



YMCA of Greenwich Early Learning Center 2018 Summer Bugs



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Today's Date:

Child's Start Date:

CHILD'S INFORMATION

Child's Name:			Child's Nickname:		
Home Address:			Birth date:	Age	Gender
City:	State:	Zip:	/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Home Phone:			Race:		

PARENT/GUARDIAN INFORMATION (in case of emergency, contact first)

Parent/Guardian's Name:			Primary Language: Second Language at Home:		
Relation to Child:			Home Phone:		
Home Address:			Cell Phone:		
City:	State:	Zip:	Email:		
Employer:			Work Phone:		
Address:			Approx. Work Hours:		

OTHER PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name:			Primary Language: Second Language at Home:		
Relation to Child:			Home Phone:		
Home Address:			Cell Phone:		
City:	State:	Zip:	Email:		
Employer:			Work Phone:		
Address:			Work Hours:		

SERVICE AGREEMENT

I wish to enroll my child in the YMCA of Greenwich Early Learning Center's Summer Bugs Program

MONDAY-FRIDAY 9AM-4PM

SESSION DATES	<u>Y MEMBER FEE</u>	<u>NON MEMBER FEE</u>	
June 25- 29	<u>\$495</u>	<u>\$515</u>	
July 2- 6 (No Camp July 4)	\$405	\$465	
July 9-13	\$495	<u>\$515</u>	
July 16- 20	\$495	<u>\$515</u>	
July 23-27	\$495	<u>\$515</u>	
July 30-August 3	\$495	<u>\$515</u>	

ENROLLMENT FEES (required to enroll)

<input type="checkbox"/> Half Month deposit	\$	TOTAL ENROLLMENT FEES TO BE CHARGED:
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<input type="checkbox"/> Youth Y Membership Due Annually	\$ 220.00	<input type="checkbox"/> Credit Card	\$ _____
<input type="checkbox"/> Family Y Membership Due Annually	\$ _____	<input type="checkbox"/> Bank Draft (attached a voided check)	

Enclosed is total payment, which includes your **deposit (one half of your monthly tuition)** and membership fees. I understand tuition is based on a monthly fee. You will still be charged the regular rate regardless of snow days, school vacation, half days, holidays, sick days, and any other center closings or days your child may be absent. In signing this agreement, you have reserved your child's space until 30 days written notice is received upon withdrawal. The YMCA will not accept less than 1 month's written notice of withdrawal of your child from our program. We reserve the right to charge for full services throughout the notice period. Should you provide no notice, tuition for the following 30 days will still be charged. Your half month's deposit will be applied as a credit to cover the fees of the last two weeks of enrollment, given you provide 30 days written notice. **Deposit, tuition, and membership fees are non-refundable and non-transferable if at any time services are terminated by you or the YMCA of Greenwich.**
I have read and understand all policy and tuition information and agree to comply.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

EMERGENCY CONTACTS / AUTHORIZED PICK-UP PERSONS

Please list, in order to be contacted, individuals we may contact in an emergency/non-emergency, if you cannot be reached. Persons listed as "Emergency Contacts" are authorized to pick up your child from the program.
NOTE: Parents/Guardians may not be listed under this section. The YMCA of Greenwich ELC requires at least 3 emergency contacts listed for your child in addition to parents/guardians.

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:

ADDITIONAL EMERGENCY CONTACTS / AUTHORIZED PICK-UPS

Please list below additional individuals who are authorized to pick up your child from the program. (Optional)

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:

Please note any special instructions regarding individuals listed:
 * Parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick up. If you wish to change, add, or delete any of these authorizations, you must do so in writing.

PARENT AGREEMENT

Initial	Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police. This is for the child's safety.
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I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

INSURANCE INFORMATION

Child's Name:	Date of Birth:
Medical Insurance Company:	Policy #:
Other Coverage (Including Dental):	
Child's Physician:	Phone #:
Address:	
Child's Dentist:	Phone #:
Address:	

MEDICAL HISTORY

All children having disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease are required to have an *Individual Plan of Care* developed by the child's parents/guardians and center Director. Additional related persons (i.e. child's physician, Health Consultant, Education Consultant, etc.) may be required to assist with developing the plan based upon the child's condition and needs. Please contact the center Director in order to develop the child's Individual Plan of Care.

Please write "NONE" if there are none.

Allergies	Reactions	Treatments

Special Disabilities/Needs/Chronic Health Conditions:

Does your child have an IEP? Yes No If yes, the Y ELC requires parents/guardians to give access to the child's IEP and authorization to speak with all school/related personnel involved with the child's IEP in order to better serve your child. I hereby grant the Y ELC permission. **Parent/Guardian Signature:**

Current Medications:

Emergency Medical/Dietary Information/Religious Restrictions:

Behavioral Issues:

Other Health Concerns:

MEDICAL TREATMENT CONSENT

I hereby authorize the staff of the YMCA of Greenwich to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility or to _____ and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.

Initial I certify that a licensed physician has examined my child in the last 12 months and I have provided the YMCA of Greenwich ELC with proper documentation, clearly stating date of physical & immunization records.

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

Initial I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:

2017-2018 YMCA OF GREENWICH ELC / AFTER SCHOOL ENROLLMENT FORM AUTHORIZATION & CONSENT FORM

PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in YMCA of Greenwich activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA of Greenwich programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

SUPPORT STAFF CONSENT

The YMCA of Greenwich Programs have support staff that consists of educational resource advisors, consultants, family support specialists, and social services staff. In addition, student interns and/or volunteers may work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

FACILITY USES

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 exception of _____.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

OFF SITE ACTIVITIES

I hereby grant consent for my child to leave the program premises under the supervision of a staff member in an authorized vehicle to the Main YMCA facility. I understand that any other activity destination or field trip will require my written permission.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

SWIMMING CONSENT

I hereby grant consent for my child to participate in swimming in life guarded places only.

My child's ability to swim is: Non-Swimmer Beginner Intermediate Advanced

Parent/Guardian Printed Name:

Parent/Guardian Signature:

PARENT AGREEMENT

Initial I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.

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

Initial The YMCA staff has specifically discussed the behavior management techniques that are used in the program.

I HAVE RECEIVED AND READ THE PARENT HANDBOOK AND CONFIRM THAT ALL INFORMATION GIVEN IS CORRECT. I UNDERSTAND THAT THE YMCA OF GREENWICH SHALL NOT BE HELD RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

Parent/Guardian Printed Name:

Date:

Parent/Guardian Signature: