



**YMCA CHILDREN'S CENTER  
2021 SUMMER CLUB AT GRASSY PLAIN**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Grade completed as of 6/2021 \_\_\_\_\_ (Must have completed Kindergarten)

**Please check weeks attending:**

- You will have until **May 1<sup>st</sup>** to finalize your weeks. After that date you are financially responsible for all weeks registered for.
- **Activity money (cash only) is due at time of registration.** If there is a change to weeks registered for by May 1<sup>st</sup>, that week's activity money will be refunded.

Check if attending week	Date	Theme	In House Activities	Activity COST
<input type="checkbox"/> <b>\$280</b>	*6/21/21	<b>ALL ABOUT ME</b>	<b>Creating our own stories</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	6/28/21	<b>STEAM WEEK</b>	<b>Egg Drop</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$224</b>	**7/5/21	<b>CELEBRATING AMERICA</b>	<b>Barbeque!</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	7/12/21	<b>EXPLORING ART</b>	<b>Painting our own canvases</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	7/19/21	<b>GAME WEEK</b>	<b>Minute To Win It!</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	7/26/21	<b>SPORTS WEEK</b>	<b>Camp Relay Races</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	8/2/21	<b>BEACH BASH</b>	<b>Smoothie Bar</b>	<b>\$5.00</b>
<input type="checkbox"/> <b>\$280</b>	8/9/21	<b>CAMP REWIND</b>	<b>Camp Wide Awards End of Camp Celebrations!</b>	<b>\$5.00</b>

\*Subject to change based on school dismissal dates  
\*\*Closed 7/5/2021 in observance of Independence Day

**Permission Slip**

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **date**





Office Use Only:  
 Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
 FTSP \_\_\_\_\_ FTSR \_\_\_\_\_  
 PTPS: \_\_\_\_\_ PTSR \_\_\_\_\_ 9:15 -11:45  
 SCHOOL AGE: BS \_\_\_\_\_ AS \_\_\_\_\_ BA \_\_\_\_\_  
 PT \_\_\_\_\_ Days (If PT) M T W R F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Forms Effective 6/21/2021 to 8/19/2022**

\_\_\_\_\_  
**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 (closing time is 5:30 p.m.) 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: **2021-2022**

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

- Preschool (3's and 4's) \*12 month program\*
- School Readiness (3's and 4's) \*12 month program\*
- School Readiness 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.

**REMINDER: THE YMCA CHILDREN'S CENTER CLOSSES AT 5:30 P.M.**

<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. I am aware the Family Handbook is available online at [www.regionallymca.org](http://www.regionallymca.org) and my signature below indicates I agree to follow all the policies and procedures outlined in the handbook which is updated annually.

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:** \_\_\_\_\_







**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: \_\_\_\_\_







## 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 2021 and through the 2021-22 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 8/2021

---

Parent/Guardian Signature

---

Date





## Movie Permission Slip

### YEAR ROUND

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



*\*We will only be accepting credit cards or payments deducted directly from your checking account and they will be automatically ran each week, the Friday before the week occurs or a month ahead, however you specify below*



## REGIONAL YMCA OF WESTERN CT CHILDREN'S CENTER CREDIT CARD AUTHORIZATION FORM

Please complete the following to process your credit card payment. **This information will be kept on file.**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ wish to add my credit card information to my child's account. My child is registered at the Grassy Plain facility. I have provided the following confidential information:

1. **Type of Card:**  Visa  Master Card  Discover  Amex
2. **Credit Card Number:** \_\_\_\_\_
3. **Expiration Date:** \_\_\_\_\_
4. **Name as shown on card:** \_\_\_\_\_
5. **Security Code (3 Digit):** \_\_\_\_\_
6. **Current Address and Phone:** \_\_\_\_\_  
\_\_\_\_\_

**I authorize payment using the credit card information above. I understand that my credit card will be charged on a recurring basis. Please charge my card:**  
**\_\_\_\_\_ Weekly**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**







## INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp/childcare programs during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

o People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance. <sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

o Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

---

Signature of Staff or Parent/Guardian

---

Printed Name

---

Child's Name (if a parent/guardian)

---

Date

<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.





## RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

I \_\_\_\_\_ have elected to send my child(ren) (print names of child(ren):

\_\_\_\_\_ to the Regional YMCA Children's Center during the COVID-19 outbreak. I understand there may be health risks involved in this decision. In consideration for the YMCA Children's Center agreeing to accept my child(ren) in its program, the receipt and sufficiency of which is hereby acknowledged, I hereby release, forever discharge and agree to hold harmless the YMCA Children's Center, its Board of Directors, and its employees as well as its affiliates, successors and assigns from any and all liability whatsoever, whether known or unknown, resulting from this decision including, but not limited to, any potential exposure to COVID-19 as well as any and all damages my children or I may sustain if my child(ren) or anyone else in my family contracts COVID-19. I understand that this release, waiver and hold harmless agreement is binding on myself as well as my child(ren) and our respective heirs, executors, administrators, personal representatives, successors and assigns. This release, waiver and hold harmless agreement shall be governed by Connecticut law.

I further agree to notify the YMCA Children's Center immediately if my child, or anyone in my child's home has been confirmed to have COVID-19, or has had contact with anyone under investigation for COVID-19 within the last 14 days.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_