



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ESCAPE to the Arts

2018-2019 After School Program Registration Packet

Child's First & Last Name _____

School _____ Grade _____

Checklist MUST be complete before starting the program:

- ___ \$25 Registration Fee (for the **2018-2019** school year)
- ___ Child / Family Information
- ___ Medical Information
- ___ Medical Forms (please attach)
- ___ Parent Permission & Agreement
- ___ Behavior Policy & Handbook (both parent & child **MUST** read)
- ___ Financial Assistance Application Form (if applying for assistance)
- ___ Meet with an ESCAPE Director prior to attending program
(both parent and child must be present)
- ___ Signed Program Payment Policy
- ___ Pre-payment of tuition (or payment plan)

If referred by an agency, organization or school, please indicate contact person:

Name

Agency

Phone

CHILD/FAMILY INFORMATION

Child's last name _____ Child's first name _____ Date of birth _____ Age in years _____

Boy / Girl _____ School _____ Grade in 2018-2019 _____

Does he/she carry a cell phone? Yes No Cell Phone # _____

Race/Ethnicity (optional): *(please circle one)* Hispanic/Latino African American/Black Asian

Caucasian/White Native American Multiracial Other

Does he/she receive free or reduced lunch at school? Yes No

Did child attend last year or the year before? Yes No

Language spoken at home _____

Home street address _____ City _____ State _____ Zip code _____

With whom does the child reside? _____ Parent's email address _____

Who will pick up child at 5:00? _____ Describe any custody or visitation restrictions _____

Mother/Guardian's name

Father/Guardian's name

Address

Address

Home Phone

Home Phone

Employer

Employer

Work Phone

Work Phone

Cell Phone

Cell Phone

Where did you hear about us?

____ Walked in/Called for information _____ School Guidance Counselor/Social Worker _____ Family & Children's Aid

____ Friends or Family _____ Other YMCA branches _____ Internet Search

____ Attended other ESCAPE program _____ Flyer at School _____ Other _____

REGISTRATION

Please check days for ALL sessions:

SESSIONS:

FALL:

September 11 –
December 20, 2018

WINTER:

January 2 –
March 15, 2019

SPRING:

March 18 –
June 7, 2019

DAY	FALL	# days per session	WINT	# days per session	SPRG	# days per session
MONDAYS		11		8		10
TUESDAYS		14		10		11
WEDNESDAYS		12		11		11
THURSDAYS		13		11		11
FRIDAYS		11		11		9

PAYMENTS/FEES:

Each child is required to pay a \$25 registration fee (\$40 if 2 children are being enrolled).

Tuition for the program is \$14 a day. If there is no program, there is no charge. However, if your child is absent from the program, you are responsible for tuition payments regardless of the reason (including sickness, school suspension or program suspension).

Pre-payment (or an agreed upon payment plan) is **required** for each session. **Payment for the total month is due five days prior to the 1st of each month. A child may not continue into the next session with an outstanding balance owed. Please see Payment Policy attached for additional details.** Financial assistance is available for those who qualify and can be provided after fully completing a Financial Assistance Application.

Payments can be made with cash, check or credit card to the Administrative Assistant. Payments will first be applied to past due balances before being applied to current balances.

Signature of Parent/Guardian	Date

FOR OFFICE USE ONLY:	
_____ \$25 Registration Fee	Financial Aid Award (% YMCA pays) _____ %
_____ Pre-pay 1 st Month	Tuition Rate per day\$ _____
_____ Payment plan details _____	

HEALTH INFORMATION

***Please attach a copy of school health records (or similar document).**

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.

Is there any other information that would be helpful for staff to be aware of in serving your child?

EMERGENCY CONTACT INFORMATION

Please list the names and phone numbers of emergency contacts for your child in the event that you are unable to be reached in an emergency. The following individuals will also be authorized to pick-up your child from camp.

Emergency contact	home #	work #	cell #
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Emergency contact	home #	work #	cell #
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Emergency contact	home #	work #	cell #
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PARENT PERMISSION & AGREEMENT

I give permission for the following:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | For my child to have his / her picture taken to be used for advertisement or other forms of public relations, including but not limited to Y website, print ads and other social media. |
| <input type="checkbox"/> | <input type="checkbox"/> | For administrators, teaching staff and regulatory authorities to access my child's records. I will share CMT scores and quarterly report cards with ESCAPE directors to track my child's academic progress in school and identify areas in which he/she needs extra help. |
| <input type="checkbox"/> | <input type="checkbox"/> | For my child to be transported by Y vehicle, (i.e. school bus, van etc.), and YMCA staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | For my child to be transported to the Greenknoll YMCA (2 Huckleberry Hill Road) and Camp Greenknoll. Children will have use of the pools, gym & locker rooms for scheduled activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I give permission 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I give permission to be contacted by email. |
| <input type="checkbox"/> | <input type="checkbox"/> | I give permission for my child to participate in taking written surveys about the program. |

I waive the Regional YMCA of Western Connecticut CT, its officers, directors, employees, and independent contracting staff (Regional YMCA), and any of their staff from liability for any injuries or illness, which may occur that, are not the result of gross negligence on their part. I also waive the Regional YMCA of Western Connecticut, and any of their staff for any injuries, which may occur in transporting the students to and from school and home, and for the purpose of participation in activities that are a regular part of the after-school program. Permission is hereby granted for any emergency medical treatment, operation, anesthesia or inoculation that might be needed.

Signature of Parent/Guardian

Date

Please read through carefully and sign at the bottom of the page.

PARTICIPATION & ATTENDANCE *Please initial each one below.*

_____ **If the Danbury Public Schools have half days or school closings, I understand that the After School Program at ESCAPE to the Arts will also be closed. However, there will be program on Tuesdays with 1 hour early dismissal.**

_____ **If my child is absent from school due to illness, I will not send him/her to ESCAPE that day.**

_____ **If my child will be absent from ESCAPE, I will notify staff by calling (203) 794-1413.**

_____ **If my child is suspended from school, he/she may not attend ESCAPE on those days.**

_____ **I understand that I am responsible for tuition payments regardless of my child's absence from the program for any reason (including sickness, and school or program suspension).**

TRANSPORTATION & DISMISSAL

I understand that transportation is provided for my child after school from Westside Academy, Rogers Park & Broadview Middle Schools to ESCAPE to the Arts. I will make arrangements to pick up my child from ESCAPE by 5:00pm. ***I understand if I am more than 1/2 hour late and have not pre-arranged it with staff, there will be a \$20 late fee per instance charged to my account.*** If I am unable to pick him/her up, I will notify staff at ESCAPE if someone else will pick up my child.

I give permission for the following person(s) to pick up my child: **(optional)**

Name	home #	work #	cell #
Name	home #	work #	cell #

I understand that if my child is planning to go to a friend's house (or have a friend come over) at the end of the program, that both myself and the other parent must give verbal permission to the Program Director (Bill) or Administrative Assistant (Joan) **no later than 4:00 that day.**

We strongly discourage students from walking home from the program. However, if you prefer your child to walk or ride a bike home at the end of the program please give verbal permission to Bill or Joan. **Students are not allowed to walk from their school to ESCAPE to the Arts.**

Signature of Parent/Guardian	Date
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Escape to the Arts
After School Program-Payment Policy
 September 2018-June 2019

	\$
Name of Child	Tuition Per Day

Families are responsible for tuition as described above once the child is registered.

Tuition is charged on a monthly basis and is due **IN ADVANCE**. Payments must reach us by the close of business (6:00 pm) **5** days before the end of the month **PRECEDING** your child's attendance.

If your payment is not made 5 days before the end of the month of your child's attendance, your account will be considered behind and a late fee of \$5 per child, per week will be charged to your account.

Payments can be made with cash, check or credit card to the Administrative Assistant. Payments will first be applied to past due balances before being applied to current balances.

- Checks MUST be made payable to: **Regional YMCA of Western CT** (*not ESCAPE to the Arts*).
- Mastercard, Visa, American Express and Discover credit card payments are accepted.

*Families will be charged a **\$30 service charge** for checks returned to us due to insufficient funds.

All accounts must be kept at a zero balance. If at any time your account becomes 4 weeks behind, childcare services will be suspended. To return to the program, full payment for past due balances and tuition for upcoming week are due prior to your child's return to the program.

Changes to enrollment or withdrawal from the program must be given **in writing one week prior to changes**. 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. **TEMPORARY** schedule changes are subject to space availability (which **MUST** be confirmed with the office) and will be billed after the fact.

If there is no program, there is no charge. However, if your child is absent from the program, you are responsible for tuition payments *regardless of the reason* (including sickness, school suspension or program suspension).

All scholarship funds are awarded prior to the start of the program. If adjustments are needed to your payment amount, a request must be made in writing. Scholarship funds are not guaranteed and may be subject to change at any time. Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels warranted.

FEES DUE UPON ENROLLMENT:

- A yearly non-refundable Registration Fee of \$25 is due at the time of registration.
- Payment for the first month of enrollment.

I understand the payment policy as outlined above.

 Parent/Guardian Signature

 Date



**Regional YMCA of Western Connecticut
ESCAPE to the Arts**

After School Program - Payment Policy
Septiembre 2018 - Junio 2019

	\$
Nombre del Niño (a)	Matricula por día

Las familias son responsables por la matricula como se menciona arriba tan pronto el niño(a) se registra.

La matrícula se carga sobre **una base mensual y se debe de antemano**. Los pagos deberán llegar a nosotros por el cierre de las operaciones (6:00 pm) 5 días antes del final del mes anterior a la asistencia de su hijo.

Si el pago no se realiza 5 días antes del final del mes de asistencia de su hijo, su cuenta será considerada por detrás y un cargo de \$ 5 por niño, por semana le será cargado a su cuenta .

Pagos se mandan al asistente administrativo y pueden ser hechos en efectivo, cheques o tarjeta de crédito. Pagos se aplicaran primero a saldos vencidos antes de ser aplicados al saldo actual.

- Cheques TIENEN que ser hechos a nombre de: **Regional YMCA of Western CT** (*no Escape to the Arts*)
- Se aceptan tarjetas de crédito de Mastercard, Visa, American Express y Discover.

Se le cobrará un cargo por **servicio de \$30** por familia si el cheque es devuelto por falta de fondos.

Todas las cuentas tienen que mantenerse con un balance de cero. Si en algún momento, su cuenta se atrasa por 4 semanas, los servicios de cuidado de niño(a) serán suspendido. Para regresar al programa, tendrá que pagar todo el balance atrasado y pagar por la semana siguiente antes que su hijo(a) vuelva al programa.

Cambios en la matricula o retiro del programa tienen que ser hechos **por escrito una semana antes del cambio**. Para que nosotros cambiemos el horario de su hijo(a), le pedimos que primero verifique si hay espacio con el asistente administrativo o director y póngalo por escrito. Cambios de horario TEMPORARIOS son hechos dependiendo de la disponibilidad de espacio (que TIENE que ser confirmado por la oficina) y una factura se le enviará después.

Si no hay programa, no se cobra. Sin embargo, si su hijo(a) falta al programa, usted es responsable por el pago independiente de la razón (ya sea por enfermedad, suspensión de la escuela o del programa).

Todas las becas serán dadas antes del inicio del programa. Si se necesita hacer algún ajuste a su pago, tiene que hacer una solicitud por escrito. Las becas no son garantizadas y pueden ser sujetos a cambio en cualquier momento. Cambios en costos, pólizas, procedimientos y/o programas pueden ser instituidas en cualquier momento la organización la desee.

Pagos que se necesitan al momento de la inscripción

- Un cargo de matricula anual de \$25 no re-reembolsable tiene que ser pagado el día de registración
- Pago por la primera semana de inscripción.

Yo entiendo la póliza de pago como se indica en este contrato.

Firma de Padre/Guardián

Fecha