



Dear Families,

Welcome to the Summer Club and School Year Program at the YMCA Children's Center. We are excited to provide a safe, engaging, and enriching environment where children can learn, play, grow, and make memories that last a lifetime! Our program is designed to support each child's development through age-appropriate activities, hands-on experiences, and positive relationships with caring staff. We look forward to having a fun, safe, and memorable time together.

School Age Programs Offered:

Summer Club: For ages 5-12 yrs. (must have completed Kindergarten) and runs in weekly sessions from 6/22/2026 through 8/14/2026. Camp runs from 9:00 a.m.-4:00 p.m. M-F with extended care from 7:30 -9:00 a.m. and 4:00-5:30 p.m. included. Weekly tuition: \$305/week, due the Friday before each week and electronically withdrawn from the card/account on file.

School Year: For children ages Kindergarten through 12 years and runs 8/24/2026-6/2027. Operating hours are 7:30 a.m.-5:30 p.m. with flexible rates depending on your needs. Rates on the attached registration form. Tuition will be electronically withdrawn the Friday before each week, to the card/account on file.

The tuition/fee/calendar information can be found in this packet. Please read it carefully as it has a lot of helpful information. If you are registering for only one of the programs (either Summer Club or the School Year Program), please "X" out the one you do not need. As a non-profit childcare center, our programs have a limited number of scholarships available, which are awarded on a needs assessment basis. We can also assist you in applying for the Care 4 Kids Subsidy program if you are eligible. Please see Wendy in the office for more information.

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. **Once we receive the fully completed forms, you will be charged the \$300 deposit (\$305 for Summer Club) and the \$40 annual enrollment fee to the card/account on file. We cannot complete your child's registration until all forms are completed in their entirety, so please help us by making sure all information is complete and legible.**

We must have a copy of your child's physical, completed within one year of enrollment, showing they are up to date on all immunizations. In addition, if your child has any special health care needs, such as chronic illness, allergies, or disabilities, we will need a plan of care on file along with any necessary medication and authorization of medication forms completed by both the parent and pediatrician. This must be in place before your child can start the program.

We do hope that you will feel free to ask for any additional information and call if you have further inquiries. Thank you for choosing our School Age Program/Summer Club. We look forward to a wonderful year together!

Regards,

Debbie D'Ostilio
School Age and Camp Director
ddostilio@regionalmca.org

Out of House Summer/Fall Registration



**YMCA Children's Center
TUITION/FEE/CALENDAR INFORMATION**

1. Tuition will be charged according to the program the families have contracted. **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. The YMCA Children's Center is closed for only a few holiday observances and occasional inclement weather. These days are factored into tuition yearly and the weekly rates are constant. The YMCA is also closed for a weeklong facility maintenance shutdown in August. Families are not charged this week.
3. Tuition is a yearly rate, 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 must be at a zero balance for childcare services to resume. Mastercard, Visa, American Express and Discover credit card payments are accepted.
4. 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.**
5. 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 Early Start CT recipients.**
6. **IMPORTANT PRESCHOOL AND Early Start CT 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 Early Start Program:** Children must attend school on a regular basis, 5 days per week, 6 hours per day, 50 weeks per year for full-time and 5 days per week, 3.25 hours per day for a minimum of 180 days per year for part-time. A child may not be absent for more than 10 consecutive days for non-health reasons. If the child is absent for 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 at any time the organization feels warranted.

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

Deposit:

School Age: \$300

Summer Club: \$305

Full Time Preschool: \$300

Full Time Early Start: \$125

Part Time Early Start/Preschool: \$100

2026-2027 Calendar

The YMCA Children's Center will be closed on the following days in 2026/2027:

Observance of Independence Day- Friday 7/3/2026

Labor Day-Monday 9/7/2026

Thanksgiving and the Day After- Thursday 11/26/2026 and Friday 11/27/2026

Christmas Eve and Christmas Day - Thursday 12/24/2026 and Friday 12/25/2026

New Years Eve and New Years Day- Thursday 12/31/2026 and Friday 1/1/2027

Memorial Day- Monday 5/31/2027

Independence Day observed- Monday 7/5/2027

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

2026 Tentative Facility Maintenance Shutdown: * August 17-21, 2026

Opening for the Fall Program: *August 24, 2026

Part Time Preschool/Early Start Ct Starts on *August 26, 2026

***Subject to change based on school calendars**

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/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
2026-2027 SCHOOL YEAR REGISTRATION FORM**

Child's Name: _____ **Age:** _____ **Gender:** _____
 Grade in school for 2026-2027 school year: _____ School child attends: _____

SCHOOL AGE WEEKLY RATES:

	Bethel Students	Danbury Students: includes cost of transportation
○ Before School Only	\$108	\$115
○ After School Only	\$151	\$158
○ 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
○ Before School Only	\$27/day	\$27/day			Monday Tuesday Wednesday Thursday Friday
○ After School Only	\$42/day	\$44/day			Monday Tuesday Wednesday Thursday Friday
○ Before and After School	\$52/day	\$54/day			Monday Tuesday Wednesday Thursday Friday

- 1. 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.**
- 2. 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.**
- 3. 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.**
- 4. 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.**
- 5. Tuition is yearly, charged weekly, and will be due regardless of facility closings and absences due to vacations or illness.**



**YMCA CHILDREN'S CENTER
2026 SUMMER CLUB AT GRASSY PLAIN**

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

Grade completed as of 6/2026 _____ (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.**
- **Trip/Activity money (cash only) is due at the time of registration.** If there is a change to weeks registered for by May 1st, that week's activity money will be refunded.

SUMMER CLUB TUITION RATE 2026: \$305.00 Per Week (6/29/2026 week prorated)

Check if attending week	Date	Theme	In House Activities	Activity COST
<input type="checkbox"/> \$305	6/22/26	OUR STORY	T-Shirts!	\$5
<input type="checkbox"/> \$244	6/29/26 Closed 7/3/2026	SCALES TO TAILS	Critter Caravan	\$10
<input type="checkbox"/> \$305	7/6/26	LIGHTS, CAMERA, ACTION	Friday Show	\$5
<input type="checkbox"/> \$305	7/13/26	TRASH TO TREASURE	Trip to Putnam Park	\$5
<input type="checkbox"/> \$305	7/20/26	MYSTERY AT CAMP	Trip to Tarrywile	\$5
<input type="checkbox"/> \$305	7/27/26	SURVIVOR WEEK	Gross Food Challenge	\$5
<input type="checkbox"/> \$305	8/3/26	INNOVATION WEEK	Inflatables!	\$10
<input type="checkbox"/> \$305	8/10/26	CAMP CHILL	Trip to Double Twister	\$5

Permission Slip

I give my child permission to participate in all camp activities listed above and to attend all off-campus field trips; these include Putnam Park, Tarrywile Park and Double Twister Ice Cream Shop. I understand trips may be rescheduled due to weather or unforeseen circumstances, and I give permission for my child to attend on the rain date (you will be notified of the change)

Parent/Guardian Signature

date



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

Office Use Only:			
Date Received: _____	By: _____		
FTPS _____	FTES _____		
PTPS: _____	PTES _____	9:00-12:15	
SCHOOL AGE: BS _____	AS _____	BA _____	Summer Club _____

Forms Effective: 6/22/26-8/13/27

Child's First Name Middle Name Last Name Date of Birth

Adult(s) Child Lives With Gender: Male Female First Day of Enrollment: _____

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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: _____

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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 () ParentEmail: _____

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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.

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 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	
Employer 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: **2026-27**

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*
- Early Start Program (3's and 4's) *12-month program*
- Early Start 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.

<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 advertisements 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.
- ❖ If 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 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 we have been informed of the Discipline Policy and Confidentiality Policy 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.regionalyymca.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 \$ _____
Enrollment Fee \$ _____
Date Paid _____

Already on File
Waived SR

Cash _____
Check # _____
Credit Card _____

First Day of Enrollment:

Weekly Tuition Rate \$ _____
Less 10% (Sibling) \$ _____
Amount of Scholarship \$ _____

Adjusted Weekly Tuition \$ _____



*We will only be accepting credit cards or payments deducted directly from your checking account and they will be automatically run each week, the Friday before the week occurs.

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 weekly on a recurring basis.

Parent/Guardian Signature

Date

PARENT RELEASE FORM

The Regional YMCA of Western Connecticut Inc., does not recommend, condone, or take responsibility for any private baby-sitting arrangements made with staff.

If 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 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 always be accountable for their actions.

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 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 Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

I agree to do my best and follow the YMCA Children's Center Code of Conduct.

Child's Name (Please Print): _____

Child's Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



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