

Child's Name: _____

Birth date: _____



S.A.C.C.
School Age Child Care
Before & After School Care

Please check one: Elementary School Program 2011 -2012

_____ **Columbus**

_____ **Fox Run**

Tuition for School Year 2011-2012

Elementary School Program

(Please check choice of service)

5 Days per week

AM/PM \$335 (per month)

PM only \$285 (per month)

AM only \$230 (per month)

4 Days per week – Circle choice of days:

M T W TH F

AM/PM \$300 (per month)

PM only \$245 (per month)

AM only \$180 (per month)

3 Days per week - Circle choice of days:

M T W TH F

AM/PM \$260 (per month)

PM only \$205 (per month)

AM only \$130 (per month)

2 Days per week - Circle choice of days:

M T W TH F

AM/PM \$185 (per month)

PM only \$135 (per month)

AM only \$75 (per month)

NO REGISTRATION WILL BE ACCEPTED WITHOUT

THE FOLLOWING INFORMATION

FOR OFFICE USE ONLY

- _____ Completed Registration Form
- _____ Completed General Permission Agreement Form
- _____ Completed Informational Profile
- _____ Completed Health Form
- _____ Completed Monthly Tuition Draft Authorization
- _____ Completed YMCA Tuition Agreement
- _____ Completed Medication Administration (if applicable)
- _____ \$120.00 Registration Fee collected (due at time of registration & non-refundable)

Norwalk YMCA School Age Child Care
2011-2012 REGISTRATION FORM

START DATE: _____

Program Site: _____

Grade Entering: _____

Child's Name _____ Date of Birth _____ Sex _____

Home Address _____ ZIP _____

Mother's Name _____ Father's Name _____

Mother's Employer _____ Father's Employer _____

Employer's Address _____ Employer's Address _____

City _____ City _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Child's Physician _____ Physician Phone _____

Do not list a parent who does not have permission to pick up the above child named.

Please list the name and telephone number of three (3) persons, other than the parents, who have permission to pick up your child and may be called in the parents' absences or in an emergency situation. THIS SECTION MUST BE COMPLETED TO ENSURE YOUR CHILD'S SAFETY. Only those names mentioned below will be permitted to pick up and transport your child. If other arrangements have been made for pick-up a note must be sent in with your child and submitted to either the Director or your child's teacher.

Name _____ Relationship _____
Day Phone _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____
Day Phone _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____
Day Phone _____ Home Phone _____ Cell Phone _____

Child lives with (check one):

Mother Father Both Other _____

If one parent retains sole legal custody, for the protection of the child, copy of a court order must accompany this form.

Parent Signature

Date _____

Parent Name Printed

GENERAL PERMISSION AGREEMENT

In signing this agreement you are giving permission and agreeing to the following:

1. By enrolling my child in the Norwalk YMCA program, I grant permission for him/her to participate in all of the activities of the program, except where medical restrictions apply.
2. The Norwalk YMCA will not assume responsibility of a child until the staff member has acquired supervision of your child at the Norwalk YMCA program facility.
3. I grant permission for my child to leave the Norwalk YMCA facility with adequate supervision of a staff member for a field trip either walking or in a YMCA authorized vehicle.
4. I grant permission for any photographs of my child, connected with the Norwalk YMCA programs, to be used for program publicity.
5. I hereby grant permission for the staff to take whatever steps necessary to obtain immediate medical care for my child if warranted. These steps may include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed as emergency contact. If the parent or emergency contact can not be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, we will call the police or ambulance for emergency transport and have a staff member accompany your child to the hospital. I will be responsible for all charges incurred by my child.

Insurance Carrier: _____

Insurance ID: _____

Child's name _____

Signature (Parent or Legal Guardian) _____ Date _____

CHILD INFORMATIONAL PROFILE

The following questions are designed to aid us in providing the best care for your child. All information is confidential.

Any known allergies? _____

Has your child had any chronic illness or hospitalization? Yes___ No___

If yes, please describe. _____

Has your child ever had surgery? Yes___ No___

If yes, please describe. _____

Has your child had the chicken pox? Yes___ No___

Is your child on a special diet? Yes___ No___

If yes, please describe. _____

Is your child taking daily or frequent medications? Yes___ No___

If yes, please describe. _____

Is your child receiving any on-going treatment that we should be aware of? Yes___ No___

If yes, please describe. _____

Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation, or a death of a loved one? _____

What is your child's swimming ability? _____

Non-Swimmer?	YES	NO
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Please add any other information that would help us to better serve your child.

Name of siblings: _____, _____

Child's Name (Please Print) _____

Parent/Guardian Signature (Please Print) _____

Date _____



YMCA OF NORWALK
370 West Ave.
Norwalk, CT 06850
Phone: 203 – 866-4425 Fax: 203-838-4601

**BANK/ CREDIT CARD/ DEBIT CARD
MONTHLY TUITION DRAFT AUTHORIZATION
2011-2012**

This form authorizes the Norwalk Y to process monthly tuition payments and is valid for the current school calendar year. The agreed tuition amount is based on the YMCA fee schedule. Tuition is collected by Electronic Funds Transfer on the fifteenth of each month PRIOR to the month of care to be received.

Parent Name: _____ Daytime Phone: _____
Home Address: _____ City: _____ State: _____ ZIP: _____

CHILD'S NAME: _____ SCHOOL: _____

As a duly authorized check signer on the financial institution account identified below, I authorize the Norwalk Y to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF) I authorize the Norwalk Y to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below:

AUTHORIZING SIGNATURE: _____ **DATE:** _____

NAME OF BANK: _____ Branch: _____
City: _____ State: _____ Zip: _____
9 Digit Transit/ABA Routing #: _____ Account # _____
Attach a blank VOIDED check

OR

Circle type of card: **VISA** **MASTERCARD** **AM.EX.** **DISCOVER**
Card Number: _____ Expiration Date: _____
Attach a PHOTO COPY of the card.

"I give authority to bank named above to agree to provide updated information upon request. The YMCA of Norwalk needs updated information to continue to process monthly payments. By signing below I confirm I have read and agree to the attached policies & procedure and agree to pay my monthly tuition, in full. I authorize the Y to draw this amount by the 15th of the month prior to the month of care to be received."

MONTHLY TUITION AMOUNT: \$ _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Tuition Agreement

1. YMCA tuition program is a continuous tuition plan
2. It is my complete understanding that if I wish to terminate or change my tuition plan in any way, I must give the Norwalk Y a 30 day written notice.
3. The Norwalk Y Company may, at their discretion, adjust the monthly rate applicable to my category of tuition. I understand I will receive at least 4 weeks notice prior to such change.
4. Should any tuition draft NOT be honored by my bank for any reason, I realize that I am still responsible for that payment, plus a service charge applied by the Norwalk Y.
5. In signing the YMCA Tuition Agreement I acknowledge that I understand and will abide by all the conditions stated herein.
6. As a convenience to me, I hereby authorize the Norwalk Y to pay and charge my account checks drawn on my account by and payable to the order of the *YMCA of Norwalk, Inc.* provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of my child's enrollment.

Sign here as you sign your checks:

Parent Signature:

Date: _____

Y Employee Signature: _____

Date: _____

To: The Bank named on the Authorization to honor ACH Debits or Drafts by the Norwalk Y

So that you may comply with the depositor's authorization the Norwalk Y agrees that:

1. No such checks will be drawn except upon valid subsisting authority from the depositor whose account is to be charged
2. You shall be under no obligation whatsoever to make any investigation or determination as to the authenticity or correctness of any such check or to verify the authority to pay such checks.
3. You will be indemnified and held harmless from any loss you may suffer as a consequence of your action resulting from or in litigation with the execution and issuance of any check under the Plan whether or not purporting to be received by you in the regular course of business for the purpose of payment including any cost or expenses incurred in connection therewith.
4. In the event of any such check issued under the Plan is dishonored whether with or without cause and whether intentionally or inadvertently, you will be indemnified and held harmless from any loss you may suffer even though dishonor results in forfeiture of enrollment.
5. We will defend at our own cost and expenses any action which might be brought by a depositor or any other persons because of your actions taken pursuant to the foregoing authorization or in any manner arising by a reason on your part in the foregoing plan
6. We will refund any amount erroneously paid by you on any such check issued under the Plan if claim for the erroneous payment is made by you within twelve months from the date which such erroneous payment was made.



**Special note for families receiving THIRD PARTY tuition assistance:
(Care4Kids, City of Norwalk, DSS, DCF etc.)**

- For families receiving tuition assistance, should your Certificate authorization come to an end, you will continue to receive childcare services however your monthly fee will be *increased* to the full YMCA posted monthly tuition amount.
 - You will be charged for your parent portion PLUS the amount previously covered by the “third party, totaling 100% of the monthly tuition for services.
- The Norwalk Y is unable to extend reduced billing while redetermination is pending.
- Billing is effective on the 15th of each month. Please ensure sufficient funds are available in your account. Bank Accounts are drawn on the 15th of the month. Credit cards and bank debit cards are drawn on the 16th of each month.
- Parents are responsible for handling their redetermination letters for Care4Kids and should allow sufficient time to process redetermination paperwork. Do not delay! Parents are informed of their status *before* the YMCA is informed.
- Should your Certificate lapse, and later is renewed, the Y will reverse the excess charges paid by you, once payment is received by the Y from your third-party payer.
- If you receive Care4Kids tuition assistance, and have any questions about the status of your renewal, please contact your Care4Kids Counselor.

Parent's Initials

