



Regional YMCA Of Western Connecticut
School Age Program 2024-2025

Child's Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please provide an email address for camp information & billing: _____

Date of Birth: _____ Gender: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

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.

1. Name: _____ Relationship to camper: _____

Address: _____

Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship to camper: _____

Address: _____

Cell Phone: _____ Home Phone: _____

For the 2024-2025 school year my child will be attending: **Before School After School Before & After School**

School child will be attending for the 2024-2025 school year: _____

Grade for the 2024-2025 school year: _____ First Day of Enrollment: _____ (if different from the 1st day of school)

Transportation to/from Brookfield Public Schools school is provided by First Student.

Transportation to/from Danbury School must be provided by parents.



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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.

Does your Child receive or needs special services or requirements?

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. Authorization for Administration of Medication including Epi-Pen and over the counter medications will be required. An Individual Care Plan is also required.

Physician's Name: _____ Office Phone: _____

Office Address: _____

Dentist's Name: _____ Office Phone: _____

Office Address: _____

PARENT/GUARDIAN CONSENT: I give permission for my child to:

- Have his/her picture taken for advertisement or other forms of public relations, including 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 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.



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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 School system in order to be transported to the Brookfield Public Schools. I give permission to be contacted, 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 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: _____



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Tuition & Payment Policies

- **A \$25 registration fee as well as tuition for the first week of enrollment is due at the time of registration.**
- Tuition is billed weekly and is due in advance. Payment must be made by the Friday prior to each week.
- 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.
- 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.
- Tuition for each week is due regardless of attendance, and an additional fee may be imposed for the week of April Vacation.
- Weekly tuition is due regardless of your child’s attendance.
- There will be a 10 percent discount on tuition for additional siblings (based on the lower fee). This does not apply to Tuition Assistance and Care 4 Kids recipients.
- 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 2022/2023 school year:

Labor Day 9/2/2024 – Close
 Day After Thanksgiving Day 11/29/24
 Christmas Day 12/25/2024 - Close
 New Years Eve **Close at 3PM**
 Memorial Day 26/2025

Thanksgiving Day 11/28/2024 – Close
 Christmas Eve 12/24/2024 **Close at 3PM**
 Day After Christmas 12/26/2024 - Close
New Years Day 1/01/2025 Close

- 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.
- 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.
- Tuition Assistance funds are awarded prior to the start of the fall program. Tuition Assistance funds are not guaranteed and may be subject to change at any time. Please contact the director for more information.
- Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels it is warranted.
- **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 agree to the financial terms and conditions indicated in the financial information sheet, the fee schedule, and the behavioral policies outlined in the Family Handbook.

Parent/Guardian Signature: _____ Date: _____



**Regional YMCA Of Western Connecticut
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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 written 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 assist him/her in following the rules to be a good citizen of the Regional Y community.

Parent/Guardian Signature: _____ Date: _____



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CREDIT CARD AUTHORIZATION

AN UPDATED PAYMENT FORM MUST BE SUBMITTED EACH YEAR

PAYMENT AUTHORIZATION 2024-2025

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

PAYMENT OPTIONS:

- Cash or Check (due the Friday prior to each week.)
- Credit Card- Weekly (billed the Friday prior to each week)
- Credit Card- Monthly billed on the _____ of each month (based on the number of Fridays between billing dates. Date will default to the 1st unless otherwise specified)
- Semi-Monthly (billed on the _____ and _____ of each month.
 - Dates will default to the 1st and 15th unless otherwise specified)
- 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.

Type of Card Visa Mastercard American Express Discover

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: _____



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2024-2025 School Rates			
	Before School Only	After School Only	Before and After School
Kindergarten – 4 th Grade	\$93.00	\$124	\$155
5 th Grade and Up	N/A	\$134	N/A
One time registration fee of \$25 per child.			

Please keep this page for your records.