



**YMCA CHILDREN'S CENTER
2019 SUMMER CLUB AT GRASSY PLAIN**

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

Grade completed as of 6/2019 _____ (Must have completed Kindergarten)

FREE T-SHIRT IF YOU REGISTER BY APRIL 1st WHILE SUPPLIES LAST. PLEASE CHECK SIZE PREFERENCE BELOW:

| | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Small |
|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|

Please check weeks attending:

- You will have until **May 1st** to finalize your weeks. After that date you are financially responsible for all weeks registered for.
- Trip/Activity money (cash only) is due at time of registration.** If there is a change to weeks registered for by May 1st, that week's activity money will be refunded. Activity Fees will not be refunded if changes are made after May 1st.

| Check if attending week | Date | Theme | In House Activities/Field Trips | Trip/Activity COST |
|--|-----------------|-------------------------------------|--|--------------------|
| <input type="checkbox"/> \$280 | *6/17/19 | Protectors of the Universe! | Ninja Warrior Course 6/21/19 | \$5.00 |
| <input type="checkbox"/> \$280 | 6/24/19 | Welcome to the Hidden Temple | Inflatable Obstacle Course 6/28/19 | \$5.00 |
| <input type="checkbox"/> \$224 | **7/1/19 | Holiday Hoopla | Barbeque and Lawn Games 7/5/19 | \$5.00 |
| <input type="checkbox"/> \$280 | 7/8/19 | Cosmic Carnival | Camp Carnival 7/12/19 | \$6.00 |
| <input type="checkbox"/> \$280 | 7/15/19 | The "Magic" of Science | Magic Show 7/19/19 | \$6.00 |
| <input type="checkbox"/> \$280 | 7/22/19 | Game ON | Trip to Danbury Sports Dome 7/26/19 | \$8.00 |
| <input type="checkbox"/> \$280 | 7/29/19 | Just Keep Swimming | Inflatable Water Slide 8/2/19 | \$6.00 |
| <input type="checkbox"/> \$280 | 8/5/19 | Camp Casting Call | Trip to Movie Theater 8/9/19 | \$8.00 |
| <input type="checkbox"/> \$280 | *8/12/19 | Color Games | GIANT Board Games/Moon Bounce Party 8/16/19 | \$6.00 |
| Total Due for Activities (\$55 for all weeks) | | | | \$ |

One inclusive fee: 7:00-6:30 \$280

***date is subject to change based on last day of school/first day of school in fall**

**** No Camp July 4th -tuition prorated**

Permission Slip

I grant my child permission to participate in the Summer Club Field Trips and Activities listed above. **I have included \$_____ CASH for the Activity Fees.**

Parent/Guardian Signature

date



**Regional YMCA of Western CT
Summer Club at Grassy Plain
2019 Tuition Payment Policy and Authorization Form**

Camper's Name _____ Date of Birth: _____

- 1. If registering for one week of Summer Club, the full week's tuition (\$280) is due upon registration.**

- 2. For campers registering for two or more weeks of Summer Club:** \$315 is due upon registration. This includes a \$35 registration fee and a \$280 deposit which will go towards your last week of camp. If you withdraw your child before the start of the program, or do not give 2 week notice of withdrawal once the program has started, these fees are non-refundable.

- 3.** Trip/Activity money is due at the time of registration and must be paid in cash. If there is a change in weeks registered for by May 1st, that week's activity money will be refunded. After that date, you are financially responsible for all weeks registered for. If changes are made after May 1st, activity fees will not be refunded.

- 4. Tuition Payments are due each Friday for the following week of camp and will be automatically charged each week to the credit card or checking account you provide us below. We cannot complete the registration process without this form completed as part of the registration process.**

- 5.** There will be a 10% discount on tuition for additional siblings (based on the lower fee). This does not apply to scholarship and Care 4 Kids recipients.

- 6.** Tuition is due regardless of a child's attendance and facility closing. The only exception is July 4th week, when we close on July 4th. That week will be prorated to charge only four days.

- 7.** A late fee of \$50 per 15 minutes will be charged to the card/account on file for late pick-ups after 6:30 p.m. Repeated instances of not picking up by 6:30 p.m. will result in termination of services.

- 8. 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.

- 9. Termination of Contract by Center:** The center reserves the right to reevaluate any child/families continued participation in the program that has needs that cannot best be met by the center or may be detrimental to the health or progress of the other children/families. The center 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 this policy.)
- 10.** Changes in fees, policies, procedures or programs may be instituted at any time the organization feels it is warranted.
- 11.** If you need information regarding the status of your account or your account balance, please call the office at 203-744-4890.

BILLING INFORMATION

Please choose one form of payment and complete all the information requested.

CREDIT CARD INFORMATION

| | |
|-------------------------------------|--|
| CARD HOLDER'S NAME AS SHOWN ON CARD | |
| TYPE OF CREDIT CARD | |
| BILLING ADDRESS | |
| BILLING ZIP CODE | |
| CARD NUMBER | |
| 3 OR 4 DIGIT CODE SECURITY CODE | |
| EXPIRATION DATE | |

I authorize payment using the credit card information above. I understand that my card will be charged each Friday for the following week's tuition.

Signature

Date

ELECTRONIC FUNDS INFORMATION

| | |
|------------------------|--|
| Bank Name | |
| Name on Account | |
| Routing Transit Number | |
| Account Number | |

I authorize my bank to honor preauthorized Electronic Funds Transfers against my account for childcare payments. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by bank, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Signature

Date



**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____ SC____
 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**

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) 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 | | 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: **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:

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

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:

| Name | Age | Relationship | School | Grade |
|-------------|------------|---------------------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

CAMP ONLY

The Grassy Plain Summer Club Swim Program is held at the Greenknoll YMCA Camp outdoor pool. Each swim day indicated below they will get 1 hour of swim time. Swim schedules are as follows:

Group 1: Monday/Wednesday 12-1

Group 2: Monday/Wednesday 1-2

Group 3: Tuesday/Thursday 12-1

Group 4: Tuesday/Thursday 1-2

If there is bad weather or the possibility of lightning, swim will be canceled. 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.

Thanks!

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

Parent/Guardian signature

Date

.....

Movie Permission Slip

YEAR ROUND

On days when it is too hot to go outside or it is raining or days off from school 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