

Bank Draft Form: _____
 Credit Card Form: _____
 Health Record Form: _____
 *Please Notify your child's
 teacher of any **Food Allergies**

Deposit: \$ _____
 (last month tuition)
 Tuition: \$ _____
 (tuition for the month)
 Membership: \$ _____

PLEASE PRINT CLEARLY

Greenwich Family YMCA Childcare Enrollment Packet – 2008-2009

****Information in this packet is mandated by State of Connecticut Licensing Regulations****

I hereby reserve a place at the YMCA of Greenwich Child Care Program for my child.

Child's Name: _____ Birthdate: _____

Address: _____ City: _____

Home Phone #: _____ Classroom: _____

Start Date: _____ **Parent's day time E-Mail:** _____

(please Print)

___ **Full Time:** Monday Tuesday Wednesday Thursday Friday

(Circle days) ___ **Part Time:** Monday Tuesday Wednesday Thursday Friday

EMERGENCY INFORMATION

Mother: _____ (H#) _____ (W#) _____

Place of Employment: _____

Address: _____

Father: _____ (H#) _____ (W#) _____

Place of Employment: _____

Address: _____

Child's Physician: _____ Tel. # _____

Address: _____

Child's Dentist: _____ Tel. # _____

Address: _____

Allergies: _____

Medication: _____

Other Significant Information: _____

Health Insurance Policy #: _____

PERMISSION AGREEMENT

- I grant permission for my child, _____, to use all of the play equipment and participate in all of the activities of the program, with the exceptions noted below _____.
- I grant permission for my child to leave the program premises under the supervision of a staff member for a field trip, in an authorized vehicle.
- I grant permission for my child to be included in photos or videos connected with the YMCA Child Care programs or YMCA Promotions.
- I hereby grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted. These steps may include, but are not limited to the following:

ADMINISTRATION OF FIRST AID

These steps may include, but are not limited to the following:

- Contacting parent/guardian/alternate persons
- Contacting the child's physician/dentist

If we cannot contact any of the above, we will do one or all of the following:

- Call our medical or dental consultant
- Call police or ambulance in emergency
- Have staff accompany your child to the hospital in a program vehicle or staff car

Any expenses incurred for any of the above will be the responsibility of the parent/guardian. The YMCA shall not be held responsible for anything that may happen as a result of false information given at the time of enrollment

ABSENT PARENT CONSENT FOR EMERGENCY TREATMENT OF A MINOR

- I authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for my child. I understand that this authorization is given prior to any need for medical care; but is given to avoid unnecessary delay in emergency treatment, which the physician may deem advisable.
- I presume a reasonable attempt will be made to contact me. The program staff will transport (or arrange for transportation) to the emergency room for treatment.
- I give permission for emergency contact persons listed below to authorize medical treatment or to pick and transport my child from the program in my absences. **Two Persons other than the parents who are local are to be listed below.**

1. Name: _____ H# _____ W# _____

Address: _____ Relationship: _____

2. Name: _____ H# _____ W# _____

Address: _____ Relationship: _____

I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian Signature: _____ Date: _____

CHILD CARE PROGRAM FEES

Infant – Toddler Program

5 days \$1302 per month
4 days \$1050 per month
3 days \$ 814 per month
2 days \$ 567 per month

7:30-5:30 pm (year round)

Extended Hours: 5:30-6:00 pm
additional fee: **\$40.00 per month, per child**

Full Day Preschool Program

5 days \$ 944 per month
4 days \$ 772 per month
3 days \$ 594 per month
2 days \$ 451 per month

7:30-5:30 pm (year round)

Extended Hours: 5:30-6:00 pm
additional fee: **\$40.00 per month, per child**

Half Day Preschool Program

5 days \$ 504 per month
4 days \$ 440 per month
3 days \$ 382 per month
2 days \$ 292 per month

9:00-1:00 pm (**ONLY**) after **1:00** you will be charge
late fee.

Deposit Fees: ½ month child care tuition and **Membership Fee of \$125** (youth member fee per child)
is due upon enrollment.

CLOSING NOTICE

Please refer to the attached calendar as to when our center is closed. **INCLEMENT WEATHER:** There are times when the weather causes us to close our programs. Your cooperation will enable everyone to get home safely. **Our center follows the Greenwich Public Schools closings, delays(snow), and early dismissals.**

PARENT AGREEMENT

The Greenwich Family YMCA strongly believes that our childcare program will most effectively meet your child's developmental needs by providing continuous care. The YMCA has made a commitment to maintain staff, curriculum and facilities that will enrich your child's learning and growth experiences. We seek a similar commitment from you. In signing this agreement, you have reserved your child's space until 30 days written notice is received upon withdrawal.

Under no circumstances will the YMCA accept less than one month's written notice of the withdrawal of your child from our childcare program. The YCMA reserves the right to charge for full services throughout the notice period. Registration and membership fees are non-transferable and non-refundable if at any time services are terminated by you or the Greenwich Family YMCA.

I agree to the following monthly tuition plan: \$ _____ on Bank draft or Credit Card.

Parent Signature: _____ Date: _____

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the YMCA Childcare Parent Handbook which outlines our program Policies and Procedures. Your signature below indicates that you have received them.

I understand that the YMCA staff and volunteers are not **allowed to baby-sit or transport children at any time outside of the YMCA program**. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in the position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities of investigation.

I have read and understand the statements above and YMCA Parent Policies and Procedure.

Parent Signature: _____ Date: _____

Copy of statement filed with child's records.