



Program Start Date: _____
 Program Type: _____
 (Office Use Only)

MERIDEN-NEW BRITAIN-BERLIN YMCA

2026-2027 BEFORE & AFTER SCHOOL PROGRAM

Current CT Health Assessment required to complete registration

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

Child's Address: _____ Phone # _____

Please check one (All 5 days/week): Before (AM) Care _____ After (PM) Care _____

SCHOOL NAME _____ GRADE _____

Primary EMAIL Address: _____

Does your child have any medical conditions, special needs or diagnoses? Yes _____ No _____

This information is helpful to YMCA staff with regards to providing the best possible care for your child. If yes, please explain:

Does your child have an allergic reaction to any of the following (Please List ALL): Bees, Medications, Foods, Other? Yes ___ No ___

Please describe: _____ What symptoms may occur? _____

Does your child have an inhaler? Yes _____ No _____ If yes, one must be provided with Admin of Med form and Care Plan from the Doctor

Does your child have an Epi-Pen? Yes _____ No _____ If yes, one must be provided with Admin of Med form and Care Plan from the Doctor

Other medication to be taken during program? Yes _____ No _____ If yes, medication must be provided with Admin of Med form and Care Plan from the Doctor. Please describe: _____

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 _____

Hospital Preferred _____

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.

Doctor's Name _____ Doctor's Phone Number _____

Signature of Parent/Guardian _____ Date: _____

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 2026-2027 AM/PM REGISTRATION

Please complete one form for each child.

| | | | |
|------------------------|--------------------------|-------|----------|
| Child's Name: _____ | Date of Birth: _____ | | |
| School Name: _____ | Grade: _____ | | |
| Address: _____ | | | |
| Street | City | State | Zip Code |
| Primary Phone #: _____ | Secondary Phone #: _____ | | |

Parent/Guardian: *Please fill out completely

| | |
|--|------------------------------|
| 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: _____ | Email: _____ |
| Child resides with: Mother _____ Father _____ Both _____ Other _____ | |

Authorized/Emergency Pick Up *(At least 2 additional 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: _____ |

Parent Handbook, Child Abuse/Neglect & Discipline/Behavior Management Policy Acknowledgement

By signing below I acknowledge that the Meriden-New Britain-Berlin YMCA staff has provided me and reviewed with me the School Age Childcare Parent Handbook with the Child Abuse and Neglect & Discipline/Behavior Management Policy. I have discussed the documents and if I have any questions, I may contact the Program Director directly at (860) 229-3787 or sfusco@nbbymca.org for further information or questions.

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



Parent Agreement

My Child, _____ is registered in the Meriden-New Britain-Berlin YMCA Child Care Programs for the **2026-2027 school year** at a weekly tuition payment of \$ _____ .

I understand:

- My child must also be a current Member of the Meriden-New Britain-Berlin YMCA and that I am responsible for this membership monthly or annually.
- **It's a requirement to have childcare fees payable by auto-draft to a credit/debit card or bank account.** If cash payment is necessary, then the scheduled auto draft will only be cancelled upon receipt of the cash payment.
- All 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 **\$25.00 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 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 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 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 day 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

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 or bank account.

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 YMCAs 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 \$25.00 re-draft 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): _____

Address connected to the card: _____ Zip Code: _____

- MasterCard
- Visa
- American Express
- Discover

Card Number: _____ Expiration Date: _____

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

- EFT Bank Account: Checking or Savings
Routing# _____
Account# _____

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 or account 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: _____