercard, Visa, American Express and Discover credit card payments are accepted.
 - ❖ If your payment is not made on the Friday preceding your child's attendance, your account will be considered one week in arrears and a late fee of \$10 per child, per week will be charged to your account.
3. There will be a 10% discount on tuition for additional siblings (based on the lower fee). **This does not apply to scholarship, Care 4 Kids or School Readiness recipients.**

The YMCA Children's Center is closed for only a few holiday observances and occasional inclement weather. These days are factored into the tuition yearly; the weekly rates are constant. The YMCA is also closed for a week long facility maintenance shutdown in August. Families are not charged for this week.

4. In order for us to change your child's schedule we ask that you first verify the availability of space with the Administrative Assistant or Director and put it in writing.
5. TEMPORARY schedule changes are subject to space availability (which MUST be confirmed with the office, not the child's classroom teacher) and will be billed after the fact.
6. **IMPORTANT TODDLER/TWO'S, PRESCHOOL AND SCHOOL READINESS NOTICE: If you withdraw your child for the summer or you withdraw your child during the course of the year, space will not be held for the upcoming Fall program.**
7. **For families enrolled in the School Readiness Program:** Children must attend school on a regular basis, 5 days per week, 7 hours per day, 50 weeks per year for full-time and 5 days per week, 2.5 hours per day for a minimum of 180 days per year for part-time. A child may not be absent more than 10 consecutive days for non-health reasons. If the child is absent more than 10 consecutive days they will be dis-enrolled. A child who does not attend on a regular consistent basis, for non-health reasons will be dis-enrolled. If your child is dis-enrolled from the program during the course of the school year, space will not be held for the upcoming Fall program and your deposit will be forfeited.

8. **For families whose tuition is based on an hourly rate:** Dropping off your child earlier than or picking up your child after the contracted hours will be calculated at \$10 per half-hour or any part thereof.
9. After 6:30, any child not picked up will be charged a late fee of \$50 per 15 minutes.

Please note: Repeated instances of not picking up your child by 6:30 p.m. will result in termination of services.
10. Families will be charged an additional \$30 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 or declined automatic credit card payments.
11. Receipts will be emailed or placed in individual cubbies after payments have been processed.
12. All scholarship funds are awarded prior to the start of Summer and Fall programs and again in January. Scholarship funds are not guaranteed and may be subject to change at any time. Please contact the director of your child's program for more information.
13. Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels warranted.

FEES DUE UPON ENROLLMENT

Enrollment Fee: A yearly non-refundable enrollment fee of \$35 is due at the time of registration. **This fee is waived for School Readiness families.**

Deposit: A ***one-time** deposit is due for all children at the time of enrollment. When a two-week, written notice of withdrawal is given, the deposit will be applied against your childcare balance. Anyone who does not follow this policy will forfeit their deposit.

Deposit:

School Age: \$300
 Full Time Preschool: \$300
 Full Time School Readiness: \$125
 Part Time School Readiness: \$75
 Part Time PreSchool \$140

*****Please note: If you withdraw your child before his/her first day at the center, the deposit is non-refundable.**

2018-2019 CALENDAR

The YMCA Children's Center will be closed on the following days in 2018/2019:

Shutdown – 8/20/18 thru 8/24/18
 Labor Day – 9/3/18
 Thanksgiving Day and Day After – 11/22/18 and 11/23/18
 Close at 3:00 p.m. on Christmas Eve 12/24/2018
 Observance of Christmas Day – 12/25/18 and 12/26/18
 Close at 3:00 p.m. on New Year's Eve 12/31/18
 Observance of New Year's Holiday – 1/1/19
 Memorial Day – 5/27/19
 Independence Day – 7/4/2019

Part Time Preschool calendar is given to families at the beginning of the program.

TUITION/FEE INFORMATION CONT.

The YMCA Children's Center will close for one week for renovations at the end of August. The tentative dates are listed below. This calendar is subject to change based on the school's scheduled opening for the Fall program.

2019 Facility Maintenance Shutdown

YMCA Children's Center	August 26, 27, 28, 29 and 30th of 2019	Opening for the Fall Program on Tuesday Sept 03, 2019
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TERMINATION OF CONTRACT

Families may terminate this contract by giving a two-week, written notification of withdrawal. Without this written notice, the deposit will be forfeited. Earlier notice of withdrawal, if known, would be greatly appreciated.

The Center reserves the right to re-evaluate any child's/family's continued participation in the program when there are needs which cannot best be met by the Center or may be detrimental to the health or progress of the other children/families. The Center may request withdrawal. In this case, any legal cost incurred from the dismissal of a child from the program would be the responsibility of the family.

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 the child. (Please refer to the Family Handbook, Discipline, Abuse and Neglect section.)

If you have any questions regarding these policies, please contact the Director of the program that your child attends.



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

Office Use Only:	
Date Received: _____	By: _____
Toddler/2's FT____ PT____ Days (If PT) M T W R F	
FTPS ____ FTSR____	
PTPS:____ PTSR____ 9:00 9:15	
SCHOOL AGE: BS ____ AS ____ BA ____	
PT____ Days (If PT) M T W R F	
School: _____ Grade: _____	

Forms Effective 8/27/2018 to 8/17/2019

Child's First Name Middle Name Last Name Date of Birth

Adult(s) Child Lives With Gender: Male Female First Day of Enrollment: _____

Parent/Guardian's First Name Last Name Date of Birth

Home Address City State Zip Home Phone

Employer Name and Address: Work Phone

Parent Cell (_____) _____ **Parent Email:** _____

Parent/Guardian's First Name Last Name Date of Birth

Home Address City State Zip Home Phone

Employer Name and Address: Work Phone

Parent Cell (_____) _____ **Parent Email:** _____

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. **EMERGENCY CONTACTS SHOULD BE LOCAL.**

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

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 program for the year: **2018-2019**
Check the program you wish for your child to attend (separate registration forms must be completed for each child):

Preschool Program: Toddler's/Two's *12 month program* Preschool (3's and 4's) *12 month program*
 SR Part-Time (School Year Program) Preschool Part Time (School Year Program)

School-age Program: Summer Club Before After Before & After
(A minimum of two days is required)

Grade attending in September: _____ School: _____

ATTENDANCE: Please mark the days needed including the times of AM and/or PM hours.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
AM From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
PM From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____

My child has permission to be transported to and from _____ School.

I give permission for the following:

- ❖ For my child to have his/her picture taken to be used for advertisement including but not limited to public relations, print ads, Regional YMCA website and media such as Facebook.
- ❖ For administrators, teaching staff and regulatory authorities to access my child's records.
- ❖ For my child to be transported by "Y" vehicle, (i.e. school bus, van etc.), and YMCA staff.
- ❖ For my child to participate in any field trips planned by the "Y". I understand that the "Y" 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.
- ❖ For treatment provided by EMT's and by "Y" staff trained in first aid. Also that transportation will be provided to the nearest hospital by the "Y" or emergency services at the parent's expense.
- ❖ For the "Y" to release my child to the Bethel/Danbury School system in order to be transported to the Bethel/Danbury Public Schools.

Parent/Guardian

Comment(s): _____

Parent(s)/Guardian(s) Certification: I/We hereby certify that I/We have read and understand this Registration Form and the Discipline Policy and Confidentiality Policy was discussed with me prior to enrollment. I/We agree to the financial terms and conditions indicated in the attached financial information sheet and the fee schedule as well as, the behavioral policies outlined in the Family Handbook.

Parent/Guardian Signature(s): _____

Date: _____

Date: _____

I would like to make a gift to the Regional YMCA Annual Support Campaign and help send a child to camp. (Please check if you would like to participate.) _____

To Be Completed by Center:

Registration Held \$ _____ Already On File

Enrollment Fee \$ _____ Waived SR

Date Paid _____

Cash

Check # _____

Credit Card

First Day of Enrollment: _____

Weekly Tuition Rate \$ _____

Less 10% (Sibling) \$ _____

Amount of Scholarship \$ _____

Adjusted Weekly Tuition \$ _____



PARENT RELEASE FORM

The Regional YMCA of Western Connecticut and Eastern Putnam County, Inc. 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.

I understand that the Regional YMCA discourages and does not condone private baby-sitting by either "Y" 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 and Eastern Putnam County, 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 and Eastern Putnam County Inc., 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 "Y" staff or volunteers baby-sit privately for my child(ren).

Child's Name (Please Print Name): _____

Signature of Parent/Guardian: _____

Today's Date: _____



In order for us to better aid your child with his/her language development, please provide us with the following information. Thank you.

Child's Name (Please Print): _____

Child's **Dominant Language** is: _____

Child speaks dominant language clearly:

- Occasionally
- Sometimes
- Mostly

Child understands dominant language:

- Occasionally
- Sometimes
- Mostly

If dominant language is not English, please complete the following:

Child speaks English:

- Occasionally
- Sometimes
- Mostly

Child understands English:

- Occasionally
- Sometimes
- Mostly

Is a language other than English spoken at home? (circle one) Yes No

If yes...What language? _____

What is the **primary language SPOKEN TO the child at home?** _____

What language does the CHILD USE at home? (Please check one line)

- Only English
- Mostly English and sometimes _____
- Mostly _____ and sometimes English
- Only _____

Additional Information: _____

Regional YMCA Children's Center

Preschool Health Information

Child's Name: _____ DOB: _____
Last First Middle

Does your child have any allergies? If so what?

Do parents or siblings have any allergies that may not have been detected yet in your child?

Does your child take medication regularly? If so, what? _____

Was your child born prematurely? Yes No If so, how early? _____

Please list any significant health problems.

Has your child had health problems in the past with:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sinus Infections |
| <input type="checkbox"/> Diaper rash | <input type="checkbox"/> Constipation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Pneumonia, bronchitis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Surgery. If so what? _____ |
| <input type="checkbox"/> Urinary tract/bladder infections | | |
| <input type="checkbox"/> ADHD or Family History of ADHD. Please specify. _____ | | |
| <input type="checkbox"/> Other _____ | | |

Has your child ever been hospitalized? If so, when and why? _____

Do you have any concerns about your child's health? _____

Does your child have problems with any gross or fine motor skills? (Ex.: walking, running, going up/down stairs, drawing, cutting, and picking up small objects)? Please explain.

At what age did your child walk? _____

Does your child have any speech difficulties? _____

At what age did your child talk? _____

Does your child have problems with his/her vision? Please explain. _____

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

Daily Routine

What foods does your child like? _____

What foods does your child dislike? _____

How does your child indicate bathroom needs? _____

Words used for: Urination _____ Bowel Movements _____ Body parts _____

Do accidents occur under stress or in new situations? Yes No

What are your child's regular sleeping patterns?

Awakes at _____ Naps at _____ to _____ Goes to bed at _____

Has favorite blanket, stuffed toy, or other naptime need: _____

What help does your child need to get dressed? _____

Social Relationships/Play

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

My child is: Friendly_____ Aggressive_____ Shy_____ Withdrawn_____

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 _____ DVD _____

Is your child uncomfortable with/frightened by?

Animals _____ Older Children _____ Dark _____ Loud noises _____
Odors/textures _____ Strangers _____ Thunder/lightening storms _____
Anything else? _____

Health Information Continued Preschool Program:

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): _____