



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2018-2019 No School Day Registration Packet

Thank you for choosing the Tri-Town YMCA for your child care needs. We are excited to see what the 2018-2019 school year brings. The no school day program offers activities around a daily theme that will include field trips, individual and group activities, challenges aimed to ignite your child's creativity, push their physical endurance and perhaps build their confidence in an activity they may have yet to experience.

No School Days run from 7:00 AM-6:00 PM and are open to all children in grades K-6. Pre-registration is required and space is *first come, first serve*. Fee includes morning and afternoon snack. You will need to provide a nutritious lunch and drink. Children need to bring appropriate outdoor and indoor play clothing. Please use a backpack to help us keep your child's items organized. A minimum of 10 children is needed to hold this program. For more information, call (860) 521-5830.

To register, please complete the following:

Currently enrolled School Age Child Development participants must complete:  
No School Day Registration Checklist ONLY\*

New Participants (not enrolled in our child care programs) must complete:  
No School Day Registration Checklist  
Child care registration forms  
Health Forms with immunization record\*

\*If your child may require medication while in our care, you must provide a care plan from the physician and medication authorization. Medication must be presented to staff the morning of drop off. Children will not be permitted to stay if medication is not provided.

### Permission to Participate

Child's Name	Age	Grade
Special Needs or Allergies		

I agree that my child \_\_\_\_\_ may fully participate in all activities offered in the No School Day program. Also, I agree and understand the No School Day refund/payment policies.

Parent/Guardian (print name): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Location: Hanmer Elementary School 50 Francis Street, Wethersfield CT 06109**

**Cost: \$55 per child per day**

**Payment Options: Payment in full at time of registration**

**Please check all days that you are registering your child:**

- February 15, 2019, February Break**
- February 18, 2019, February Break**
- February 19, 2019, February Break**
- April 8, 2019, April Vacation**
- April 9, 2019, April Vacation**
- April 10, 2019, April Vacation**
- April 11, 2019, April Vacation**
- April 12, 2019, April Vacation**



Tri-Town YMCA Child Care Registration Form 2018-2019

**CHILD/FAMILY INFORMATION**

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ School child attends \_\_\_\_\_ Grade in September 2018 \_\_\_\_\_  
 In case of emergency, which parent/guardian listed should we contact first? \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Parent/Guardian D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent/Guardian D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Unless informed otherwise, the YMCA assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

**EMERGENCY INFORMATION**

In case of emergency, and the YMCA is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of emergency or early dismissal from the YMCA.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

**CHILD PICK UP AUTHORIZATION**

*I give permission for my child to be released from the YMCA program to the people listed below at any time.  
I understand that YMCA staff requires these people to furnish Photo Identification before releasing my child.*

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Home Phone ( ) _____	Home Phone ( ) _____	Home Phone ( ) _____
Work Phone ( ) _____	Work Phone ( ) _____	Work Phone ( ) _____
Relationship _____	Relationship _____	Relationship _____

Special Orders for picking up child (Please enclose legal documents if specified people are named). \_\_\_\_\_

**BILLING PARTY INFORMATION**

Billing Name \_\_\_\_\_ Child's Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Place of Work \_\_\_\_\_

**HEALTH INFORMATION** - Indicate "yes" where it applies and explain as necessary.

**HEALTH**

Asthma \_\_\_      Convulsions \_\_\_      Emotional \_\_\_      Hay Fever \_\_\_  
Diabetes \_\_\_      Hearing \_\_\_      Psychological \_\_\_      Poison Ivy \_\_\_  
Special Diet \_\_\_      Vision \_\_\_      Learning Disability \_\_\_      Insect \_\_\_  
Physical \_\_\_      Illness \_\_\_      ADD/ADHD \_\_\_      Medication \_\_\_  
Restraints \_\_\_      Injury \_\_\_      Operations \_\_\_      Food \_\_\_  
Other \_\_\_

**ALLERGIES**

Please explain details of above "yes" answers \_\_\_\_\_

Special health or emotional note \_\_\_\_\_

Is this child currently taking prescribed or over-the-counter medication? Yes \_\_\_ No \_\_\_ Why? \_\_\_\_\_

Are you covered by any hospitalization/medical care policy? Yes \_\_\_ No \_\_\_ Preferred Hospital \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's D.O.B. / / \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Special Services received through school or other agency: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I understand:

1. Any registration or deposit fee is non-refundable, non-transferable and for administration purposes only.
2. The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
3. I am responsible for the cost of all medical treatment and care.
4. The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
5. I must notify the YMCA staff in writing immediately of any changes to this form.
6. It is my responsibility to notify the YMCA if my child will be absent from the program.
7. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.
8. I have read the YMCA Child Care Handbook and agree to these policies and procedures.

Please check each additional statement with which you agree:

- The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, televisions/videos, YMCA website, or newspaper releases. I will not be informed or reimbursed for such photographs.
- I give permission to the YMCA staff to administer First Aid in case of injury. In the event my child needs immediate attention and I cannot be contacted I give the YMCA staff permission to authorize medical treatment for my child.
- I give the YMCA permission to transport my child for daily school schedule, in the event of an emergency and for field trips. Prior written notice will be given for all field trips.
- As per State Regulations, we must have a signed consent for the children to participate in activities outside of licensed child care space (i.e.: library, another classroom in the event the school needs the cafeteria) I give permission for my child to participate in activities outside licensed child care space under the supervision of the YMCA Staff.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

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

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



## Child Guidance and Discipline Policies: 2018-2019 School Year

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Child Name

Site

It is YMCA procedure to use positive techniques of guidance with all children. Staff will set appropriate expectations and will have guidelines and environments that will minimize the need for discipline. Staff will be aware that all children are different and respond to different disciplinary techniques. The best results are achieved when parents and staff work together. Therefore, staff will communicate any behavior issues to parents promptly and be available for discussion.

Staff will be responsible for managing child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem.

The following are YMCA policies of positive guidance and discipline techniques:

1. Staff will divert attention away from any activity that they disapprove of by substituting another toy/game or leading the child to another activity.
2. Staff will offer children choices of activities/games they can participate in.
3. Staff will set limits for children that are consistently enforced and are based on reasons children can understand.
4. Children will be given warnings when they have done something wrong. Warnings are necessary to allow children to know in advance what to expect, reduce resistance and ease transitions.
5. Staff will structure the environment in such a way to help reduce misbehavior and accidents.
6. Staff will redirect behavior. It is necessary at times to move a child away from a behavior by suggesting an alternative acceptable behavior.
7. Staff will model appropriate behaviors for children.
8. Staff will be aware when a conflict between children arises. Staff will engage children in helping to solve the problem by analyzing the situation and all possible solutions, and working with the children to pick one they all agree as the best one.
9. Staff will separate children if they are having difficulty getting along.
10. Staff will remain objective when there is a problem with a child.
11. Staff will give children positive attention, and will engage children in behaving positively.
12. Staff will encourage children to behave positively and to continue to behave in appropriate ways.
13. Staff will explain the consequences of misbehavior to all children, and will continually remind students of the consequences.
14. No child will be physically restrained unless it is necessary to protect the health and safety of the child and others.
15. Site Directors and staff will discuss positive guidance techniques with parents, and will review these techniques as needed during the period of the child's enrollment.

(continued on next page)

**Child Guidance and Discipline Policies: 2018-2019 School Year (continued)**

- 16. If a child's behavior is determined by the Program Director and Executive Director to be a danger to the child, to other children or to the staff in a program, parents/guardians will be required to withdraw the child from the program.**
- 17. Staff will report actual or suspected child abuse or neglect, or imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e inclusive, of the Connecticut General Statutes. Connecticut General Statutes identifies professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. All YMCA employees are considered Mandated Reporters by the State of CT. Mandated Reporters are required to report abuse or neglect based on a reasonable cause to suspect, such as what is observed, what is told or said.**

**I have read, understood, and discussed the Child Guidance and Discipline policies of the Wheeler Regional Family YMCA.**

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**Parent/Guardian Signature**

**Date**



**YMCA of GREATER HARTFORD  
RELEASE and WAIVER OF LIABILITY and INDEMNITY  
And PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

**IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS (herein referred to as "the undersigned"):**

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release\_\_\_\_\_).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
9. **THE UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
10. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT**, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE**

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_