



Dear Families,

Welcome to the YMCA Children's Center. We are happy you will be joining us.

Out of house family registration begins March 1, 2023.

The facility is open from 7:30 a.m. to 5:30 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 in this packet. If you do not plan on attending one of the programs, either Summer Club or Fall, please "X" out the one you DO NOT need. If you are registering for both, please check the appropriate boxes on each form. Please note that **all payments will be made on a weekly basis on the Friday preceding your child's attendance.** All payments will be electronically withdrawn weekly from the credit card or checking account you provide. As a non-profit childcare center, our programs have limited number of scholarships available which are awarded on a need assessment basis.

The applicable fees will be charged to the account provided:

Deposit: Summer Club \$290.00
School Age \$300.00
Enrollment fee: \$40.00

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 and enrollment fee is non-refundable.**

Children must have a copy of a recent physical (including all immunization dates). The physical must be in your child's file for the 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,

Debbie D'Ostilio

School Age and Camp Director

ddostilio@regionallymca.org

SACC OUT OF HOUSE 2023-24 Registration



**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/School Age program is a yearly tuition, split into weekly payments. Summer Club offers the flexibility of registering for the weeks you need. 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**. We will only be accepting credit cards or payments deducted directly from checking accounts and they will automatically run each week, the Friday before the week occurs. In the event the charge does not go through you will be notified by email and it is your responsibility to call the office with an alternate electronic method of payment. **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.
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 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 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. After 5:30 p.m., 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 5:30 p.m. will result in termination of services.

9. 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.

10. Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels warranted.

FEE DUE UPON ENROLLMENT

Enrollment Fee: A yearly non-refundable enrollment fee of \$40 is due at the time of registration.

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: \$80
- Part Time Preschool \$160

*****Please note: If you withdraw your child before his/her first day at the center, the deposit is non-refundable.**

2023-2024 CALENDAR

The YMCA Children’s Center will be closed on the following days in 2023/2024:

- Observance of Independence Day-Tuesday 7/4/2023
- Labor Day-Monday 9/4/2023
- Thanksgiving and the Day After- Thursday 11/23/2023 and Friday 11/24/2023
- Christmas Day and Day After-Monday 12/25/2023 and Tuesday 12/26/2023
- New Year's Day-Monday 1/1/2024
- Memorial Day- Monday 5/27/2024
- Independence Day- Thursday 7/4/2024

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.

2023 Tentative Facility Maintenance Shutdown

<p>**August 21-25,2023 **See note below</p>	<p>**Opening for the Fall program on August 28, 2023 and Part Time Preschool/SR on August 30, 2023</p>
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****subject to change based on school calendars**

Part Time Preschool calendar is given to families at the beginning of the program.

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
2023-24 SCHOOL YEAR REGISTRATION FORM**

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

Grade in school for 2023-24 school year: ____ School child attends: _____

SCHOOL AGE WEEKLY RATES:

	Bethel Students	Danbury Students: includes cost of transportation
<input type="radio"/> Before School Only	\$108	\$115
<input type="radio"/> After School Only	\$151	\$158
<input type="radio"/> Before and After School	\$179	\$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	\$27/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

- 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.**
- 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.**
- 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.**
- 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.**
- 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.**



**YMCA CHILDREN'S CENTER
2023 SUMMER CLUB AT GRASSY PLAIN**

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

Grade completed as of 6/2023_____ (Must have completed Kindergarten)

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.
- **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.

Check if attending week	Date	Theme	In House Activities	Activity COST
<input type="checkbox"/> \$290	6/19/23	Camp Kick Off!	Family Trees	\$5.00
<input type="checkbox"/> \$290	6/26/23	Game On!	Minute to Win It	\$5.00
<input type="checkbox"/> \$232	*7/3/23	Color Wars!	Room Colors	\$5.00
<input type="checkbox"/> \$290	7/10/23	Magic of Science	Annual Egg Drop	\$7.00
<input type="checkbox"/> \$290	7/17/23	Crazy About Art	Canvases/Art Show	\$7.00
<input type="checkbox"/> \$290	7/24/23	Decades Week	Sock Hop	\$5.00
<input type="checkbox"/> \$290	7/31/23	Beach Bash	Water Slide	\$10.00
<input type="checkbox"/> \$290	8/7/23	Ultimate Survivor Week	Gross Food Challenge	\$5.00
<input type="checkbox"/> \$290	8/14/23	Culinary Arts Week	Let's Make Lunch!	\$10.00



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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

Forms Effective 6/19/2023 to 8/19/2024

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	
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	
Address	City	State, Zip

Physician's Name	Office Address	Town	Zip	Office Phone
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Dentist's Name	Office Address	Town	Zip	Office Phone
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Insurance Company	Policy Number	Office Phone
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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: **2023-24**
 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 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: _____





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 run each week.*



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 program 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. ¹ 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

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.



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: _____