



Program Start Date:

Program Type:

(Office Use Only)

MERIDEN-NEW BRITAIN-BERLIN YMCA

2019-2020 BERLIN BEFORE & AFTER SCHOOL PROGRAM

REGISTRATION INFORMATION

PLEASE PRINT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M \_\_\_\_\_ F

Child's Address: \_\_\_\_\_ Home # \_\_\_\_\_

Please check one: \_\_\_\_\_ Before (AM) Care \_\_\_\_\_ After (PM) Care \_\_\_\_\_ Combo (Before & After) Care

5 Days \_\_\_\_\_ 1-3 Days \_\_\_\_\_ Circle days: M - T - W - TH - F 1/2 Days \_\_\_\_\_ Delay Opening Care \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_