



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FARMINGTON VALLEY YMCA

97 Salmon Brook Street, Granby, CT 06035
FarmingtonValleyYMCA.org
860-653-5524

Dear YMCA Family,

Thank you for choosing the Farmington Valley YMCA for your before and/or after school enrichment needs. We are excited to welcome you and your family to our program and look forward to a great year and beyond!

The Y's focus is on youth development, healthy living, and social responsibility. At the YMCA of Greater Hartford our child development programs aim to nurture young people by providing a safe place to learn foundational skills, develop healthy, trusting relationships, and build self-confidence. While doing so, our programs follow the State of Connecticut requirements and regulations for child development programs, and collaborate with local and state organizations to offer the highest quality enrichment experiences for your child.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child throughout the year and in the event of an emergency. If you have questions or need any additional information now or throughout the year, please feel free to call or email any of us with the contact information below.

In order to complete your registration, a 25% deposit is required. Due to the current economic situation, the deposit will not be scheduled until August 1, 2020. Our goal is for you to be able to hold your spot now for what will be a great 2020-2021 school year! Financial Assistance is available for all YMCA programs.

Sincerely,

Beth Kline
Child Development Director

Please check which site your child will attend:

- | | |
|---|--|
| ☐ Allgrove School
(serving Allgrove and Seymour Schools) | ☐ Farmington Valley YMCA
(serving Kelly Lane and Wells Road Schools) |
| ☐ Pine Grove School
(serving Pine Grove and Thompson Brook Schools) | ☐ Roaring Brook School
(serving Roaring Brook School) |

Please check what options you are requesting for child care:

Before School	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
After School	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

Rates

2 Days am \$160	2 Days pm \$243	2 Days am/pm \$363
3 Days am \$240	3 Days pm \$343	3 Days am/pm \$562
5 Days am \$343	5 Days pm \$473	5 Days am/pm \$715

Contacts

Beth Kline Child Development Director 860-653-5524 beth.kline@ghymca.org	Danielle Hill Program Registrar 860-653-5524 danielle.hill@ghymca.org
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- Families with more than one child enrolled in a YMCA School Aged Childcare program are given a 5% discount on the lower program (for the 2nd and each additional child).
- Before school programs open at 7 AM, and after school programs close at 6 PM, unless noted otherwise.
- A Health Assessment Record (physical) and immunization record will also be required and must be up to date per school timeline. Depending on your child's health information, additional paperwork may be needed.
- For tax purposes, our Tax ID number is # 06-0881325.

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OFFICE USE ONLY

Enroll Date: _____
Start Date: _____
Approved by: _____
Withdraw Date: _____
Reason: _____

2020-2021 APPLICATION FOR ENROLLMENT

(Please write clearly and complete all spaces provided)

CHILD INFORMATION

Child's Name: _____ DOB _____ Male _____ Female _____ Grade in the Fall _____

Address: _____
Street Town Zip

ENROLLMENT INFORMATION

Name of person(s) responsible for payment and tuition with whom financial information/issues should be discussed:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ **DOB:** _____ **Relationship to child:** _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

Parent/Legal Guardian Name: _____ **DOB:** _____ **Relationship to child:** _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

I agree that the above information is current and accurate _____
(parent/guardian signature)

CHILD'S HEALTH INFORMATION

INSURANCE: Husky #: _____ Private Insurance _____ Medicaid #: _____

Allergies: Yes ☐ No ☐ (if yes, list type) _____

Asthma: Yes ☐ No ☐ Medications required: _____

Dietary Restrictions (other than food allergies): Yes ☐ No ☐

If yes, explain: _____

Special Needs: Yes ☐ No ☐ (if yes, explain) _____

Is your child on any routine or emergency medications? Yes ☐ No ☐ (if yes, please provide info below)

Type: _____ Frequency: _____

Reason for medication: _____

Child's Physician's Name: _____ Phone: (____) _____

Child's Dentist's Name: _____ Phone: (____) _____

EMERGENCY CONTACTS/ALTERNATE PICK-UP

I give my permission to the Greater Hartford YMCA Staff to contact and release my child to one of the following individuals listed. Please notify the center if emergency contact people will pick-up your child on any given day.

Name _____ **Relationship:** _____ **DOB:** _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Name _____ **Relationship:** _____ **DOB:** _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Name _____ **Relationship:** _____ **DOB:** _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Custody: Yes ☐ No ☐

Is there a court order or restraining order in effect which limits access to your child by a parent, family member or other individual?
(If yes, note that a copy of the order should be provided to the center for your child's file in order for the order to be enforced.)

Handbook: _____ I acknowledge that I have received and carefully read the Greater Hartford YMCA Parent Handbook

Behavior Management: _____ I have been provided with the opportunity to review, discuss and ask questions regarding the YMCA's Behavior Management Plan/Policy with the staff (in Parent Handbook).

ADDITIONAL PERMISSIONS

- To take my child for walks on the grounds of YMCA location and to participate in child development related activities and events held in the YMCA facility/on YMCA grounds or facilities including transportation in YMCA van;
- To include my child in vision, hearing, & developmental screening and assessments conducted by the staff and shared with child's pediatrician;
- To transport my child via ambulance to the nearest medical facility;
- For my child to be treated by emergency medical personnel in the event of an emergency;
- For staff that hold the appropriate certifications to administer first aid and CPR as needed;
- For staff that hold the appropriate certifications to administer non-prescription medication, topical medications, lotions and creams as per my written consent.
- To allow my child to eat all of the snack and food provided from YMCA according to USDA food guidelines; unless documented food restriction and care plan.
- To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC, NAEYC, & DCF.)

My signature below grants the Greater Hartford YMCA staff permission to the above approvals.

Parent Signature

Date

YMCA OF GREATER HARTFORD

RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release_____).
6. RELEASE, WAIVE, DISCHARGES I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
9. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
10. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Date: _____ Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____

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YMCA of Greater Hartford Electronic Payment Form
One week of tuition is a required non-refundable deposit at the time of enrollment

Billing Name: _____ Child's Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home: (____) _____ Work (____) _____ Cell (____) _____

TERMS AND CONDITIONS

It is my complete understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA **TWO (2) weeks written notice** prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors, and the YMCA may adjust the monthly rate applicable to my child's enrollment category. I will be notified 30 days in advance of any increases. I understand that the monthly debit to my account is a continual draft for ten (10) months equal to the school calendar. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated.

I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/Guardian Signature: _____ Date Signed: _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Expiration Date: _____

Name on Card (print) _____

Card Number _____

I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month.

My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

EFT

Financial Institution Name _____

Address _____

Name on Account (print) _____

☐ Checking Account ☐ Savings Account

Routing Number (9 digits) _____ Account Number _____

I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month.

My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

Office Use Only: Deposit Payment \$ _____ Receipt Number _____

Form Entered by _____ Date Entered _____

System Account # _____