

**CHILD CARE INFORMATION School Age**

(To be completed by the Parent/Guardian)

**CHILD/FAMILY INFORMATION**

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ Male  Female  Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade (As of Sept.'10) \_\_\_\_\_

*In case of emergency, which parent/guardian listed below should we contact first? Mother  Father*

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

**REGISTRATION INFORMATION FOR SCHOOL AGE (Please check all that apply)**

Full Time (Mon-Fri)

Part Time (M/W/F)

Part Time (T/TH)

SITE NAME

TIME

Chapman

P.M.

Doolittle

P.M.

Highland  A.M

P.M.

Both AM/PM

Norton  A.M.

P.M.

Both AM/PM

My child will start the program on: \_\_\_\_\_ (Date)

**EMERGENCY INFORMATION**

In case of emergency, and the YMCA staff is unable to reach the parent/guardian listed above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA School Age Program. **Please note: The State of Connecticut requires that you list at least one emergency contact in addition to parents/guardian for each child.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**CHILD PICK-UP AUTHORIZATION**

I give my permission for the following people to pick-up and transport my child from the School Age program should I be unable to. I understand that the School Age staff will ask any person picking up my child for the first time for photo identification (license). My child will not be released to someone if they are not on this list or the emergency list, or do not have a photo ID with them. ***In the event of a custodial agreement in which one parent is not allowed to pick-up a child in our program on certain days, or at all, a completed copy of the divorce decree or a the court order must be provided to us for our records.***

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**CHILD CARE INFORMATION**

School Age \_\_\_\_\_

Child's Name \_\_\_\_\_

*(To be completed by the Parent/Guardian)*

**SPECIAL INFORMATION**

YES       NO

Is there any special information concerning your child? (i.e. medications, allergies, or pick-up)

**\*\*Any child taking medication to be dispensed by our YMCA staff needs to have an Administration of Medication Form filled out by the child's physician. This form should then be submitted to the Cheshire Community YMCA.**

**MEDICAL/EMERGENCY CONTACTS**

Child's Doctor \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**CHILD PROFILE**

*The following information will help us to better understand your child and his/her needs.*

Special talents \_\_\_\_\_

Hobbies \_\_\_\_\_

Fears/Apprehensions \_\_\_\_\_

What helps your child handle transitions? \_\_\_\_\_

Special services received through school \_\_\_\_\_

How anger or frustrations are expressed \_\_\_\_\_

If he/she is upset, try this \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I give permission for my child to participate in all activities planned by the Cheshire Community YMCA. I also give the YMCA permission to take/ use photographs, slides, moving pictures, or videotapes of the person named on this application. I understand that monthly fees/site locations are subject to change.

I certify that the information given to the YMCA is accurate. I realize that I am responsible for updating the YMCA staff and school staff of any changes to my child's file or schedule. I also understand that I must have an updated medical form for my child within the last two years on file at the Cheshire Community YMCA.

I understand that YMCA staff may survey my child for the purpose of United Way funding.

The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in childcare program at the YMCA. I further waive, release, absolve, and indemnify the Southington –Cheshire Community YMCA Directors, officer, or employees for injuries or accidents occurring while participating in YMCA programs.

In the event of a serious illness or injury to my child's he/she will be taken by ambulance to the nearest medical facility, as decided by emergency personnel. I give the YMCA staff permission to administer first aid or CPR and/ or secure emergency medical services to my child as necessary.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*I have read and understand the policies in the Parent Handbook (see our website) including the Behavior Management Techniques.**

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING INFORMATION** School Age

(To be completed by Parent/Guardian)

**PAYMENT RESPONSIBILITY INFORMATION**

(PLEASE PRINT CLEARLY)

Billing Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**REGISTRATION INFORMATION FOR SCHOOL AGE (Please check all that apply)**

- Full Time (Mon-Fri)
- Part Time (M/W/F)
- Part Time (T/TH)

- | <u>SITE NAME</u>         |           | <u>TIME</u>              |      | <u>START DATE:</u> _____            |
|--------------------------|-----------|--------------------------|------|-------------------------------------|
| <input type="checkbox"/> | Chapman   | <input type="checkbox"/> | P.M. |                                     |
| <input type="checkbox"/> | Doolittle | <input type="checkbox"/> | P.M. |                                     |
| <input type="checkbox"/> | Highland  | <input type="checkbox"/> | A.M. | <input type="checkbox"/> Both AM/PM |
| <input type="checkbox"/> | Norton    | <input type="checkbox"/> | P.M. | <input type="checkbox"/> Both AM/PM |

**BILLING INFORMATION**  Are you applying for YMCA Financial Assistance?  Yes  No

*\*Please note that if you are applying for financial assistance, you must fill out the financial assistance form and return the completed form with this application.*

**PAYMENT OPTIONS**

- I will pay by check/cash on the 15<sup>th</sup> of the month
- I will have my child care payment automatically charged to my credit card.

\_\_\_Master Card    \_\_\_Visa    \_\_\_Discover    **Monthly Tuition is \$** \_\_\_\_\_

Card Number    \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_  
(3 digit code on back of card)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:**

Tuition is divided into 10 equal payments. Tuition remains the same regardless of the number of days of care in the month. Tuition is due on the 15<sup>th</sup> day of every month, one month prior to care. For example, the payment for the month of October is due on September 15<sup>th</sup>.

-----*For administrative use only, will be kept confidential*-----

**OPTIONAL** The YMCA is required to report membership and program participant's information to the United Way and various government agencies in support of annual funds, grant, and community service request. This information is not reported on an individual basis. Please answer both sections.

**RACIAL STATUS**

- African American
- American Asian
- Caucasian
- Hispanic
- Native American
- Other

**ANNUAL HOUSEHOLD INCOME**

- Less than \$10,000
- \$10,000 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 +

**I have another child participating in a YMCA Child Care Program**  Yes  No

**If yes, their name is:** \_\_\_\_\_ **and they are in** \_\_\_\_\_ **program**

**Membership Information**

- Cheshire YMCA Member
- Southington YMCA Member
- Exp. Date \_\_\_\_\_

# Cheshire Community YMCA School Age Program Weather Related Early Dismissal Plan

When school is dismissed early as a result of inclement weather, the Cheshire Community YMCA does NOT offer Aftercare to its members. In order to ensure that the children are safe, please indicate the provisions established for your child once he or she is dismissed from school.

Child(ren)'s Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ My child is to be picked up at school by his/her parent.

\_\_\_\_\_ My child is to take his/her bus home. He/she rides on bus number \_\_\_\_\_

\_\_\_\_\_ My child is a "walker" and will be walking home from school. Once he/she is home, someone will be there for him/her.

\_\_\_\_\_ My child is to go to a friend/relative's house.

He/she is to \_\_\_\_\_  
*(Take a bus (indicate bus number), walk, or be picked up at school)*

He/she will be in the care of \_\_\_\_\_  
*(Name and phone number of caretaker)*

\_\_\_\_\_ My child(ren)'s arrangements are not described above. He/she is to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

In addition to the procedures listed above, please include pertinent emergency telephone numbers in case the school or the Cheshire Community YMCA School Age Program needs to reach you for any reason.

## **Mother's Contact Information**

Place of Employment \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

## **Father's Contact Information**

Place of Employment \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

## **Emergency Numbers**

**Contact's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Contact's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Contact's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_