

## Summer Care Policies

### School Age Summer Care Fee

School Age Summer Care will run in one week sessions for **\$195.00 per session**.

### Membership

- All School Age Summer Care participants must be current YMCA Members through the end of School Age Summer Care.
- Memberships are **\$35.00** for an individual youth membership or **\$60.00** for a family membership. (A family membership includes only those children that resided in our household.) All YMCA Youth Community memberships are for Youth Center programs **ONLY**.
- Memberships must be verified through the end of summer care or paid in full prior to registration.

### School Age Summer Care Payments and Additional Fees

- A one-time **non-refundable** registration fee of **\$15.00** is due with your completed registration form. (Applications will not be processed without the registration fee.)
- A non-refundable \$25.00 deposit per session is required to guarantee a summer placement.
- Full payment is due the Friday before your scheduled session (unless a prior payment plan is signed and on file with accounts manager).

### Financial Assistance

There are three forms of financial assistance available:

- **Care 4 Kids**
  - ~ All families applying for assistance must apply for Care 4 Kids or have proof of applying for Care 4 Kids within the past 6 months.
  - ~ Current Care 4 Kids families please contact your caseworker for your Green Summer Form.
  - ~ Note: Review the deadline date for submitting the Green Summer Form to Care 4 Kids and all Care 4 Kids families are responsible for Membership and Registration Fees and all other fees that Care 4 Kids does not cover (please apply for YMCA financial assistance at the same time you apply or update your Care 4 Kids account).
- **Fresh Air Fund**
  - ~ All families applying for assistance must apply for Fresh Air Fund.
- **Open Door Application {YMCA Financial Assistance}**
  - ~ All families must apply for summer assistance even if you have received services in the past year for other programs.
- **Pay Stubs or Income Verification**
  - ~ All assistance applications must have a months worth of **CURRENT** pay stubs attached or your application can not be processed.

### Medical Policy

The State of Connecticut requires that every child attending child care **MUST** have a current Medical / Physical on file.

- All Medical / Physicals must be completed by a Physician and they should not be older than 3 years (July 2005 is the oldest Physical Form we can except by law).



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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.**

# Y SCHOOL AGE

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New Haven YMCA Youth Center

School Age Summer Care


52 Howe Street

New Haven, CT 06511

_____	<b>Child's Name</b>
_____	<b>Parent's Name</b>
_____	<b>Date Received (YMCA Use Only)</b>
_____	<b>Staff Receiving (YMCA Use Only)</b>

## Paperwork Check List

(All paperwork or listed items **MUST** be turned in upon registration or your application will be incomplete and therefore will not be processed or reviewed.)

<b><u>Completed Summer Care Application</u></b>	
YMCA Account in Good Standing	
Session Form	
Student Information / Emergency Form	
Fieldtrip Form	
Swimming Form	
Registration Fee	
Current Membership through 8/29/2008 or Membership Fee	
Current Medical Form no later than 7/1/2005	
Administration of Medication Form & Child Admiration Form (if child will need medication on site)	
Deposit per Session or Agreement Signed and On File (To guarantee placement in Summer Care)	
<b><u>If Applying of Assistance</u></b>	
<b><u>(All Assistance Forms MUST be Completed and reviewed by the finance office before starting care)</u></b>	
Fresh Air Fund Form	
Open Door Application Form (YMCA)	
Current Months Paycheck Stubs / Financial Back-Up	
Care 4 Kids Green Form (please note deadline date on summer green Care 4 Kids forms)	
Proof of Application for Care 4 Kids	
Other Items (DCF Care payments, VA Child Care, etc.)	



## School Age Summer Care Session Form

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

### School Age Summer Care Fees and Dates

All School Age Summer Care Session fees include care from 8:00AM – 5:45PM, swimming lesson, free swim, weekly fieldtrips, and lunch. Each session is one week long.

**Juniors 5 – 7 yrs.** \_\_\_\_\_

**Seniors 8 – 11 yrs.** \_\_\_\_\_

### Session 1 - \$273.00

(Session 1 dates and fees are subject to any changes based on the last day of school for the New Haven Public School System.)

\_\_\_\_\_ **June 25, 2008 – July 3, 2008**

### Session 2 - \$195.00

\_\_\_\_\_ **July 7, 2008 – July 11, 2008**

### Session 3 - \$195.00

\_\_\_\_\_ **July 14, 2008 – July 18, 2008**

### Session 4 - \$195.00

\_\_\_\_\_ **July 21, 2008 – July 25, 2008**

### Session 5 - \$195.00

\_\_\_\_\_ **July 28, 2008 – August 1, 2008**

### Session 6 - \$195.00

\_\_\_\_\_ **August 4, 2008 – August 8, 2008**

### Session 7 - \$195.00

\_\_\_\_\_ **August 11, 2008 – August 15, 2008**

### Session 8 - \$195.00

\_\_\_\_\_ **August 18, 2008 – August 22, 2008**

### Session 9 - \$195.00

\_\_\_\_\_ **August 25, 2008 – August 29, 2008**



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Summer Care Student / Family Information Form
PLEASE TYPE OR PRINT

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

Address: City: State: Zip:

Mother/Guardian: Home# Cell#

Mother/Guardian Employer: Work#

Father/Guardian: Home# Cell#

Father/Guardian 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 either prescriptions or over the counter medication during care, you must attach a doctor's medication authorization form and a self administration parental permission slip.

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 the YMCA. A second Epi-Pen is required if your child is in before or after care.

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 off site. Signature of Parent/Guardian: Date Print Your Name



# School Age Summer Care 2008

## Emergency Contact Form

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

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

AGE \_\_\_\_\_ (AS OF JULY 1, 2008) MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE ENTERING IN FALL 2008 \_\_\_\_\_

PAST STUDENT: YES NO (CIRCLE ONE)

Mother/Legal Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Father/Legal Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

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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 New Haven YMCA Youth Center  
 52 Howe Street  
 New Haven, CT 06511  
 (203) 776-9622

**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 at \_\_\_\_\_  
 (Doctor's Name) (Doctor's Phone Number)

**Parent/Guardian Signature**

**Date**



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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.

Signature of Parent/Guardian

Date

School Age Summer Care 2008

YMCA Program My Child Is Enrolled



New Haven YMCA Youth Center  
School Age Summer Care 2008  
52 Howe Street  
New Haven, CT 06511  
203-776-9622  
Fax: 203-787-0804

### ***Self Administration Parental Permission Slip***

I, \_\_\_\_\_ understands that New Haven YMCA  
Parent/Guardian Signature

Child Care Staff **does not** administer medications.

I, \_\_\_\_\_ give permission for my child  
Parent/Guardian

\_\_\_\_\_ to self administer the following  
Child's Name

at School Age Summer Care:

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\_\_\_\_\_  
Parental/Guardian Signature

Date: \_\_\_\_\_

PLEASE NOTE: Any medication brought to the YMCA and that a child self administers, is required to have a signed doctors orders form on file at School Age Summer Care. All containers are required to have the original labels on them. There are no exceptions to this due to the State of CT, Department of Public Health, Child Care Licensing regulations.