



**GREENKNOLL SCHOOL AGE CHILD CARE
2021-2022 School Year**

\$25 Registration Fee & \$100 Deposit due at registration.

Deposit will be applied to the first week's tuition and is non-refundable after August 15th.

Child's First Name	Last Name	Date of Birth	Gender
Home Address	City	State	Zip code
Adult(s) Child Lives with	Primary e-mail address for parent/guardian contact		
21-22 School Attending	21-22 Grade Level	First day of enrollment	

Parent/Guardian 1 First Name	Last Name	() Home Phone Number
Home Address	City	State Zip
Employer Name & Address	() Work Phone Number	
() Cell Phone Number	Email Address	Date of Birth
Parent/Guardian 2 First Name	Last Name	() Home Phone Number
Home Address	City	State Zip
Employer Name & Address	() Work Phone Number	
() Cell Phone Number	Email Address	Date of Birth

For the 21-22 school year my child will attend: All Before & After School Programs are 5 days a week
(check all that apply) Before School After School.

If the district is operating in a remote learning model, my child will attend the Y for remote learning on: (check all that apply) Monday Tuesday Wednesday Thursday Friday

If the district is operating in a hybrid learning model, my child will attend the Y for:

Remote Learning on:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Before School on:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School on:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

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 Street Address Town Office Phone

Dentist's Name Office Street Address Town 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 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.

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 Friday prior to each week.
2. Any accounts with an outstanding balance will receive a bill each Monday. Any balances still outstanding will be subject to a \$10 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 Friday of the second week, services will be terminated.
4. Tuition for each week is due regardless of attendance and an additional fee may be imposed for the week of April Vacation.
5. Weekly tuition is due regardless of your child's attendance.
6. A \$25 registration fee as well as a \$100 deposit is due at the time of registration. This deposit is non-refundable after August 15th, 2021 and will be applied to your first week's tuition.
7. 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.
8. 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 2021-2022 school year:

Labor Day 09/06/21	Christmas Eve 12/24/21
Thanksgiving 11/25/21	Memorial Day 05/30/22
Day after Thanksgiving 11/26/21	
9. 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.
10. TEMPORARY schedule changes are subject to space availability (which MUST be confirmed with the director) and will be billed after the fact.
11. A parent or authorized individual picking up a child after 6:00 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 6:00 p.m. are considered late and will be charged as noted. Repeated instances of not picking up your child by 6:00 p.m. (closing time) will result in termination of services.
12. 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.
13. *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.*
14. Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels it is warranted.
15. 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: _____



INFORMED CONSENT

(this form is for use for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

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

- 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](#).¹ Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- 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

¹ 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.



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 2021-2022

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

1. Tuition is billed weekly and is due the Friday prior to each week.
2. Any accounts with an outstanding balance will receive a bill each Monday. Any balances still outstanding will be subject to a \$10 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 Friday of the second week, services will be terminated.
4. Tuition for each week is due regardless of attendance and an additional fee may be imposed for the week of April Vacation.
5. A \$25 Registration Fee and a \$100 deposit is required at the time of registration. The deposit will be applied to the first week's tuition and is non-refundable after August 15th.

Parent/Guardian Signature: _____ Date: _____

PAYMENT OPTIONS:

- Cash or Check (due the Friday prior to each week.)
- Credit Card- Weekly (automatically billed the Saturday prior to each week)
- One time in the amount of: _____ on _____ (date)

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.

Payment Notes: _____

Parent(s) Signature: _____ Date: _____



2021-2022 School Age Weekly Fees- Before & After School

BROOKFIELD SCHOOLS (CES, HHES, & WMS)			
	<u>BEFORE SCHOOL ONLY</u> (Additional charges for days off from school)	<u>AFTER SCHOOL ONLY</u> (Includes days off and early dismissals)	<u>BEFORE & AFTER SCHOOL</u> (Includes days off and early dismissals)
Kind- 4 th	\$74	\$106	\$138
5 th Grade +	N/A	\$117	N/A

DANBURY SCHOOLS (Stadley Rough, Hayestown, Great Plain, Broadview, AIS Magnet)			
	<u>BEFORE SCHOOL ONLY</u> (Additional charges for days off from school)	<u>AFTER SCHOOL ONLY</u> (Includes days off and early dismissals)	<u>BEFORE & AFTER SCHOOL</u> (Includes days off and early dismissals)
Kind- 5 th	\$89	\$121	\$153
6 th Grade +	N/A	\$131	N/A
AIS Magnet	N/A	\$118	\$160

2021-2022 HYBRID/REMOTE MODEL RATES

(These options will only available if the school district operates in a remote or hybrid model during the 21-22 school year)

Program Option			Brookfield	Danbury
<u>5 days/ week</u>	#1	<u>Remote:</u> 5 days full remote learning	\$255	\$255
	#2	<u>Hybrid:</u> 2 Days of Before and/or After School & 3 days remote learning	\$235	\$245
	#3	<u>Hybrid (modified services):</u> 4 Days of Before and/or After School & 1 day remote learning	\$182	\$192
	#4	<u>Hybrid (Brookfield Kindergarten ONLY):</u> 4 half days & 1 day remote learning.	\$180	N/A
<u>4 days/ week</u>	#5H	<u>Hybrid:</u> 2 Days of Before and/or After School & 2 days remote learning	\$180	\$190
	#5R	<u>Remote:</u> 4 days of remote learning	\$205	\$205
<u>3 days/ week</u>	#6	3 Full days of remote learning	\$180	\$180