



Program Start Date:
(Office Use Only)

MERIDEN-NEW BRITAIN-BERLIN YMCA
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

1/2 Day Only 5 Days 1-3 Days Circle days: M - T - W -TH - F

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
2. Participate in YMCA swim programs
3. Be photographed in YMCA activities
4. Transported by YMCA Bus/Van by YMCA Staff
Consent Decline
Consent Decline
Consent Decline
Consent 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 **2018-2019 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 _____