



CENTRAL CONNECTICUT COAST YMCA School Aged Child Care Registration & Release Form

Site Location/Program _____ Child's School _____ # _____

of Days M T W Th F Before After Program Start _____ Program End _____ Child's

First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age as of Sept 1, yrs. _____ mos. _____ 2025-2026 Grade _____ Child resides with _____

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 _____

Employment Address _____ Employment Address _____

City/State/Zip _____ City/State/Zip _____

Info will be sent via email

Email Address _____ Email Address _____

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

Does your child require special accommodations (social, behavioral, medicine)? No Yes Will an individualized care plan be provided? Yes No

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 _____

Signature of Parent/Guardian _____ Date _____

Guardian Authorization:

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. I authorize the YMCA to release my child to the custody of the following people other than Parents/Guardians listed above:

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____ Phone: _____

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 _____

Parent/Guardian Permission:

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel.

I understand the financial requirements, registration, payment obligations, refund policy and deadlines as outlined in the School Age Child Care Parent Handbook.

Signature of Parent/Guardian _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA School Aged Child Care Authorizations and Acknowledgements

Site Location _____ Child's School _____

Child's First Name _____ Last _____ Gender _____

Parent Guardian Authorizations and Acknowledgements

I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast 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 Child Care 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 have received, read and understand the Central Connecticut Coast YMCA SACC Safety Policy. _____ Initials

I hereby give permission for my child to participate in all activities (including field trips) that are part of the program. _____ Initials

I hereby give my consent for my child to participate in activities that involve water while under the supervision of the YMCA staff or their representatives. _____ Initials

I hereby give my consent for my child to be transported by the YMCA staff or their representatives. I grant permission to have my child transported to one of the YMCA's other facilities in case of inclement weather. _____ 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 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 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 Site Location, the Y branch and the Central Connecticut Coast YMCA are not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the facilities, on the premises, or involved in Y programs. _____ Initials

I understand that my monthly payment is due on the 20th of the month for the upcoming month and that a \$25 late fee will be charged if my payment is not received on time. I understand that there will also be a \$30 fee for any returned payments. Furthermore, I understand that if payment is not received by the 30th of the month, my child will not be allowed to attend the program until my balance is paid in full. _____ Initials

Getting to know your child

The YMCA believes that *every* child in our care is a unique individual. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the Director and visit the program prior to enrolling your child.

Please answer the following questions:

Please explain if there are certain situations that may cause your child difficulty. How can we best work with your child in these situations?

What limitations does your child have?

Are special provisions required to enable your child to participate in our program? (Including all food allergies).

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

Other comments:

Signature of Parent/Guardian _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA School Aged Child Care Payment Authorizations

Site Location _____ Child's School _____
Child's First Name _____ Last _____ Gender _____

Child Care Agreement

The School-Age Child Care Programs are tuition based. The yearly cost per child for the program is based on the number of calendar days in the school year and divided into **10 equal monthly payments**. I _____, hereby authorize the Central Connecticut Coast YMCA to charge the account listed on the 20th of each month in the amount of \$ _____ to act as payment for School Aged Child Care services. I understand that I must provide two weeks' notice, in writing, to discontinue this service. This agreement is for the current school year plan only and the last draft will occur on **May 20, 2027**. **There will be a \$30.00 charge for any EFT or charge returned by the bank. Also a \$25.00 late payment fee will be added to the account if not paid before the first of the month. These fees will be automatically drafted from my School Aged Child Care account.**

I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of child care) or credit card information/expiration date (if utilizing credit card for payment of child care).

Please print your name _____

Address _____

Email _____

Signature _____ Date _____

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (child care service) payments as 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 received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. 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.

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature: _____ Date: _____

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

Credit Card Type American Express Discover MC Visa Card Holder Name _____

Credit Card needs to be scanned at the branch. Card Holder Address _____

Authorized Signature: _____ Date: _____

2026-2027

SCHOOL AGED CHILD CARE ONLY

Attach voided check here.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST 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 below 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 out side 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 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.

Managing a Child's Behavior

The Central Connecticut Coast YMCA staff are trained based on the following disciplinary policies and are reviewed during staff development and upon new hire orientation. The goal of discipline is to help the child to develop inner control so that he/she may move toward appropriate social behavior.

1. In order to work effectively with children, we must first try to understand his or her motives for inappropriate behavior. Straight forward rules and clear guidelines have been established for a uniform set of appropriate behavior. Consistency is paramount in effective discipline and is stressed throughout our programs. Positive guidance and the use redirection as an initial technique to change negative behavior is used by staff in addition to providing a clear explanation of the inappropriate behavior displayed.

2. Staff will not be abusive, neglectful, or use corporal, humiliating or frightening punishment to discipline children in our programs. A child will not be hit, spanked, slapped, pinched, shook or struck by any staff. Nor will any child be handled roughly. Staff will not shove or shake any child nor pull their ears or hair at any time as form of discipline. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

3. If a child does not respond to redirection and continues to display inappropriate behavior the child may be removed from the activity for a "Time Out". The child remains within full view of the staff and may not be able to see the activity during this period. The limit on "time out" is five minutes and is determined by the amount of time the child takes to display appropriate behavior or on the severity of the inappropriate act. During the "time out" the staff will ask the child what they think they did to be put in "time out", why did they behave that way, and what will they do next time to avoid the situation happening again.

4. If redirection of the child and the time out and counseling is ineffective and serious behavioral problems continue to disrupt the class the parent may 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, Head Teacher, Director of School Age Child Care, Child Care Coordinator and/or Youth Director cannot mutually get the child to behave in an appropriate manner.

I have read and understand the statements above and have been informed of the YMCA Parent Policies and Procedure.

Parent Signature: _____ Date: _____

Child's Name: _____ Program: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA
School Age Child Care Behavior Contract for Participants, Parents and Families

EXPECTATIONS

- Show respect by treating other children and adults the way I would want to be treated.
- Be honest, will always tell the truth about actions and feelings.
- Be a friend that others can trust.
- Demonstrate caring by helping others and treating them kindly.
- Take responsibility for my own behavior and accept the consequences for my actions.
- To be free from cruel teasing and insults.
- Have a safe, calm, clean and orderly environment.
- Make mistakes without being ridiculed by others.
- Seek help from those that are there to help. Talk with YMCA Staff when frustrated or feel mistreated.
- Be treated with dignity and respect by everyone.
- Use appropriate, acceptable language, don't talk back or use obscene, threatening language or speak in an unkind manner.
- Avoid fights or verbal abuse.
- Be fair and accepting of others eager to join any activity.
- Work and play safely.
- Be kind, considerate, helpful, and respectful toward others.
- Follow directions and listen attentively while participating in activities.
- Share equipment and materials fairly and use them properly.
- Respect property, especially things that do not belong to me.
- Cooperate with others who are there to help.
- Speak up when witnessing unfairness or offensive language or behavior of others.
- Be a good sport whether I win or lose.
- Be truthful with everyone.

CONSEQUENCES

- Letter of discipline for talking back, destroying property, bullying children, disrupting the program, refusing 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 YMCA Leadership Staff.
- 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 YMCA SACC 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.
- Participation in the YMCA program may be limited or discontinued if this contract is not followed.

SOME BEHAVIORS MAY WARRANT OUR SKIPPING PROCEDURES DEPENDING UPON THE SEVERITY OF THE INAPPROPRIATE BEHAVIOR.

Parent/Guardian Signature

Child/Participant Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA School Age Child Care 2026-2027 Transportation Permission Form

I hereby give permission for my child _____, for daily transportation to and from his/her school as indicated on my child's enrollment form as well as for emergency situations when the program needs to be evacuated for the safety of the children.

In the event of an emergency and I cannot be reached please call:

_____ At _____
(Emergency Contact Other than Parent/Guardian) (Phone Number)

I prefer my child to be taken to _____ hospital and in the event that my child requires emergency medical attention the following physician should be notified.

Physician's Name and number

Signature of Parent/ Guardian Date

School Age Child Care Recreational Swimming Permission Slip

I, _____, the parent/guardian of _____, give my permission for he or she to participate in the YMCA recreational swim program offered through Before or After School Care, the Y Learning Center, Y Vacation Club, Y Fun Club, or Summer Day Camp. I release and agree to hold harmless the YMCA, its officers, directors, employees, or staff from any claim or damages that may occur as a result of my child's participation in the YMCA recreational swim program.

Signature of Parent/ Guardian Date