



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

Dear YMCA Family,

Thank you for choosing the Indian Valley Family YMCA for your before and/or after school enrichment needs. We are excited to welcome you and your family to the ASHFORD program and look forward to a great 2019-2020 school year

The Y's focus is on youth development, healthy living, and social responsibility. At the YMCA of Greater Hartford our child development programs aim to nurture young people by providing a safe place to learn foundational skills, develop healthy, trusting relationships, and build self-confidence.

Our early childhood and before and after school programs follow the State of Connecticut requirements and regulations for child care programs. In addition to meeting the state's expectations, we also collaborate with many local and state organizations to offer the highest quality experiences for your child.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child throughout the year and in the event of an emergency. If you have questions or need any additional information now or throughout the year, please feel free to call or to email us.

Sincerely,

**Katie Riordan Napolitan
School Age Programs Coordinator**

Here is some information that we hope you find helpful about your child's new program:

**Katie Riordan Napolitan
School Age Programs Coordinator
860-872-7329 ext. 13
Katie.Riordan@ghymca.org**

**Tina Gladden
Regional Child Development Director
860-872-7329 ext. 23
Christina.Gladden@ghymca.org**

Tax ID #: 06-0881325



Indian Valley Family YMCA School Age Programs & Locations

School Aged Child Development Programs are located in the following location.
All before school programs open at 7:00 AM. All after school programs close at 6:00 PM.

<p>YMCA Ashford SACC 440 Westford Rd. Ashord, CT 06278 (860) 335-9517</p>	<p>Reminders:</p> <ul style="list-style-type: none"> • If your child will not be attending the program on a day they are scheduled to or any changes to their schedule are made, please be sure to call the site cell phone number. • A structured and focused homework time is provided for children each day after school; however we do not have the capacity to check each child's homework each day. Please be sure you talk to your head teachers with any questions or concerns. • An afternoon snack is provided in our after school programs. • If your child needs medication, the medication CANNOT be checked in on-site. It must be brought into the office location prior to your child starting with us. • We do take children early on days of early dismissals and stay open until 6 PM as normal. More information to come about delayed opening and early release days due to weather. • The more information you share with us, the more we will be able to help your child succeed with us and outside of our care! Please be sure you are discussing anything with us that is important for your family.
<p>YMCA Center School SACC 49 Main Street Ellington, CT 06029 (860) 541-1293</p>	
<p>YMCA Crystal Lake SACC 59 South Road Ellington, CT 06029 (860) 937-3257</p>	
<p>Vernon Childcare Center SACC 375 Hartford Turnpike Vernon, CT 06066 (860) 335-8563</p>	
<p>YMCA Windermere SACC 2 Abbott Road Ellington, CT 06029 (860) 937-7836</p>	
<p>YMCA Willington SACC 111 River Road Willington, CT 06279 (860) 429-5288</p>	



Indian Valley Family YMCA Child Care Registration Form 2019-2020

CHILD/FAMILY INFORMATION

Child's Name _____	Male ____ Female ____	D.O.B. _____	Age _____
Home Address _____	Town/City _____	State _____	Zip _____
Home Phone _____	Grade in September 2019: _____		
In case of emergency, which parent/guardian listed should we contact first? _____			
Parent/Guardian Name _____	Parent/Guardian Name _____		
Relationship to Child _____	Relationship to Child _____		
Parent/Guardian D.O.B. _____	Parent/Guardian D.O.B. _____		
Address _____	Address _____		
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 proof 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 at any time if necessary.

Name _____	Relationship to child _____
Home Phone _____	Work _____
Address _____	Cell _____
Name _____	Relationship to child _____
Home Phone _____	Work _____
Address _____	Cell _____

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). _____

REGISTRATION INFORMATION (please check all that apply)

Program Name: YMCA Ashford SACC

PM DAYS: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Start Date: ____ / ____ / ____ **OR First Day of Year**

<i>Changes Made: (For Office Use Only)</i>
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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 _____
Diabetes _____ Hearing _____ Psychological _____
Special Diet _____ Vision _____ Learning Disability _____
Physical _____ Illness _____ ADD/ADHD _____
Restraints _____ Injury _____ Operations _____
Other _____

ALLERGIES

Hay Fever _____
Poison Ivy _____
Insect _____
Medication _____
Food _____

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 _____ Med: _____

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. All changes in my child's schedule of care must be made two weeks in advance in writing.
3. The YMCA requires 2 weeks' notice for termination of care and I am responsible for full payment of this notice period.
4. The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
5. I am responsible for the cost of all medical treatment and care.
6. 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.
7. I must notify the YMCA staff in writing immediately of any changes to this form.
8. It is my responsibility to notify the YMCA if my child will be absent from the program by calling the site phone number provided.
9. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.
I have read the YMCA Child Care Handbook and agree to these policies and procedures.

PLEASE CHECK THE FOLLOWING REQUIRED STATEMENTS:

- 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.

PLEASE REVIEW THE FOLLOWING OPTIONAL STATEMENT:

- The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, television/videos, YMCA website, social media, or newspaper releases. I will not be informed or reimbursed for such photographs.

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

Parent/Guardian Signature

Date



Child Care Memorandum of Understanding

Child Name _____ Site/Program _____

Parent/Guardian Name _____

Address _____

Grade/Program _____ Start Date _____

1. Parents/guardians are required to sign child in & out of program every day. This includes the time of drop off & pick up as well as a signature.
2. Each child must be able to fully participate in all activities. If they are ill and cannot fully participate, a parent/guardian will be contacted to pick them up within one hour's time.
3. The YMCA promotes a safe environment for all children and staff. If a child acts inappropriately the behavior management policy lays out guidelines and the procedures that the YMCA will take.
4. The YMCA follows all State of CT guidelines when administering medications, including but not limited to: only certified staff may administer medication; collection of the appropriate forms signed by parents and physician where applicable; medication must be in original, labeled container.
5. The YMCA must have accurate and up-to-date health and medical information for each child according to CT Office of Early Childhood regulations. Children may not participate in child care programs if health and medical forms are absent or expired.
6. The first 30 days will be regarded as a trial period, in which case either party may terminate the contract without notice. After the first 30 days of enrollment, a two week written notice must be provided to the office when changing your child's schedule or when withdrawing from the program.
7. Child Care payment is due monthly for the month of service. For example, payments for the month of October are due October 1st. All payments are due before the end of the first week of the month. A late fee of \$5.00 will be assessed each day a payment is late, starting with the 2nd week of the month. If your payment has not been received by the end of the 2nd week of the month, your child will not be permitted to attend care until an agreement has been made with the Business Manager. *All payments must be made using an electronic draft OR balance must be current by the 1st of the month. Flexible payment plans can be scheduled as needed.*
8. Two-party payments are available upon request of the parent/guardian.
9. The YMCA agrees not to share information with non-regulatory outside agencies who have not been designated by the parent or guardian. All changes to this policy must be written and handed in to the YMCA.
10. The YMCA is required to collect copies of all court orders & custody agreements regarding the child's limited access to the parents and/or guardians.
11. All YMCA School Age Child Care programs follow the public school calendar of the town they serve. If the public schools are closed due to weather or vacations, the YMCA School Age Child Care programs will also be closed. Delayed openings and early releases are determined by the schools administration. Please contact your YMCA branch for additional information.

I have read and understand all policies and procedures including but not limited to the items outlined above.

Parent/Guardian Signature _____

Date _____



Child Guidance and Discipline Policies: 2019-2020 School Year

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: 2019-2020 School Year (continued)

16. The parent/guardian will be required to pick the child up from the child development program when a child's behavior is deemed unacceptable and/or is a safety risk to self or others. When the parent(s)/guardian(s) have been called more than two times during one week to pick up the child, and there has not been an improvement in their behavior, a meeting between the parent(s)/guardian(s), staff, and Program Director will be held to develop a Behavior Management Action Plan.
17. 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.
18. 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 Indian Valley Family YMCA

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 _____



Child Care Electronic Payment Form

TERMS AND CONDITIONS

It is my complete understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA **TWO (2) weeks written notice** prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors, and the YMCA may adjust the monthly rate applicable to my child's enrollment category. I will be notified 30 days in advance of any increases. I understand that the monthly debit to my account is a continual draft for ten (10) months equal to the school calendar or (12) calendar months for Infant/ Toddler/Preschool. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated.

I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/Guardian Signature _____ Date Signed _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

USE CARD ON FILE Last 4 of Card #: _____ Expiration Date: _____

New Card Type: Visa MasterCard AMEX Discover Expiration Date _____

Name on Card (print) _____ Card Number _____

I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month. My first draft will begin on _____ (date).

Authorized Signature _____ **Date** _____

EFT

Financial Institution Name & Address _____

Name on Account (print) _____ Checking Account Savings Account

Routing Number (9 digits) _ _ _ _ _ Account Number _____

I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month. My first draft will begin on _____ (date).

Authorized Signature _____ **Date** _____

Office Payment Notes:



Child Care Payment Agreement

Child Name

Site/Program

1. I understand and accept that a deposit of 25% of the monthly fee is required to secure a spot in the program. This deposit is applied to June of 2019 and is non-refundable. If proper notice is not given in writing regarding withdrawal, I am responsible for accruing fees until the YMCA is notified as agreed.
2. I understand and accept that my Child Care payment is due monthly on the first of the month. For example, payments for the month of October are due October 1st. All payments must be made using a recurring card payment, electronic draft OR balance must be current by the 1st of the month. *Flexible payment plans may be set up as needed.*
3. Collections/Late Fee Policy: A late fee of \$5.00 will be assessed each day a payment is late, starting on the Monday of the 2nd week of the month. If your payment has not been made by the end of the 2nd week of the month, your child will not be permitted to attend care until account is cleared by the office manager.
4. I understand fees are not discounted or prorated for shortened weeks due to holiday, days off or inclement weather. I understand and accept that monthly fees are always the same and will not be credited or reduced due to snow days, vacation days and inclement weather closings and those fees will not be increased due to half days, delayed openings, and early dismissals.
5. I understand and accept that if my child is absent, regardless of days absent, I will still pay the regular monthly fee.
6. I understand and accept that failure to pay required monthly fees will prevent my child from further participation in any YMCA program.
7. I understand that and accept that I must pay my monthly fee by Cash, Check, Credit Card, or Automatic Payment (ATS). I understand I have the option to have my monthly payments drafted directly from my Check or Savings Account or Credit or Debit Card. If I chose to do this, I will complete the Child Development ATS Authorization form and provide all necessary documentation including account numbers and/or a voided check.
8. I understand that and accept that YMCA Vacation Days and Snow Days that my child attends are not included in my monthly fee and that they are considered separate programs that will need to be registered and paid for separately.
9. I understand that my child will not be allowed to participate in the program until such time that I have provided completed and up to date Registration forms, Child Guidance and Discipline Policy, updated physical signed by your physician, and Special Health Care plans as needed.
10. I understand and accept that the program will start at 7:00 AM (unless noted otherwise) and my child (ren) will not be able to be dropped off before this time and that if my child is picked up after 6:00 PM, I will be charged \$1 for every minute after 6:00 pm and that the late pick-up fee will be due within five (5) business days.

I understand and accept that failure to comply with these terms may result in my child being unable to participate in the YMCA Child Care program.

Parent/Guardian Signature

Date



Indian Valley Family YMCA
Ashford School Age Child Care
Payment Schedule
2019-2020

Days Offered	Monthly Payment	25% Deposit Amount	Due Date	Late Fee Assessed if payment is received after date indicated below
2 Days PM Only	\$153.00	\$38.25	9/1/2019	9/10/2019
3 Days PM Only	\$193.00	\$48.25	10/1/2019	10/10/2019
5 Days PM Only	\$289.00	\$72.25	11/1/2019	11/10/2019
			12/1/2019	12/10/2019
			Jan. 1, 2020	Jan. 10, 2020
			2/1/2020	2/10/2020
			3/1/2020	3/10/2020
			4/1/2020	4/10/2020
			5/1/2020	5/10/2020
			6/1/2020	6/10/2020

- **5% off 2nd Child**
- **As in past years, your rate is based on 182 days of school and then divided into 10 equal monthly payments. Rates include early dismissals, late openings and additional days added due to snow days.**
- **School HOLIDAYS and VACATION Days/Weeks have already been DEDUCTED and must be PAID SEPARATELY.**
- Acceptable forms of payment are cash, personal check, debit or credit card (American Express, Discover, Master Card, and Visa). [You may also sign up for our preferred method of payment utilizing our automatic withdrawal program.](#) By using this program, payments can be automatically drafted from your checking/savings account, or automatically charged to your credit card. Drafts can be deducted on the 1st of the month. [The application form is included in this packet.](#) Also note that you must advise us when the **Expiration Date** on your credit/debit card has been changed in order to avoid any confusion with your account.
- **Child Care payment is due monthly for the month of service. For example, payments for the month of October are due October 1st. All payments are due before the end of the first week of the month. A late fee of \$5.00 will be assessed each day a payment is late, starting with the 2nd week of the month.**