



GREENKNOLL SCHOOL AGE CHILD CARE 2019 Summer Club

Fees due at the time of registration: \$20 Registration Fee + First Week's Tuition
Weekly tuition rates listed on payment sheet

Child's First Name _____ Last Name _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip _____

Adult(s) Child Lives With _____ E-mail address for parent/guardian contact _____

Parent/Guardian First Name _____ Last Name _____ (_____) _____
Home Phone Number _____

Home Address _____ City _____ State _____ Zip _____

Employer Name & Address _____ (_____) _____
Work Phone Number _____

Cell (_____) _____ Email _____

Parent/Guardian First Name _____ Last Name _____ (_____) _____
Home Phone Number _____

Home Address _____ City _____ State _____ Zip _____

Employer Name & Address _____ (_____) _____
Work Phone Number _____

Cell (_____) _____ Email _____

My child will attend the following weeks of Summer Club for the 2019 season: GRADE ENTERING IN SEPTEMBER 2019:
(must have completed kindergarten) _____

- | | |
|--|-------------------------------|
| _____ Week of 6/24/2019 Fee: \$295 | Fieldtrip: Monster Mini Golf |
| _____ Week of 07/01/2019 (Closed 7/4) Fee: \$236 | Fieldtrip: Riverside Reptiles |
| _____ Week of 07/09/2019 Fee: \$295 | Fieldtrip: Quassy Park |
| _____ Week of 07/15/2019 Fee: \$295 | Fieldtrip: Circus Moves |
| _____ Week of 07/22/2019 Fee: \$295 | Fieldtrip: Lake Compounce |
| _____ Week of 07/29/2019 Fee: \$295 | Fieldtrip: CT Science Center |
| _____ Week of 08/05/2019 Fee: \$295 | Fieldtrip: Splash Down |
| _____ Week of 08/12/2019 Fee: \$295 | Fieldtrip: Mad Science |

Please keep in mind that registration is on a first come-first serve basis and spaces are limited. You will be responsible for tuition for any week that you register for regardless if your child attends. All changes must be done in writing 2 weeks prior to the change.

**Field trips or activities are subject to change ** We reserve the right to change or cancel any field trip or activities.

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.

ALLERGIES & MEDICATIONS: Please describe any health conditions that would be relevant to emergency treatment of your child (ex: diabetes, epilepsy, allergy to food(s)/medication(s)/bee sting) and any medication taken.

EMERGENCY CONTACT INFORMATION: (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 contact for children left at the center 1 hour after closing time. 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		

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

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

PARENT/GUARDIAN CONSENT: I give permission 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 print ads, the Y website, and other social media.
- be transported by Y vehicle, (i.e. school bus, van etc.), and YMCA staff.
- be escorted by Y School Age staff to and from the Y's main building (2 Huckleberry Hill Road) and the Y's Annex (60 Old New Milford Road) and the Y Camp Greenknoll grounds. Children will have use of the pools, gym & locker rooms for scheduled activities.
- to participate in any field trips and activities listed on this registration. I understand that the Y will provide transportation by school bus.

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 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.

I give permission for the Y to release my child to the Brookfield/Danbury School system in order to be transported to the Brookfield/Danbury Public Schools.

I give permission to be contacted by email. For administrators, teaching staff and regulatory authorities to access my child's records

Parent/Guardian Signature: _____ Date: _____

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.

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 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, 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).

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

Parent/Guardian Signature: _____ Date: _____

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 and may not attend the Y the following 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 Signature: _____ Date: _____

Tuition & Payment Policies

1. Tuition is billed weekly and is due in advance. Payment must be made by the Wednesday prior to each week.
2. Any balances still outstanding will be subject to a \$20 late fee if they remain unpaid as of Wednesday.
3. If your account balance is delinquent for two consecutive weeks you will receive a notice of termination. If the balance remains unpaid by Wednesday of the second week, services will be terminated.
4. Changes to your child's weeks of enrollment must be made in writing at least 2 weeks in advance and are subject to availability.
5. A \$20 registration fee as well as tuition for the first week of enrollment is due at the time of registration.
6. There will be a 10 percent discount on tuition for additional siblings (based on the lower fee). This does not apply to Scholarship or Care 4 Kids recipients.
7. YMCA Children's Centers are closed for only a few holiday observances. These days are factored into the tuition yearly; the weekly rates are constant. The only exceptions to the consistency of weekly rates are based on circumstances impacting a particular Center and families will be notified well in advance. The YMCA Children's Center will be closed on the following days in the Summer of 2019:

July 4th 07/04/18

8. In order for us to consider a PERMANENT change of schedule for your child, the following MUST occur:
 - a. You MUST verify the availability of space with the administrative assistant or director.
 - b. If space is available, you MUST notify the director in writing at least 2 weeks prior to the change.
9. TEMPORARY schedule changes are subject to space availability (which MUST be confirmed with the director) and will be billed after the fact.
10. A parent or authorized individual picking up a child after 6:30 p.m. is considered late and will be charged a late fee of \$50 per 15 minutes. A parent or authorized person remaining in the Center with the child after 6:30 p.m. are considered late and will be charged as noted. Repeated instances of not picking up your child by 6:30 p.m. (closing time) will result in termination of services.
11. 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.
12. *All scholarship funds are awarded prior to the start of the summer and fall programs. 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 it is warranted.
14. TERMINATION OF CONTRACT/WITHDRAWAL FROM THE PROGRAM must be done in writing at least 2 weeks prior to the withdrawal date.

I/We hereby certify that I/We have read and understand the tuition and payment policies. I/We agree to the financial terms and conditions indicated in the financial information sheet and the fee schedule as well as the behavioral policies outlined in the Family Handbook.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Child's Date of Birth: _____

REGIONAL YMCA OF WESTERN CT
GREENKNOLL CHILDREN CENTER'S ANNEX
PAYMENT POLICIES AND CREDIT CARD AUTHORIZATION

AN UPDATED PAYMENT FORM MUST BE SUBMITTED EACH YEAR

PAYMENT AUTHORIZATION SUMMER CLUB 2019

Child's Name: _____ Child's Date of Birth: _____

1. The \$20 registration fee as well as the first week's tuition is due at the time of enrollment.
2. Subsequent weeks will be billed the Wednesday prior to each week.
3. Accounts not paid by the payment due date will be billed a \$20 late payment fee and may result in withdrawal from the program.
4. Changes to your child's enrollment schedule must be done in writing at least 2 weeks in advance and is subject to availability.
5. Enrollment is done on a first come, first serve basis.

Parent/Guardian Signature: _____ Date: _____

PAYMENT OPTIONS:

- Cash or Check (due the Wednesday prior to each week.)
- Credit Card- Weekly (billed the Wednesday prior to each week)
- Credit Card- Monthly (billed on the 1st of each month based on the number of Wednesdays in the month)
- One time in the amount of : _____

If you wish to pay tuition payments with your credit card, please complete the authorization below. Applicable registration fees will also be billed to the credit card provided at the time of registration.

Credit Card Number: _____ Exp. Date: _____

Name as Shown on Card: _____ Security Code: _____

Billing Address: _____

Payments will be charged to my credit card until further notice. I understand that 10 days notice must be given to make changes to the billing method.

Parent(s) Signature: _____ Date: _____