



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



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.**

2019-2020 CALENDAR

The YMCA Children's Center will be closed on the following days in 2019/2020:

- Independence Day – 7/4/2019
- Shutdown – 8/19/19 thru 8/23/19
- Labor Day – 9/2/19
- Thanksgiving Day and Day After – 11/28/19 and 11/29/19
- Close at 3:00 p.m. on Christmas Eve 12/24/2019
- Observance of Christmas Day – 12/25/19 and 12/26/19
- Close at 3:00 p.m. on New Year's Eve 12/31/19
- Observance of New Year's Holiday – 1/1/20
- Memorial Day – 5/25/20

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 19, 20, 21, 22 & 23 of 2019	Opening for the Fall Program on August 26, 2019 Part-Time Preschool August 28, 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.



**REGIONAL YMCA OF WESTERN CONNECTICUT
YMCA CHILDREN'S CENTER
2019-2020 SCHOOL YEAR REGISTRATION FORM**

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

Grade in school for 2019-2020 school year: _____ School child attends: _____

SCHOOL AGE WEEKLY RATES:

	Bethel Students	Danbury Students: includes cost of transportation
<input type="radio"/> Before School Only	\$105	\$115
<input type="radio"/> After School Only	\$148	\$158
<input type="radio"/> Before and After School	\$176	\$186

SCHOOL AGE DAILY RATES: (Two day/week minimum pending space)

	Bethel Students	Danbury Students- includes transportation	# days	Total tuition	PLEASE CIRCLE DAYS ATTENDING
<input type="radio"/> Before School Only	\$25/day	\$27/day			Monday Tuesday Wednesday Thursday Friday
<input type="radio"/> After School Only	\$42/day	\$44/day			Monday Tuesday Wednesday Thursday Friday
<input type="radio"/> Before and After School	\$52/day	\$54/day			Monday Tuesday Wednesday Thursday Friday

- 1. All weekly rates are flat rates. If you choose not to come, your full weekly tuition is still due. For before school participants, days off due to the weather, one day school holidays and delays are included in the tuition. For after school participants, early dismissals, one day school holidays and days off from school due to weather are included in the tuition rate.**
- 2. Daily rates are flat rates and include one day school holidays, days off from school due to weather, delays for before school only participants and early dismissals only if it occurs on the days you are registered for. Days may not be switched.**
- 3. There are only a certain number of slots in each classroom allocated for part time. Part time slots will be granted on a first come-first served basis.**
- 4. Tuition may be different for spring and winter break depending on the school calendar. If you choose not to come these weeks, your regular weekly tuition is still due.**
- 5. Tuition is a yearly rate, charged on a weekly basis and will be due regardless of facility closings and absences due to vacations or illness.**



**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 6/17/2019 to 8/14/2020

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

Gender: Male Female First Day of Enrollment: _____

Adult(s) Child Lives With

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) listed on this application and to the following person(s) except as required by law.

LEGAL AUTHORITIES WILL BE CONTACTED FOR CHILDREN LEFT AT THE CENTER MORE THAN 30 MINUTES PAST CLOSING TIME IF NO DIRECT CONTACT HAS BEEN MADE WITH A PARENT/GUARDIAN/EMERGENCY CONTACT THAT ENSURES THE CHILD WILL BE PICKED UP IMMEDIATELY. EMERGENCY CONTACTS MUST BE LOCAL.

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

First Name	Last Name	Address	City	State, Zip	Relationship to Child	Home/Cell Phone
Employer	Work Phone	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: **2019-2020**
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 Fall 2019: _____ 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:

First Day of Enrollment: _____

Registration Held \$ _____ Already On File
Enrollment Fee \$ _____ Waived SR
Date Paid _____
 Cash
 Check # _____
 Credit Card

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: _____



**Regional YMCA of Western Connecticut
YMCA Children's Center School Age
Code of Conduct**

This Code of Conduct has been created for the safety and well-being of all "Y" program participants. We strive to instill character in our children by promoting four core values. Through daily experiences and activities, we reinforce the values of Caring, Respect, Honesty and Responsibility. Please review this information with your child and both parent/guardian and child will 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 other's property and personal space, refraining from inappropriate touching or physically hurting others, by being respectful to staff and following the "Y" 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.

Classroom 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*. 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 we deem it necessary in order to meet the needs of all children we serve.

I will 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 Y community.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

I agree to do my best at all times and follow the YMCA Children's Center Code of Conduct.

Child's Name (Please Print): _____

Child's Signature: _____ Date: _____



Regional YMCA Children's Center School-Age Health Information

Child's Name _____
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? _____

Please list any significant health problems.

Has your child had health problems in the past with:

- Ear Infections
 - Constipation
 - Pneumonia, bronchitis
 - Surgery. If so what? _____
 - ADHD or Family History of ADHD. Please specify.
 - Eczema
 - Asthma
 - Seizures
 - Sinus Infections
 - Urinary tract/bladder infections
-

Other _____

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

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

Please list any significant behavioral problems we should be aware of: _____

****Please complete both sides****

Social Relationships

Has your child been in an after school or child care program before? Yes No

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

Is your child uncomfortable with/frightened by?

Animals _____ Older Children _____ Dark _____ Loud noises _____ Thunder/lightening storms _____

Anything else? _____

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</i>	<i>Grade</i>

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





Permission for Danbury/Bethel Public Schools to share Data with the YMCA Children's Center

I give Danbury and Bethel Public Schools permission to share my child's information/data such as SBAC and other language arts/literacy assessments to include but not be limited to, the MAP, STAR, DIBELS and the DRA2, for purposes of grant monitoring, program planning, data collection and tracking beginning in January 2019 and through the 2019-20 school year. If my child leaves the YMCA program, but remains in the Danbury/Bethel School system, I give permission for Danbury/Bethel Public Schools to share this literacy data until my child completes third grade for the purposes of an educational study. In addition, I give permission to the YMCA and Danbury/Bethel Public Schools to communicate and share information regarding my child to better serve his/her educational needs.

Child's Name

Date of Birth

School

Grade as of 8/2019

Parent/Guardian Signature

Date

Movie Permission Slip



When there are rainy days or days off from school we sometimes watch movies. An appropriate PG and G movie are both offered. Please sign the permission slip below and indicate which movie you would prefer for your child to watch.

My child has permission to watch the following movie:

_____ G Movie
_____ PG Movie

Please check one.

Child's Name: _____

Parent Signature: _____

Please note: By checking PG your child will have the choice of either movie offered