

# Y SCHOOL AGE™

The Valley-Shore YMCA  
REGISTRATION 2009-2010

CHILD'S FULL NAME \_\_\_\_\_ M or F \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (09-10) \_\_\_\_\_ SCHOOL \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ START DATE \_\_\_\_\_ or FIRST DAY OF SCHOOL \_\_\_\_\_

CHECK HERE IF REGISTERING FOR ALL DAY PROGRAMS ONLY \_\_\_\_\_

CHECK HERE IF YOU DO NOT WISH YOUR CHILD TO BE PHOTOGRAPHED \_\_\_\_\_

**CHECK ALL THAT APPLY:  
MINIMUM ENROLLMENT OF 2 DAYS PER PROGRAM PER WEEK IS REQUIRED**

**BEFORE SCHOOL** - 7 AM TO THE START OF SCHOOL (Available at Daisy, Goodwin or Joel School ONLY)

Mon:	Tues:	Wed:	Thurs:	Fri:
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**AFTER KINDERGARTEN** - END OF KINDERGARTEN UNTIL 3 PM (Available at Daisy ONLY)

Mon:	Tues:	Wed:	Thurs:	Fri:
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Child will take Bus # \_\_\_\_\_ Home Yes: \_\_\_\_ No: \_\_\_\_

Child will be picked up Yes: \_\_\_\_ No: \_\_\_\_

**AFTER SCHOOL** - END OF SCHOOL UNTIL 6 PM (Available at all schools)

Mon:	Tues:	Wed:	Thurs:	Fri:
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MOTHER'S NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**All enrolled children must be toilet trained.**

**ENROLLMENT IS ACCEPTED ON A "FIRST COME, FIRST SERVED BASIS" DUE TO SPACE AVAILABLE AT SCHOOLS AND STATE LICENSED CAPACITIES.**

**Providing false or incomplete information on this form could be cause for immediate dismissal from this program.**

**Please register my child for the School Age Program. Enclosed is the \$25 Registration Fee, the \$60 Participant Fee (if applicable) - both of which are NON-REFUNDABLE. I will be responsible for all charges.**

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

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**



Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support.

1. Is your child **Active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?** Please use the space below to tell us a little about your child's characteristics.

2. What are the most important things we can do to help your child have a positive experience in our School Age Program? Are there areas where you feel your child may need any kind of extra help or support? If yes, please describe them.

**Thank you for telling us about your child!**

OFFICE USE ONLY:

Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Staff \_\_\_\_\_

PP Mem. 60	
SAP Reg. 25	
Daily Fees	
BS - 7.25	
AK - 12.50	
AS- 12.50	
PIERSON and	
OSMS- 13.50	
<b>TOTAL DUE</b>	

Original to:

Copy to:

Copy to:

# Y SCHOOL AGE™

The Valley-Shore YMCA  
Pick-Up Form

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

In order to be in compliance with the Connecticut State Department of Health, the Valley-Shore YMCA must have written permission, on file, for **ANY** and **ALL** persons, (**INCLUDING BOTH PARENTS**) who may pick up your child. The State also requires that **at least one person, other than the parents**, must be listed. Any persons listed must be at least 16 years old and must be able to provide a driver's license with photo for identification. **Staff members and/or volunteers of the Valley-Shore YMCA are not allowed to transport participants under the age of 18 anywhere, therefore they cannot be listed on this form.**

I authorize the following **LOCAL** persons to pick up my child. I agree to notify the YMCA staff ahead of time, and in writing or by phone, if my child is to be picked up by someone on this list other than a parent. Please have ID available. **I understand that the YMCA staff will not be responsible for policing custodial disputes.**  
My child may **only** be released to:

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Only persons listed above will be allowed to pick up your child. Notes or phone calls will NOT be accepted. Any changes need to be made in person.

**Y SCHOOL AGE**  
 The Valley-Shore YMCA  
Emergency Medical Care Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Preferred Emergency Medical Facility: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Insurance Carrier and Membership I.D.: \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Available in case of accident or illness? \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Available in case of accident or illness? \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Name, area code and telephone number of local relatives or friends who may be contacted in an emergency if parents are not available. Please be sure that they know you have given their name. **These people must also be listed on your child's Pick Up Form.**

Name: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

It is policy of the Valley-Shore YMCA, in case of accident or medical emergency, to make every effort to contact parents and/or family doctor. However, in the event that we are unable to do so, and your child requires urgent medical care, we ask you to sign the following release statement:

**I hereby give my permission to the authorized personnel to have my child treated at the nearest emergency medical facility if I am not available to take him/her to our own doctor.**

**I understand School Age Program fees do not include health and accident insurance and I will be responsible for any charges incurred for medical attention.**

Name of parent or guardian (please print): \_\_\_\_\_

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



The Valley-Shore YMCA

**Policy on Administration of Medication Form**

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

The Valley-Shore YMCA views the administration of medication as a serious process. The staff, although trained, is limited in their ability to administer medication. However, medication will be administered to children enrolled in child care at the YMCA only after a “plan” has been developed with the parents and approved by the Child Care Director. The Director is responsible for the implementation of this program in their respective department.

**The Valley-Shore YMCA will require the following for:**

**Prescription Medication**

- All medication must be delivered by parent or guardian - **NOT BY THE CHILD**
- “Authorization for Administration of Medication by Day Care Personnel” order form completed with specific instructions authorized by physician and parents
- We cannot administer “as needed” medications
- Any change in order will require a new order from physician
- Original childproof container labeled with same instructions as authorization form.
- All necessary items (measuring spoons, etc) must be provided.
- Inhaled medications administered by hand held inhalers – only with specific times stated by physician.
- All items will be returned to parents when completed.

**Note:** the Valley-Shore YMCA will not administer investigational drugs.

**Non-Prescription Medication**

- All medication must be delivered by parents or guardian – **NOT BY THE CHILD**
- “Authorization for Administration of Medication by Day Care Personnel” order form filled in with specific instructions for administration signed and authorized by physician and parents.
- Original container with child's name and instructions matching those on the authorization.
- Items will be returned to parents when completed.
- Non-prescription topical medications require only parental signature.

**Note:** The Valley-Shore YMCA will not administer ear, eye, or nose medications or drops

**EVERY PARENT MUST SIGN BELOW:**

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

\_\_\_\_\_  
Date



### **Parent Handbook Form**

You have been given a Parent Handbook so that you have a complete knowledge and understanding of our School Age Program and its policies and procedures. Please familiarize yourself with its contents and sign and return this form.

#### **Discipline policy as stated in Handbook:**

The School Age Program is a place for children to have fun, but we expect caring, respectful, honest and responsible behavior from your child. If needed, our caregivers will use positive methods in disciplining children. If a child is out of control, our caregivers will remove the child from the activity and he/she will be given time to regain control while separated from the group. The child will always be in sight of our caregivers and never left alone. Our caregivers will never use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstance. If a child's behavior consistently requires attention from our caregivers, which takes away from other children, you will be notified. We reserve the right to suspend a child's participation in the program temporarily or permanently due to discipline problems. Intentionally causing injury to another child, or leaving the caregiver's supervision will result in temporary suspension. If your child's participation is **temporarily suspended**, you will continue to be **responsible for payment** for the original scheduled days. After three suspensions your child will be removed from the program.

I, the parent/guardian of \_\_\_\_\_ have read, understand and hereby agree to abide by the policies and procedures as stated in the Parent Handbook provided to me by the Valley-Shore YMCA School Age Program. I also understand and agree to abide by the discipline policies stated above and in the handbook.

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

\_\_\_\_\_  
Date

# Y SCHOOL AGE™

The Valley-Shore YMCA  
Payment Authorization Form

The Valley-Shore YMCA strives to meet the needs of families! By choosing the checking account or credit card draft plan, School Age fees are automatically paid on time. No more hassles. Strict confidentiality of this information will be maintained.

### Payment Options:

- 1) Pay monthly balance using credit card or checking account on the 20<sup>th</sup> of the **prior month**
- 2) Pay weekly balance using credit card or checking account on the Friday prior to services being rendered.

**All fees will be due prior to services being rendered**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ Hereby authorize the Valley-Shore YMCA to charge the account listed below on the Friday prior of each week as payment for daycare services being rendered. In understand that I must provide thirty days written notice if I wish to discontinue this services.

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 if is understood that the payment is to be made by me in the amount of said payment plus a return fee of \$10.00. 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.

**Please choose from the following options. SIGNATURE is required to process.**

- 
- I choose to utilize the EFT option for payment (direct debit from my Checking  ~  Savings Acct.)  
 Monthly  Weekly

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)  
 Monthly  Weekly

Credit Card Type  Visa  MasterCard Card Holders Name: \_\_\_\_\_

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

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