



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

July 2015

Dear Parents,

Thank you for choosing the YMCA for your child care needs. We are excited to welcome you to ASHFORD School Age Child Development 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-reliance.

Our 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 the National Afterschool Association (NAA), the premier professional organizations in our field, to ensure that our programs set the standard of quality in our area.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child. Please submit completed registration packet with a \$100.00 deposit to secure your child's spot. The deposit will be applied to your 1<sup>st</sup> month's payment of child care.

Sincerely,  
Jon Bartolotta  
Program Director

\* \* \* \* \*

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

Indian Valley Family YMCA  
OFFICE PHONE: 860-872-7329  
OFFICE FAX: 860-875-5245

Program Director: Jon Bartolotta  
PHONE: 860-872-7329 ext.13  
EMAIL: jon.bartolotta@ghymca.org



## Child Care Memorandum of Understanding

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Child Name

Site/Program

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Parent/Guardian Name

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Address

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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 will be able to fully participate in all activities each. If they are ill and cannot fully participate a parent/guardian will be contacted to pick them up.
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 were 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 Department of Public Health regulations. Children may not participate in child care programs if health and medical forms are absent or expired.
6. A two week written notice must be provided to the office when changing your child's schedule or when withdrawing from the program.
7. I understand and accept that my Child Care payment of \_\_\_\_\_ is due monthly for the month of service. For example, payments for the month of October are due October 1<sup>st</sup>. Overdue accounts will be assessed a \$25 late fee on the 6<sup>th</sup> of the month.
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.

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

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Parent/Guardian Name Signature

Date



Ashford School Age Child Care Registration Form 2015-2016

CHILD/FAMILY INFORMATION

Child's Name Male Female D.O.B. Age
Home Address Town/City State Zip
Home Phone School child attends Grade in September 2015
In case of emergency, which parent/guardian listed should we contact first?

Parent/Guardian Name Relationship to Child Address Town/City State Zip Home Work Cell Place of Work Business Address Email Address

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

EMERGENCY INFORMATION

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

Name Relationship to child Home Work Cell
Name Relationship to child Home Work 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 will require these people to furnish Photo Identification before releasing my child.

Name Address Home Work Relationship
Name Address Home Work Relationship
Name Address Home Work Relationship
Special Orders for picking up child (Please enclose legal documents if specified people are named).

REGISTRATION INFORMATION (please check all that apply)

Site Name: Program SACC Start Date:

DESIGNATED DAYS: Monday Tuesday Wednesday Thursday Friday

Time: PM



MCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA
Child Development Programs

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BILLING PARTY INFORMATION

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

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

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

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 Hospital Preferred \_\_\_\_\_

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

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

Policy Holder's Name \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_/\_\_\_/\_\_\_

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 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 (2) week written notice for termination of care. I am responsible for full payment of the two weeks of care.
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 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.
10. I have read the YMCA Child Care Handbook and agree to these policies and procedures.

Please check each additional statement you agree with:

\_\_\_ 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



**MCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA**  
Child Development Programs

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA of METROPOLITAN 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 \_\_\_\_\_

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



# State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
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		

\* 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	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any medications your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

**Part II — Medical Evaluation**

**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

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 under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

**Screenings**

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	Right	Left	Type:	Right	Left		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	*HCT/HGB:	
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail		*Speech (school entry only)	
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*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 the Asthma Action Plan to School*

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source  
**Allergies** *If yes, please provide a copy of the Emergency Allergy Plan to School*  
History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
*Explain:* \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider	MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

HAR-3 REV. 4/2011

# Immunization Record

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

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old - given annually	
Other						

Disease Hx  
of above

(Specify)

(Date)

(Confirmed by)

### Exemption

Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date \_\_\_\_\_

Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools

### KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart - 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart - 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday;

- students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
  - MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
  - Hep B: 3 doses - the last dose on or after 24 weeks of age.
  - Varicella: 1 dose on or after the 1st birthday or verification of disease\*.

### GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart - 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.

- Varicella: 2 doses given 3 months apart - 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease\*.

\* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

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

Date Signed

Printed/Stamped Provider Name and Phone Number





FOR YOUTH DEVELOPMENT  
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FOR SOCIAL RESPONSIBILITY

Indian Valley Family YMCA  
Ashford School Age Child Care  
Payment Schedule  
2015-2016

Days Offered	Monthly Payment	Due Date	Month Due	Late Fee Assessed if payment is received after date indicated below
2 Days PM	\$130.00	9/1/2015	September	9/5/2015
3 Days PM	\$165.00	10/1/2015	October	10/5/2015
5 Days PM	\$257.00	11/1/2015	November	11/5/2015
		12/1/2015	December	12/5/2015
		Jan. 1, 2016	January	January 5, 2016
		2/1/2016	February	2/5/2016
		3/1/2016	March	3/5/2016
		4/1/2016	April	4/5/2016
		5/1/2016	May	5/5/2016
		6/1/2016	June	6/5/2016

- **5% off 2<sup>nd</sup> 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, MasterCard, 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 1<sup>st</sup> 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.**
- **Please take special NOTE that if payment is not received by the 1<sup>st</sup> of the month a Late Fee will be assessed on the 6<sup>th</sup> day of the Current month.**



## School Age Child Development Payment Agreement

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

1. I understand and accept that a deposit equal to one week of service 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. I understand and accept that my Child Care payment of \_\_\_\_\_ is due monthly for the month of service. For example, payments for the month of October are due October 1<sup>st</sup>. Overdue accounts will be assessed a \$25 late fee on the 6<sup>th</sup> of the month.
3. I understand and accept that monthly fees are based on 182 days of school and are divided by 10 months (September-June); therefore, 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.
4. I understand and accept that if my child is absent, I will still pay the regular monthly fee.
5. I understand and accept that failure to pay required monthly fees will prevent my child from further participation in any YMCA program.
6. 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.
7. 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.
8. 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.
9. I understand and accept that the morning programs will start at 7:00am 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.
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.



## School Age Child Care ATS Authorization Form

### Notice to ATS (Automatic Transfer System) Pay Members

It is my complete understanding that if I wish to terminate my child's enrollment I must submit a letter in writing canceling my ATS transaction giving the YMCA two week written notice prior to my child's withdrawal date. I understand that paying under the ATS Pay Plan I am subject to dues 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 check/charge (ATS) not be honored by my financial institution when received by them, I understand that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment, plus a \$25 service charge. I understand that if two ATS payments are rejected my child's enrollment will be terminated. I understand that the YMCA may utilize third party companies to assist with its collection efforts. Any service charge from the YMCA or its third party agencies does not include possible fees imposed by my financial institution.

I, \_\_\_\_\_, have read, understand and agree to the above.  
(First and Last Name)

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Sign Here**



### Credit/Debit Card Payment

American Express

Discover

MasterCard

Visa

Credit/Debit Card Number \_\_\_\_\_ Credit/Debit Card Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

### Checking/Saving Payment

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

I would like to have my account debited on the \_\_\_\_ of the month. If other than the 1<sup>st</sup>, it payment must be made in advance of the upcoming month.

**AND Here**

Signature \_\_\_\_\_

Date \_\_\_\_\_



### OFFICE USE ONLY

Amount of Initial Payment \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Member Account # \_\_\_\_\_ Date Entered \_\_\_\_\_ Form Entered By \_\_\_\_\_



## Child Guidance and Discipline Policies

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Child's Name

Site/Class

It is YMCA procedure to use positive techniques of guidance with all children. Staff will have 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 model appropriate behaviors for children.
2. Staff will remain objective when there is a problem with a child.
3. Staff will give children positive attention, and will engage children in behaving positively.
4. Staff will encourage children to behave positively and to continue to behave in appropriate ways.
5. Staff will divert attention away from any activity that they disapprove of by substituting another play thing or leading the child to another activity.
6. Staff will offer children choices of activities/games in which they can participate.
7. Staff will set limits for children that are consistently enforced and are based on reasons children can understand.
8. 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.
9. Staff will structure the environment in such a way to help reduce misbehavior and accidents.
10. Staff will redirect behavior. It is necessary at times to move a child away from a behavior by suggesting an alternative acceptable behavior.
11. 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.
12. Staff will separate children if they are having difficulty getting along.
13. Staff will explain the consequences of misbehavior to all children, and will continually remind students of the consequences.



**MCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA**  
**Child Development Programs**

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

- 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.**
  
- 16. The parent/guardian will be required to pick the child up from the 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 one time 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 the Executive Director to be a danger to the child, to other children or to the staff in a program, parent(s)/guardian(s) 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. The Connecticut General Statutes identify 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 Connecticut. 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 what is said.**

**I have received, read, and discussed the above policies regarding Child Guidance and Discipline with a YMCA staff member.**

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**Parent/Guardian Signature**

**Date**