



CENTRAL CONNECTICUT COAST YMCA Infant, Toddler, Preschool Registration & Release Form

Child's First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Child resides with _____

Office Use – Program Name: _____ Start Date: _____

Parent/Legal Guardian #1 _____ Parent/Legal 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 you be providing an individualized care plan? 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 _____

Legal 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. Individuals picking up your child must be 18 years old or older. I authorize the YMCA to release my child to the custody of the following people other than me:

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/ Legal 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 and deadlines as outlined in the Preschool Handbook. By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above named child.

Signature of Parent/Legal Guardian _____

Date _____



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CENTRAL CONNECTICUT COAST YMCA Infant, Toddler, Preschool Authorizations and Acknowledgements

Child's First Name _____ Last _____ Gender _____

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

I agree to arrange for my child to be picked up from the program if they become ill and to keep the child home until their condition is considered safe and appropriate for participation. _____ Initials

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

I hereby give my consent for my child to be transported by the YMCA staff or their representatives in a YMCA Vehicle or contracted Bus Transportation. I grant permission to have my child transported to one of the YMCA's other facilities in case of an emergency situation when this center needs to be evacuated for the safety of the children. _____ 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 preschool to be used for publicity and promotional purposes. _____ Initials

I have read the CDC Concussion Fact Sheet and will talk to my child about the information. (<http://www.cdc.gov/headsup/>) _____ 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 by the 1st of the current month. I understand that there will also be a \$25 fee for any returned payments. Furthermore, I understand that if payment is not received by the 1st 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 with special needs. 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 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).

By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above named child.

Signature of Parent/Legal Guardian _____

Date _____

08/06/2019



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CENTRAL CONNECTICUT COAST YMCA Infant, Toddler, Preschool Payment Authorizations

Child's First Name _____ Last _____ Gender _____

Child Care Agreement

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 Child Care services. I understand that I must provide THIRTY DAYS notice, in writing, if I wish to discontinue this service. **There will be a \$25.00 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 by the first of the month. These fees will be automatically drafted from my 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 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 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 a credit card on file at the Y. Reference _____

Authorized Signature: _____ Date: _____

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

Your Credit Card must be swiped at the YMCA Branch. Card Type American Express MC Visa

Card Holder Name _____

Card Holder Address _____

Authorized Signature: _____ Date: _____

2020-2021

CHILD CARE ONLY

Attach voided check here for EFT Accounts



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CENTRAL CONNECTICUT COAST YMCA Infant, Toddler, Preschool Behavior Management Plan

From time to time it may be necessary to discipline a child who continually exhibits a lack of respect or concern for the safety and well-being of their peers and/or staff.

Behavior management is used in the form of RE-DIRECTION or POSITIVE GUIDANCE and is done while the child is still in the program, not sent home with them, unless it is a serious matter. Behaviors considered inappropriate are, but not limited to:

- Fighting, Throwing things, Inappropriate language, Disrespect for others
- Refusing to listen to the teacher, Hitting, Biting or Kicking, children or teachers

A staff member will give positive guidance, redirection, setting clear limits to the child while maintaining good supervision of all areas. This allows the children to get control of their behavior and be able to continue to participate in classroom activities.

We do not use abusive, neglectful, physical restraint, unless such restraint is necessary to protect the health and safety of the child or others.

In the even that re-direction or positive guidance is not effective and /or the child has severely injured another child or teacher, a parent/guardian will be called in to discuss the situation and to develop a plan of action and /or 211 Info line may be called in for professional assistance depending on the severity of the behavior being exhibited.

I have read and understand the policy. The Behavior Management Plan has been discussed with me.

Child's First / Last Name _____

By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above named child.

Parent/Legal Guardian's Name/Signature _____ Date: _____

10/27/2017



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CENTRAL CONNECTICUT COAST YMCA
Authorization for Access/Release of Information

Child's First Name _____ Last _____ Date _____

Parent Legal Guardian Authorizations and Acknowledgements

I hereby authorize the CCC Y Preschool program and related entities to release and obtain (in either verbal or written form) information on my child to:

Name _____

Name _____

Name _____

I understand that these transactions may include: standard reports, child/family history, physical reports, discharge summaries, growth charts, development continuum, immunization/lab reports and assessments. _____ Initials

I understand that this authorization that I have signed is in effect the length of the child's enrollment in our program. _____ Initials

I understand that if anyone other than those listed on this form request information, I will be notified by the program of this request and will have to provide authorization for any additional entities that are not listed above. This form will also need to be updated. _____ Initials

By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above named child.

Signature of Parent/Legal Guardian _____ Date _____

Relationship to Child: _____

Signature Classroom Teacher: _____ Date _____