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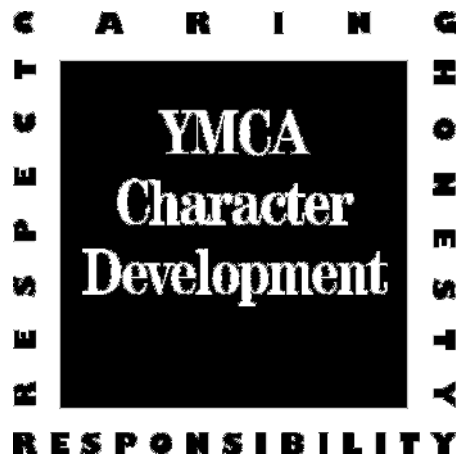
New Haven YMCA Youth Center

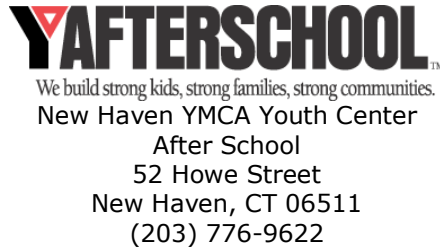
52 Howe Street

New Haven, CT 06511

(203) 776-9622

# After School Application and Membership Forms





## Child Care Parent Agreement

My Child, \_\_\_\_\_ is registered in the New Haven YMCA Youth Center After School Program for the 2008-2009 School Year at a tuition of **\$195.00** per month. My child must also be a current YMCA member through the end of the After School Program and there is a annual program registration fee for this program in the amount of \$15.00.

I understand that childcare fees are payable in advance of services. Monthly payments are due before the last day of the month of service if there is any portion of your childcare monthly payment left unpaid your account will be billed a \$15.00 Late Payment Fee. Failure to pay childcare fees may result in the termination of you 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 \$10.00 for any part of the first 15 minutes I am late (any time after the 6:00PM closing of the After School Program). There is an additional charge of \$1.00 per minute thereafter that my child remains in the program after the schedule end of the program. If you are late more than once in a 30 Day Period late fees will double in cost.

Should I wish to withdraw my child from the program, I agree to give **two weeks written notice prior to the last day to the childcare office.** If notice is not received as stated above, full monthly payment will be expected.

I agree to arrange for my child to be picked up from the program if he/she becomes ill 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 New Haven YMCA After School Program Immediately of the changes.**

I understand that the New Haven YMCA Youth Center reserves the right to change tuition fees with 30 days written notice.

I agree to abide by these polices as long as my child is enrolled in the program.

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Parent Signature

Date



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# NEW HAVEN YMCA YOUTH CENTER AFTER SCHOOL EMERGENCY INFORMATION FORM

This form needs to be completed by a parent or guardian before for attending the After School program.

### PLEASE TYPE OR PRINT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First M.I.

School: \_\_\_\_\_ Grade for the 07' -08' School Year: \_\_\_\_\_ Bus #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work# \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work# \_\_\_\_\_

Child lives with: \_\_\_\_\_

Does your child have: \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Medications, Allergies, Physical Handicaps? \_\_\_\_\_

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 to After School.

Physical handicap: \_\_\_\_\_

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 \_\_\_\_\_

Social Security number of policyholder or insurance ID number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Permission to provide necessary treatment or emergency care:

I hereby give permission to the New Haven YMCA medical personal or the director to order x-rays, routine tests, treatment, to release any record necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to secure and administer treatment, including hospitalization, for the person named above. This completed form must be photocopied for trips out of the YMCA.

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Print Your Name \_\_\_\_\_



**STUDENT INFORMATION**

**IS THE STUDENT A RETURNING YMCA AFTER SCHOOL STUDENT: YES NO (CIRCLE ONE)**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_ D.O.B \_\_\_\_\_  
Mother/Legal Guardian

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_ D.O.B \_\_\_\_\_  
Father/Legal Guardian

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**INDIVIDUALS TO BE CONTACTED IN CASE OF EMERGENCY**

(Parent/legal guardian will be called first)

1. Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

3. Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

4. Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_



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### Swimming Permission Slip

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ give permission to participate in the YMCA free swim program. I release and agree to hold harmless the YMCA, its officers, directions, employees and staff from any claim or damages that may occur as a result of my child's participation in the YMCA Aquatics Program.

I have received and read the Pool Rules with my child and understand that they have to be abided by. I further understand that if they are not followed, my child will not be allowed to use the Pool.

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**Signature of Parent/Guardian**

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**Date**

**After School 2008-2009**

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**YMCA Program My Child Is Enrolled**



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### Field Trip / Walking Field Trips Permission Form

I hereby give permission for \_\_\_\_\_

**(Child's Name)**

to go on all field trips with the New Haven YMCA Youth Center. If an Emergency arises and I cannot be reached please call:

\_\_\_\_\_ at \_\_\_\_\_.

**(Emergency Contact)**

**(Phone Number)**

I prefer my child to be taken to \_\_\_\_\_ hospital and

**(Name of Hospital)**

\_\_\_\_\_ should be notified.

**(Doctor's Name)**

Doctor's Phone Number: \_\_\_\_\_

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**Parent/Guardian Signature**

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**Date**



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## **Weather**

If the New Haven Public Schools are closed due to weather conditions before the start of school, the New Haven YMCA After School Program will also be closed. If the New Haven Public Schools are closed early or during the school day the YMCA will be open to receive children whom are enrolled in our programs. If weather conditions are severe parents will be contacted to pick-up their children early from the After School Program. We ask parents to be aware of the weather conditions and the possibility of our program closing early due to weather.

## **Fire**

If the fire alarm is sounded all children at the New Haven YMCA Youth Center After School Program will be assembled as quickly as possible and follow the emergency route out of the building.

The staff of the New Haven YMCA Youth Center will make sure all children have been evacuated. If for some reason, we are unable to re-enter the building, parents will be notified to pick-up your child immediately. In a severe case we may transport the children to Dwight Elementary School (203) 946-8631 until an authorized person can pick the child up. Parents will be notified as soon as possible.

I have read and understand the above conditions.

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Parent/Guardian Signature

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Date



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**New Haven YMCA Youth Center**

**A Branch of Central Connecticut Coast YMCA**

## **Pool Area Facility Guidelines**

### **General**

- ❖ Pool area will be open only when a YMCA Lifeguard is on duty.
- ❖ Children 12 or under must be accompanied by an adult member or paid guest in the pool area.
- ❖ Children 3 or under must be accompanied by an adult in the water.
- ❖ All children **MUST** use the locker room to get changed.
- ❖ Children ages 5 and up must get changed in the appropriate locker room.
- ❖ All swimmers are required to shower before entering the pool.
- ❖ Health Codes prohibit: Urinating, spitting, nose blowing or wear band-aids while in the pool and any person known or suspected to have a communicable disease are not permitted in the pool.
- ❖ State Codes dictates that the pool must close due to blood, vomit, or fecal contamination.
- ❖ Food, Drink and Chewing Gum are prohibited in the pool area.
- ❖ Diapers: Disposable diapers are not allowed in the pool. You may use a cloth diaper with rubber pants or specialty swim diapers.
- ❖ No street shoes are allowed on the pool deck.

### **Swimming**

- ❖ Bathing suits must be worn in the water. No cutoffs, gym shorts, jean shorts or sports bras allowed.
- ❖ No t-shirts will be allowed in the deep end.
- ❖ No Running, Pushing, Dunking, Jumping or Diving or other rough play.
- ❖ Climbing on the Lifeguard Chair or Window ledges is not allowed.
- ❖ Do not swim across lane lines and do not hang on ropes or lane lines
- ❖ Inflatable are not permitted in the pool.
- ❖ Coast Guard Approved Lifejackets may be used in the shallow end only under the supervision of an adult.
- ❖ All non-swimmer **MUST** stay in the shallow end, even when wear a bubble.
- ❖ To swim in the deep end, you **MUST** take and pass the lifeguard administrated test.
- ❖ YMCA owned pool toys and equipment are for swimming lesson or use only.

All participants are expected to act responsibly. Verbal and/or physical harassment of the staff and/or other persons is prohibited in our member code of conduct. The lifeguard is fully authorized to maintain proper conduct for safety and enjoyment of all persons using the facility.

Any question or concerns regarding the facility guidelines for the pool should be addressed with the Aquatic Coordinator/Director or the facility Director.