



Program Start Date:

Program Type:

(Office Use Only)

MERIDEN-NEW BRITAIN-BERLIN YMCA

2019-2020 MERIDEN BEFORE & AFTER SCHOOL PROGRAM

REGISTRATION INFORMATION

PLEASE PRINT

Child's Name: _____ Birth Date: _____ M _____ F

Child's Address: _____ Home # _____

Please check one: 5 Days _____ Before (AM) Care _____ After (PM) Care

1-3 Days AM _____ 1-3 Days PM _____ Circle days: M - T - W - TH - F 1/2 Days only _____ Delay Opening _____

SCHOOL NAME _____ GRADE _____

Legal Guardian: _____ Legal Guardian: _____

Relationship to child _____ Relationship to child _____

Child resides with: _____ Mother & Father _____ Mother _____ Father _____ Other _____

Does your child have any medical conditions

If your child has been tested by an outside facility or organization in the past for speech, cognitive development, physical development, etc. please provide details. This information is helpful to the YMCA staff with regards to providing the best possible program for your child. This information will be kept confidential. Does your child have an active IEP? YES _____ NO _____

Please list medications that your child is taking. If your child will be taking any medications prescriptions or over the counter during After School, you must attach a doctor's medication authorization form

Does your child have an allergic reaction to any of the following (Please List ALL):

Bees, _____ Medications, _____ Foods, _____ Other _____

Please describe:

What symptoms may occur?

Does your child carry an Epi-Pen? _____ Yes _____ No If yes, one must be provided.

Insurance information:

Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name _____

Group# _____

Name of insured _____ Relationship to participant _____

Doctor's Name _____ Doctor's Phone # _____

Hospital Preferred

I give permission for my child _____ to

- | | | |
|--|----------------------------------|----------------------------------|
| 1. Participate in YMCA field trips | <input type="checkbox"/> Consent | <input type="checkbox"/> Decline |
| 2. Participate in YMCA swim programs | <input type="checkbox"/> Consent | <input type="checkbox"/> Decline |
| 3. Be photographed in YMCA activities | <input type="checkbox"/> Consent | <input type="checkbox"/> Decline |
| 4. Transported by YMCA Bus/Van by YMCA Staff | <input type="checkbox"/> Consent | <input type="checkbox"/> Decline |

Signature of Parent/Guardian: _____ Date: _____

Meriden-New Britain-Berlin YMCA Child Care

Please complete one form for each child.

Program Name: _____ Days: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Street

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

Parent/Guardian

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

City/Zip code: _____

City/Zip code: _____

Place of employment: _____

Place of employment: _____

Address: _____

Address: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Email Address: _____

Email Address: _____

Authorized/Emergency pick up **(At least 2 People must be listed)*

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

City/Zip code: _____

City/Zip code: _____

Place of employment: _____

Place of employment: _____

Address: _____

Address: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

City/Zip code: _____

City/Zip code: _____

Place of employment: _____

Place of employment: _____

Address: _____

Address: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Authorization for Medical Attention

I give permission for the Meriden-New Britain-Berlin 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 or other licensed hospital staff) 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 treatment of my child is my responsibility.

Physician _____ Phone Number _____

Signature of Parent/Legal Guardian _____

Parent Agreement

My Child, _____ is registered in the Meriden-New Britain-Berlin YMCA Child Care Programs for the **2019-2020 school year** at a weekly tuition payment of _____. I understand that my child must also be a current Member of the Meriden-New Britain-Berlin YMCA and that I am responsible for this membership annually. I understand that childcare fees are payable in advance of services. **Weekly payments are due Mondays and in full. Payments are scheduled a week prior to service date.** Should my payment be returned for any reason, I will be charged a **\$20.00 return fee and payment will be collected by the Ecash system.** Failure to pay childcare fees may result in the termination of my childcare services and membership.

I understand that I am responsible for tuition payments regardless of my child's absence from the program for any reason.

If I have an outstanding balance and do not make arrangements to make payment, I understand that the YMCA may take legal action to collect the amount due for service rendered, and I will be responsible for any legal fees incurred.

I understand that I will be charged a **late fee of \$25.00** for any part of the first 15 minutes I am late (any time after closing of any Child Care Program).

If I am late more than twice in a 30 period my child may be removed from the program.

*Should I wish to withdraw my child from the program, I agree to give **two (2) weeks written notice prior to the last day to the YMCA office.** If notice is not received as stated above, full weekly payment will be expected.

I agree to arrange for my child to be picked up from the program if he/she becomes ill within 1 hour of receiving notification and to keep my child home until his/her physical condition is safe and appropriate for the program.

If for any reason my personal or emergency contact information should change, I must inform the Meriden-New Britain-Berlin YMCA immediately of the changes.

I agree to abide by these polices as long as my child is enrolled in the program.

Parent signature _____

Date _____



*Meriden-New Britain-Berlin YMCA
School Age Childcare Program*

***Parent Handbook , Child Abuse/Neglect & Discipline
Policy Acknowledgement***

Child's Name: _____

Program:

- Meriden – Before &/or After school Childcare
- Berlin Schools – Before &/or After school Childcare

By signing below I acknowledge that the Meriden-New Britain-Berlin YMCA staff has given me the School Age Childcare Parent Handbook with the Child Abuse and Neglect & Discipline Policy. I have had the opportunity to review the documents and if I have any questions I may contact the Program Director directly at (860) 357-2717 for further discussion.

Parent/Guardian Signature: _____ **Date:** _____



Meriden-New Britain-Berlin YMCA
School Age Childcare Program

Authorization for Reoccurring Credit/Debit Card Transactions

I, _____ give the Meriden New Britain-Berlin YMCAs authorization to process my Before &/or After School childcare payments by Credit/Debit Card.

Child(ren) Name(s): _____

Transactions will be processed weekly, every Monday (in advance), in the amount of
\$ _____

It will be my responsibility to notify the Meriden-New Britain-Berlin YMCA in the event that I cancel my credit/debit card. I will also notify the YMCA when I receive a new expiration date on my card.

If for some reason a transaction will not post (account closed, account suspended, insufficient funds, etc.), I will be charged a \$20.00 return fee by the YMCAs ECASH system, which is a collection system that will go after collecting the missed payment(s).

Name as it appears on the card (Please Print): _____

- MasterCard
- Visa
- American Express
- Discover

Account Number: _____ Expiration Date: _____

Security Code (as it appears on the back of the card): _____

By signing below I acknowledge that I agree to the statements written above and also give the Meriden-New Britain-Berlin YMCA my permission to charge the card above for my weekly program payments. I also understand that a written 2 weeks notice is required for withdrawing from all School Age Childcare programs.

Cardholder Signature: _____ Today's Date: _____