



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

**VALLEY SHORE YMCA**  
**2018-2019 SCHOOL AGE PROGRAM REGISTRATION FORM**

CHILD'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Gender \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (entering) \_\_\_\_\_

Child resides with \_\_\_\_\_ START DATE \_\_\_\_\_

**MONTHLY FEES      DROP IN ONLY    BEFORE SCHOOL    AFTER SCHOOL**

Please register my child:    ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri at _____				
				School Name
<b>AM SESSION: Joel, Daisy, Essex and Goodwin Schools only</b>				
<input type="checkbox"/> 5 days \$168.00	<input type="checkbox"/> 4 days \$135.00	<input type="checkbox"/> 3 days \$101.00	<input type="checkbox"/> 2 days \$67.00	<input type="checkbox"/> 1 day \$34.00
<b>PM CARE: Chester, Daisy, Deep River, Essex, Goodwin, Joel, Old Saybrook Middle School</b>				
<input type="checkbox"/> 5 days \$262.00	<input type="checkbox"/> 4 days \$210.00	<input type="checkbox"/> 3 days \$157.00	<input type="checkbox"/> 2 days \$105.00	<input type="checkbox"/> 1 day \$52.00
<b>PM CARE: Abraham Pierson School</b>				
<input type="checkbox"/> 5 days \$281.00	<input type="checkbox"/> 4 days \$225.00	<input type="checkbox"/> 3 days \$168.00	<input type="checkbox"/> 2 days \$112.00	<input type="checkbox"/> 1 day \$56.00

**In case of emergency, which parent/guardian listed below should we contact first:** \_\_\_\_\_

**PARENT/GUARDIAN #1** \_\_\_\_\_

**PARENT/GUARDIAN #2** \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

**Info will be sent via email**

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

**Enclosed is the \$25 Registration Fee, which is NON-REFUNDABLE. No Membership is needed**

**I understand the financial requirements, payment obligations and deadlines as outlined in the school aged child care handbook.**

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



## Pick-Up Form and Emergency Information

Child's Name \_\_\_\_\_

**PLEASE NOTE THE STATE OF CONNECTICUT REQUIRES THAT YOU LIST AT LEAST ONE EMERGENCY CONTACT IN ADDITION TO PARENT/GUARDIAN.**

In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA will require photo I.D. to release any child to an authorized pick up person listed on this form. Only these names listed below will be allowed to pick up your child. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Please use additional Pick Up Form if more names are needed.**

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a court order to the contrary. Please list below any persons not authorized to pick-up this child and attach the original copy of the court order

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### **Authorization For Medical Attention:**

I give permission for the YMCA Certified First-Aid staff to treat my child, if needed. I authorize the child care staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Name of Physician \_\_\_\_\_ Address/Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to Child \_\_\_\_\_

List all medications and medical conditions affecting your child. Must complete medication administration form, individual care plan and supply site with appropriate medication prior to starting the program).

**Health form must be attached to complete registration.**

**Please Print Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Payment Authorization Form

Child's First Name: \_\_\_\_\_

Last: \_\_\_\_\_

The School Age Child Care Program is a tuition based program. The yearly cost per child for the program is based on the calendar days in the school year and divided into 10 equal monthly payments. Monthly payments remain the same regardless of weather related closings, absenteeism, and holidays. All families are required to use auto-bill payment for program tuition. Automatic payments will be drafted on the 1st of each month prior to services rendered. A \$25 Late Payment fee will be assessed if credit card or EFT returns are not cleared within 10 days of original transaction. Failure to pay this fee will result in your child's dismissal from the program.

### MONTHLY FEES:

**DROP IN ONLY    BEFORE SCHOOL    AFTER SCHOOL**

#### **Please register my child**

#### **BEFORE SCHOOL: Daisy, Essex, Goodwin and Joel Schools only**

5 days \$168.00       4 days \$135.00       3 days \$101.00       2 days \$67.00       1 day \$34.00

#### **AFTER SCHOOL ELEMENTARY: Chester, Daisy, Deep River, Essex, Goodwin, OSMS, Joel School**

5 days \$262.00       4 days \$210.00       3 days \$157.00       2 days \$105.00       1 day \$52.00

#### **After School: Abraham Pierson School**

5 days \$281.00       4 days \$225.00       3 days \$168.00       2 days \$112.00       1 day \$56.00

I, \_\_\_\_\_ Hereby authorize the Valley Shore YMCA to charge the account listed below on the 1st of each month as payment for child care services being rendered.

I authorized my bank to honor pre-authorized Electronic Funds Transfers or credit card charges against my account for child care payments indicated below. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when receive by them, then it is understood that the payment is to be made by me in the amount of said payment. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. . A \$25 Late Payment fee will be assessed if credit card or EFT returns are not cleared within 10 days of original transaction. Failure to pay this fee will result in your child's dismissal from the program.

I choose to utilize the EFT option for payment (direct debit from my Checking **OR**  Savings Acct.)

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I choose to utilize the Credit Card option for payment (direct charge to credit card)

Credit Card:  Visa     Master     Discover     Amex    Card Holders Name: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# VALLEY SHORE YMCA

## School Age Child Care Behavior Contract

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### CHARACTER CODE FOR CHILDREN AND PARENTS

I will show respect by treating other children and adults the way I would want to be treated.

I will be honest, will always tell the truth, and will be a friend that others can trust.

I will demonstrate caring by helping others and treating them kindly.

I will take responsibility for my own behavior and accept the consequences for my actions.

### CHILDREN'S RIGHTS

Have a safe, calm, clean and orderly environment.

Make mistakes without being ridiculed by others.

Seek help from adults who are there to help.

Be treated with dignity and respect by everyone.

### CHILDREN AND PARENTS RESPONSIBILITY

#### Expectations:

Avoid fights or verbal abuse of other children.

Be fair and accepting of others eager to join any activity.

Work and play safely.

Use appropriate, acceptable language.

Be kind, considerate, helpful, and respectful toward others.

Share equipment and materials fairly and use them properly.

Respect property, especially things that do not belong to me.

Cooperate with others and with adults who are here to help.

Speak out when witnessing unfairness or offensive language or behavior of other.

Be a good sport whether you win or lose.

Be truthful with everyone.

### CONSEQUENCES

- Letter of discipline for talking back, destroying property, bullying children, disrupting the program, refusing to obey. Parent will be required to sign these reports acknowledging that they have read the report. After three reports child and parent may be required to meet with the Program Director.
- Letter of Discipline and immediately suspended for a minimum of one day for hitting, kicking, biting, spitting, scratching, swearing, making degrading or racial remarks, or leaving the group. Parents may be required to meet with the Program Director before the child can return to the program.
- SACC services may also be terminated if the parent is physically or verbally abusive to a staff member. It is our desire that every child enjoys his/her experience in the program.
- I understand the Student Behavior Contract.
- I will be honest about my actions and feelings. When I am frustrated or believe that I am being mistreated, I will talk with my head teacher and I will not act out in an inappropriate way.
- I will act in a caring and respectful manner to others. I will not talk back, use obscene or threatening language, or speak in an unkind manner about others. I will follow directions and listen attentively while participating in activities.
- I will take responsibility for my own behavior, not blaming others for the choices I make. If I destroy something as a result of my inappropriate behavior or actions I will replace it.
- I understand that my participation in the School-Age Child Care program may be limited or discontinued if I do not follow this contract.

# VALLEY SHORE YMCA

## Parent Statement of Understanding

- The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the YMCA Child Care Parent Handbook which outlines our program policies and procedures. Your signature indicates that you have received, read, and understand the Parent Handbook.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA towards staff and volunteers if a violation is discovered.
- I understand that I am not to leave my child at the program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. A court order is required to restrict a legal parent/guardian from pick-up. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA Child Care office (Ext. 118) to inform them of a change.
- Do not release my child to any of the following individuals \_\_\_\_\_, if any of these individuals are biological parents, a court order is required to not release.
- I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in the position where they have to make this judgment call.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities of investigation.

## Behavior Modification Techniques:

Here at the YMCA, we believe in the concept of "Positive Discipline". Through generous praise, encouragement and positive reinforcement, the motivation for most misbehavior can be eliminated. However, some discipline situations may arise. The teachers will discuss the situation with the child and any other children involved. If this does not work, the teachers will try to redirect the negative behavior. If the behavior persists, the teachers will then allow the child some time away from the activity.

## The following techniques are used to help modify children behaviors:

- Changing the setting
- Giving choices
- Encouragement
- Reinforcing positive behavior
- Giving reasons
- Setting limits
- Giving consequences
- Warnings

If redirection of the child and the time out is ineffective and serious behavioral problems continue to disrupt the program, the parent will be called to pick-up their child early. The YMCA also reserves the right to remove or suspend a child without tuition reimbursement if the parents, Director of School Age Program, Head Teacher cannot mutually get the child to behave in an appropriate manner.

I affirm that I have been presented with, understand and agree to comply with the Behavioral Modification Techniques outlined above and in the Parent Handbook. I have discussed this policy with my child and the policy is understood by family as a whole.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**The Valley-Shore YMCA**  
**School Aged Child Care Authorizations and Acknowledgements**

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I understand there are risks associated with activities and programs in which my child is a participant. I hold the YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation.

\_\_\_\_\_ Initials

I acknowledge that I have received a copy of the YMCA Parent Handbook which covers the following information, general policies, accounting policies, days program is closed and complaint procedure. I understand that if I have any questions in regards to the content of this handbook it is my responsibility to notify the YMCA at the earliest convenience.

\_\_\_\_\_ Initials

I hereby give permission for my child to participate in all activities that are part of the program.

\_\_\_\_\_ Initials

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the events of an accident. I understand that all precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ Initials

I also grant permission for photographs taken of my child while at school aged child care to be used for publicity and promotional purposes.

\_\_\_\_\_ Initials

I acknowledge that the school district is not responsible for incidents/accidents that occur during before or after school hours.

\_\_\_\_\_ Initials

I understand that if I am receiving Care 4 Kids, my contract for child care and all associated fees is on file with the YMCA. If for any reason Care 4 Kids fails to pay, I, as a client of the YMCA, will be held responsible for the full child care tuition.

By initialing, I agree with these terms.

\_\_\_\_\_ Initials

I understand that the Valley Shore YMCA, site location are not responsible for personal property lost, damaged, or stolen while members and/or participants are using the facilities, on the premises, or involved in programs.

\_\_\_\_\_ Initials

I understand that my monthly payment is due on the 1st of the month for the upcoming month and that a \$25 late fee will be charged if my payment is not received on time. Furthermore, I understand that if payment is not received by the 15<sup>th</sup> of the month, my child will not be allowed to attend the program until my balance is paid in full.

\_\_\_\_\_ Initials

I acknowledge that I have read and understand the Discipline Policy in the Parent Handbook.

By initialing, I agree with these terms.

\_\_\_\_\_ Initials

I have read and understand the YMCA Behavior Modification Policy and Procedure. (Policy has been discussed)

By initialing, I agree with these terms.

\_\_\_\_\_ Initials

We believe that *every* child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible.

Does your child receive special accommodation during the school day (social, behavioral, medicine)?

No \_\_\_\_\_ Yes \_\_\_\_\_

Please explain if there are certain situations that may cause your child difficulty.

How can we best work with your child in these situations?

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

\_\_\_\_\_  
Date