



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

2019-2020 School Year

Dear YMCA Family,

Thank you for choosing the East Hartford YMCA for your early childhood care needs. We are excited to welcome you and your family to our program!

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

Our early childhood programs follow the Office of Early Childhood requirements and regulations for child care programs. All early childhood sites are accredited through NAEYC, the National Association for the Education of Young Children, as well as funded by the State Department of Education to prepare children for kindergarten.

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

Sincerely,

Laura Floyd
Executive Director
East Hartford YMCA

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

Business Office
Phone: (860) 289-6612

Preschool Fees are determined by a sliding scale
Toddler Care: \$1,122 per month

**We do accept Care4kids and offer Financial Assistance*



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East Hartford YMCA Program locations and information

First Church – Preschool

837 Main Street
860-282-2011 phone
860-282-0105 fax
Open 7:00AM – 5:30PM
School Readiness Preschool only

Larson Center – Preschool

81 Woodlawn Circle
860-289-7399 phone
860-289-2275 fax
Open 7:00AM – 6:00PM
School Readiness Preschool and Child Day Care grant

YMCA Child Care Center –

Toddler & Preschool

70A Canterbury Street
860-568-1437 phone
860-568-1730 fax
Open 7:00AM – 6:00PM
Toddler, School Readiness Preschool

First Church Preschool Center: Provides two classrooms to serve 29 children ages ranging from 2.9- 5 year olds. First Church is located at 837 Main Street in the First Congregational Church. The hours of operation are 7:00 am to 5:30pm, Monday through Friday. Additionally, we ask parents to have children off a pacifier.

Larson Center Preschool Center: Provides three classrooms to serve 50 children ages ranging from 2.9- 5 year olds. Larson Center is located at 81 Woodlawn Circle on the first floor of the Larson Building and the hours are 7:00am- 6:00 pm, Monday through Friday. Additionally, we ask parents to have children off a pacifier.

YCC Childcare Preschool Center: Provides two preschool classrooms serving 40 children ages ranging from 2.9- 5 year olds. YCC is located at 70A Canterbury Street and the hours of operation are 7:00am-6:00pm, Monday through Friday. Additionally, we ask parents to have children off a pacifier.

YCC Toddler Childcare Center: Provides two toddler classrooms serving 16 toddlers, aged 1 – 3 years. This program is also located at 70A Canterbury Street. Toddlers must be walking, eating by themselves (no baby food) and off of a bottle during the day. Pacifiers are only allowed in toddler room during nap only.

All three sites offer full food service including breakfast, am snack, lunch and a pm snack – depending on the hours your child(ren) attend the program each day



3



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 _____

ALLERGIES

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

Other _____

Please explain details of above "yes" answers _____

Special health or emotional notes _____

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. All changes in my child's schedule of care must be made two weeks in advance in writing.
3. The YMCA requires two weeks' notice for termination of care. I am responsible for full payment of the two weeks' notice.
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.
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.

By signing below you are agreeing to:

- 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.

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. Parent/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 Parents 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
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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, understand and discussed the Child Guidance and Discipline policies of the East Hartford 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.

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.

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 _____



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YMCA of GREATER HARTFORD Child Development Programs



Child Development 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. 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.

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 _____

CREDIT/DEBIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

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 _____

Office Use Only:	Deposit Payment \$ _____	Receipt Number _____
	Form Entered by _____	Date Entered _____
	System Account # _____	



Child Care Payment Agreement

Child Name	Site/Program
Parent/Guardian Name	Address
Grade	Start Date

1. I understand and accept that a non-refundable deposit of 25% of the first month's fee is required to secure a spot in the program. If proper notice is not given in writing regarding withdrawal, I am responsible for accruing fees until the YMCA is notified.
2. 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. 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.
3. Collections/Late Fee Policy: 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 Office.
4. I understand that 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 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 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 failure to comply with these terms may result in my child being unable to participate in the YMCA Child Care program.
11. I understand and accept that the morning programs will start at 6:30 AM (unless otherwise noted) 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.

Parent/Guardian Signature	Date
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Important Policy and Procedures:

- Drop off is between 7-9AM. All children MUST be here by 9AM every morning, unless there is an emergency or Doctors appointment. If you are running late due to these circumstances, you must call the center by 9AM to let us know. No child will be admitted after 9 without a phone call. Children will also not be accepted if they habitually arrive late.
- No open toe shoes are permitted
- Please do not bring any outside food into the school due to allergies. We provide all meals. The only time outside food is allowed in school is for holidays, birthdays, etc. Please remember that we are a PEANUT FREE school, and no peanut products or food manufactured in a peanut facility is allowed in the building.
- We have tons of toys to play with here so please do not bring in any toys from home; children will not be allowed to play with them.
- Only adults listed on your registration form will be allowed to pick up your child. If you need to add someone it must be in writing; they cannot be added over the phone. Please remind anyone picking up your child that they must have their ID with them for identification purposes.
- We go outside every day, so please make sure that you bring in appropriate seasonal clothes. Heavy Jackets, hats, gloves, etc. in the winter and light to medium jackets for the spring and fall.
- In order to keep everyone healthy, please keep your child home if they aren't feeling well. If your child has a fever, diarrhea, is vomiting, has an unknown rash, or any other symptoms that may indicate they are sick, they will be sent home. They can return when they are symptom free for a full 24 hours.
- All children are required to receive a flu shot once a year. Flu shots must be done by December 31st or your child will not be allowed in school.
- Be sure to check your child's mailbox every day. Daily reports go home every day as well as lots of important information, like community events or fun activities we are planning.
- We are not responsible for lost or stolen items- please put your child's name on their clothing.

Please sign the bottom and bring to the center on your first day. If you have any questions please feel free to contact your center director. We are looking forward to a great school year, and we are so happy to have you and your child here!

Parent Signature

Childs Name

Thank you,

East Hartford YMCA Staff

Child and Adult Care Food Program (CACFP)

INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS AND HEAD START

For instructions, see *Instructions for Income Eligibility Application for Child Care Centers and Head Start*.

PART 1 — CHILD'S INFORMATION

Child's Name: _____ Age: _____ Birth Date (month, day, year): _____

Child's Normal Child Care Schedule (Check all days that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Child's Normal Hours of Care (Include time and circle AM or PM):

_____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM

Normal Meal Services Provided to Child (Check all meals/snacks that apply):

☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper

PART 2A — PARTICIPANTS CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS

Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children: Complete this part and part 3. Do **not** complete part 2B.

SNAP Case Number: _____ TFA Case Number: _____ Check if foster child: ☐

PART 2B — ALL OTHER HOUSEHOLDS

If you did not complete part 2A, complete this part and part 3.

Names of all household members List everyone in the household, including the child listed in part 1 above	Gross income and how often it was received: Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the amount of income in the appropriate frequency box. You must place the income in the appropriate frequency box.											
	Earnings from Work (before deductions) – Job 1				Public Assistance/ Alimony/Child Support				Pensions/Retirement/Social Security/All Other Income			
	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly
(Example) Jane Smith	\$200					\$134						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

PART 3 — CONTACT INFORMATION, SIGNATURE AND SOCIAL SECURITY NUMBER

An adult household member must **sign and date** this form before it can be approved.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the center will receive federal funds based on the information I provide. I understand that CACFP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Printed Name of Adult: _____ Signature: _____

Date: _____ Last four digits of Social Security Number (SSN): XXX-XX- _____ ☐ I do not have a SSN

Home Telephone: _____ Work Telephone: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

CACFP INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS AND HEAD START, continued

PART 4 — RACIAL AND ETHNIC IDENTITY (OPTIONAL) *You are not required to complete this part.*

Ethnicity (Check one):

- ☐ Hispanic/ Latino
☐ Not Hispanic/Latino

Race (Check one or more):

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FOR SPONSOR USE ONLY – DO NOT WRITE BELOW THIS LINE

Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12

Total family income: \$ _____ Family size: _____ **OR** ☐ SNAP/TFA household ☐ Foster Child

☐ Eligible Free ☐ Eligible Reduced ☐ Over Income

Sponsor Eligibility Official: _____ Date: _____
Signature



For information on the CACFP, visit the CSDE's [CACFP](http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/IEAppCenter.pdf) website or contact the [CACFP staff](http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/IEAppCenter.pdf) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

This form is available at
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/IEAppCenter.pdf>.

**STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH-SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN-WIC PROGRAM-LOCAL AGENCY LISTING**

WIC Local Agency	Address	City, Zip	Phone Number/FAX
ACCESS AGENCY (2): Day Kimball Hospital	1315 Main Street Ste 2	Willimantic 06226	(860) 450-7405 Fax 450-7477
	255 Pomfret Street- DELIVERIES 320 Pomfret Street - MAIL	Putnam 06260	(860) 928-3660 Fax 963-6325
BRIDGEPORT (2): Optimus Health Care Southwest Community Health Center	1450 Barnum Avenue Suite 205	Bridgeport 06610	(203) 333-9200 Fax 333-9211
	1020 Fairfield Avenue	Bridgeport 06605	(203) 332-4600 Fax 332-4699
BRISTOL (2): NEW BRITAIN	9 Prospect Street	Bristol 06010	(860) 585-3280 Fax 585-3977
	450 Main Street	New Britain 06051	(860) 225-8695 Fax 225-8698
DANBURY	80 Main Street	Danbury 06810	(203) 456-1410 Fax 917-3567
EAST HARTFORD	50 Chapman Place 740 Main Street- MAIL	East Hartford 06108	(860) 528-1458 #1 Fax 282-4861
HARTFORD-Burgdorf Health Ctr (2): Main Street	131 Coventry Street	Hartford 06112	(860) 757-4780 Fax 722-8062
	175 Main Street	Hartford 06106	(860) 757-4860 Fax 722-8044
MERIDEN (2): Middletown	165 Miller Street	Meriden 06450	(203) 630-4245 Fax 630-4249
	8 Crescent Street	Middletown 06457	(860) 358-4070 Fax 358-4075
YALE NEW HAVEN HOSPITAL-ST. RAPHAEL CAMPUS(4): Fair Haven Health Center Hill Health Center Yale New Haven Hospital	1401 Chapel Street 1450 Chapel Street- MAIL	New Haven 06511	(203) 789-3563 Fax 867-5208
	350 Grand Avenue	New Haven 06513	(203) 773-5007 Fax 401-2044
	393 Columbus Avenue	New Haven 06519	(203) 503-3080 Fax 503-3090
	789 Howard Avenue 20 York Street- MAIL/DELIVERIES	New Haven 06504	(203) 688-5150 Fax 688-7264
STAMFORD (2): Norwalk	888 Washington Boulevard P.O. Box 10152	Stamford 06904	(203) 977-4385 Fax 977-5966
	137 East Avenue	Norwalk 06851	(203) 854-7885 Fax 854-7926
T.V.C.A. (2): Norwich	83 Huntington Street	New London 06320	(860) 425-6620/6625 Fax 444-0061
	401 West Thames Street Unit 201	Norwich 06360	(860) 425-6562 Fax 885-2738
TORRINGTON (Family Strides, Inc.)	350 Main Street Suite C	Torrington 06790	(860) 489-1138 Fax 201-5158
WATERBURY (2): Naugatuck Valley Health District	1 Jefferson Square 1 st Floor	Waterbury 06706	(203) 574-6785 574-8384 Fax 573-5065
	98 Bank Street	Seymour 06483	(203) 888-1271 Fax 888-1275

State WIC Office: 1-800-741-2142 Fax: (860)-509-8391, 410 Capitol Ave., MS#11WIC, Hartford, CT 06134

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Rev. 7/18



State of Connecticut Department of Education

Early Childhood Health Assessment Record

(For children ages birth – 5)



To Parent or Guardian: In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

Please print

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
Early Childhood Program (Name and Phone Number)	Race/Ethnicity <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other	
Primary Health Care Provider:		
Name of Dentist:		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	
Does your child have HUSKY insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Frequent ear infections	Y N	Asthma treatment	Y N
Allergies to food, bee stings, insects	Y N	Any speech issues	Y N	Seizure	Y N
Allergies to medication	Y N	Any problems with teeth	Y N	Diabetes	Y N
Any other allergies	Y N	Has your child had a dental examination in the last 6 months	Y N	Any heart problems	Y N
Any daily/ongoing medications	Y N			Emergency room visits	Y N
Any problems with vision	Y N	Very high or low activity level	Y N	Any major illness or injury	Y N
Uses contacts or glasses	Y N	Weight concerns	Y N	Any operations/surgeries	Y N
Any hearing concerns	Y N	Problems breathing or coughing	Y N	Lead concerns/poisoning	Y N
Developmental — Any concern about your child's:					
1. Physical development	Y N	5. Ability to communicate needs	Y N	Sleeping concerns	Y N
2. Movement from one place to another	Y N	6. Interaction with others	Y N	High blood pressure	Y N
		7. Behavior	Y N	Eating concerns	Y N
3. Social development	Y N	8. Ability to understand	Y N	Toileting concerns	Y N
4. Emotional development	Y N	9. Ability to use their hands	Y N	Birth to 3 services	Y N
				Preschool Special Education	Y N

Explain all "yes" answers or provide any additional information:

Have you talked with your child's primary health care provider about any of the above concerns? Y N

Please list any **medications** your child will need to take during program hours:

*All medications taken in child care programs require a separate **Medication Authorization Form** signed by an authorized prescriber and parent/guardian.*

I give my consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

Signature of Parent/Guardian

Date

ED 191 REV. 3/2015 C.G.S. Section 10-16q, 10-206, 19a-79(a), 19a-87b(c); P.H. Code Section 19a-79-5a(a)(2), 19a-87b-10b(2)

Part II — Medical Evaluation

ED 191 REV. 3/2015

Health Care Provider must complete and sign the medical evaluation, physical examination and immunization record.

Child's Name _____ Birth Date _____ Date of Exam _____
(mm/dd/yyyy) (mm/dd/yyyy)

☐ I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider.

*HT _____ in/cm _____ % *Weight _____ lbs. _____ oz / _____ % BMI _____ / _____ % *HC _____ in/cm _____ % *Blood Pressure _____ / _____
(Birth – 24 months) (Annually at 3 – 5 years)

Screenings

*Vision Screening <input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 3 yrs) <input type="checkbox"/> EPSTD Annually at 3 yrs (Early and Periodic Screening, Diagnosis and Treatment) Type: Right Left With glasses 20/ 20/ Without glasses 20/ 20/ <input type="checkbox"/> Unable to assess <input type="checkbox"/> Referral made to: _____	*Hearing Screening <input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 4 yrs) <input type="checkbox"/> EPSTD Annually at 4 yrs (Early and Periodic Screening, Diagnosis and Treatment) Type: Right Left <input type="checkbox"/> Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Fail <input type="checkbox"/> Unable to assess <input type="checkbox"/> Referral made to: _____	*Anemia: at 9 to 12 months and 2 years *Hgb/Hct: *Date _____ *Lead: at 1 and 2 years; if no result screen between 25 – 72 months History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes
*TB: High-risk group? <input type="checkbox"/> No <input type="checkbox"/> Yes Yes Test done: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Results: _____ Treatment: _____	*Dental Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Referral made to: _____ Has this child received dental care in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	*Result/Level: *Date _____ Other: _____

*Developmental Assessment: (Birth – 5 years) ☐ No ☐ Yes Type: _____

Results: _____

*IMMUNIZATIONS ☐ Up to Date or ☐ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma ☐ No ☐ Yes: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced
If yes, please provide a copy of an Asthma Action Plan
☐ Rescue medication required in child care setting: ☐ No ☐ Yes

Allergies ☐ No ☐ Yes: _____
Epi Pen required: ☐ No ☐ Yes
History/risk of Anaphylaxis: ☐ No ☐ Yes: ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Unknown source
If yes, please provide a copy of the Emergency Allergy Plan

Diabetes ☐ No ☐ Yes: ☐ Type I ☐ Type II **Other Chronic Disease:** _____

Seizures ☐ No ☐ Yes: Type: _____

☐ This child has the following problems which may adversely affect his or her educational experience:
☐ Vision ☐ Auditory ☐ Speech/Language ☐ Physical ☐ Emotional/Social ☐ Behavior
☐ This child has a developmental delay/disability that may require intervention at the program.
☐ This child has a special health care need which may require intervention at the program, e.g., special diet, long-term/ongoing/daily/emergency medication, history of contagious disease. *Specify:* _____

☐ No ☐ Yes This child has a medical or emotional illness/disorder that now poses a risk to other children or affects his/her ability to participate safely in the program.

☐ No ☐ Yes Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.

☐ No ☐ Yes This child may fully participate in the program.

☐ No ☐ Yes This child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.) _____

☐ No ☐ Yes Is this the child's medical home? ☐ I would like to discuss information in this report with the early childhood provider and/or nurse/health consultant/coordinator.

Signature of health care provider MD / DO / APRN / PA

Date Signed

Printed/Stamped **Provider** Name and Phone Number

Child's Name: _____ Birth Date: _____

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) _____

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine					*Pneumococcal conjugate vaccine	
Rotavirus						
MCV**					**Meningococcal conjugate vaccine	
Influenza						
Tdap/Td						

Disease history for varicella (chickenpox) _____

(Date)

(Confirmed by)

Exemption: Religious _____ Medical: Permanent _____ †Temporary _____ Date _____

†Recertify Date _____ †Recertify Date _____ †Recertify Date _____

Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given ³	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴
Varicella	None	None	None	None	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday
Hepatitis A	None	None	None	None	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	2 doses given 6 months apart ⁵	2 doses given 6 months apart ⁵
Influenza	None	None	None	1 or 2 doses	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶

1. Laboratory confirmed immunity also acceptable

2. Physician diagnosis of disease

3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HibOC (ActHib or Pentacel)

4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose

5. Hepatitis A is required for all children born on or after January 1, 2009

6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider	MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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Greater Hartford YMCA
New Child Intake Form

The information obtained through these forms will be confidential. It will be used to help your child's teachers gain insight on how to provide each child with a positive and successful school experience. However, we respect your privacy and ask that you share only what you feel comfortable sharing with us.
Thank you for taking the time to complete this form.

Family

Child's Name _____ Birthdate _____
Parent/Guardian Name(s') _____

Has your child attended any child care program previously? Y / N
If so, how was their experience?

Sibling(s') Names and Birthdates: _____
Family pets and names: _____
Language(s) spoken at home _____
Marital Status of Parents, if divorced or separated what is your child's living arrangement?

Are there any customs/traditions/values/holidays that are important to you and your family?

Health Factors

My child has allergies and/or a special physical or mental condition: Y / N If yes, please describe,

Are there any medications given regularly? Y / N If yes, please list

Eating

My child cannot eat the following foods due to an allergy or religious/cultural observance:

My child's favorite foods are _____
My child's least favorite foods are _____

Napping/Resting

My child has a regularly scheduled nap/rest time Y / N If yes, what times: from ____:____ to ____:____
My child usually falls asleep with the following items _____

Emotions/Behavior Management

How well does your child separate from you at drop off? _____
My child comforts him/herself by: _____
Special things I say or do to comfort my child? _____
I discipline my child at home by: _____



He/she expresses anger/temper tantrums by: _____
How do you help your child work through these moments? _____
Does your child have any fears? How are they shown? _____
My Areas of concern or difficulty are: _____

Toileting

Is your child toilet trained? Y / N
Does your child have accidents? Frequency? How does he/she feel or react to this occurring?
What words does your child use to communicate toilet needs?

Development

My concerns about my child's development are: _____
Was your child born prematurely? _____
What are some favorite toys and activities that you and your child share at home: _____

Indoors _____
Outdoors _____

What are your child's special talents or interests? _____
Is there any area in which your child excels? _____
Is there any area in which your child needs help? _____

How does your child react to messy activities? _____
Is there a social or behavioral concern you would like to see your child modify or change?

Are there physical abilities that you would like to see your child develop?

What are your expectations of our child development program?

What are your expectations for your child's school experience?

Any other feedback you feel you'd like to share:

Please use this space to add any information about your child's habits, abilities or personality which you feel would help the staff provide a good experience for him/her. Thank you

Signature _____

Date signed _____



EAST HARTFORD YMCA

REQUIRED DOCUMENTS FOR ENROLLMENT IN EARLY CHILDHOOD EDUCATION PROGRAMS:

- BIRTH CERTIFICATE
- PHYSICAL AND IMMUNIZATION RECORD
- 1 MONTH WORTH OF INCOME
- PREVIOUS YEAR'S TAXES
- REGISTRATION FORMS
- HEALTH INSURANCE CARD

First Day of Child Care Checklist

First Church, Larson Center & YCC Preschool Checklist

- _____ Small Sized pillow & Blanket (Child sized blanket and small pillow pets, labeled with child's name)
- _____ 2 pairs of extra clothes (pants, shirts, socks, underwear, labeled with child's name)
- _____ Policies and Procedures Signed Paper
- _____ No open toe shoes please

YCC Toddler Checklist

- _____ Wipes
- _____ Diapers and/or Pull Ups
- _____ Diaper Cream (If needed with form signed, labeled with child's name)
- _____ Sippy Cup (If needed)
- _____ Small Sized pillow & Blanket (Child sized blanket and small pillow pets, labeled with child's name)
- _____ 2 pairs of extra clothes (pants, shirts, socks, underwear, all labeled with child's name)
- _____ Policies and Procedures Signed Paper