



Little Wonder Childcare 2011-2012

Dear Families,

Welcome to the YMCA of Norwalk *Little Wonders* childcare— a responsive environment for your child and for you! The *Little Wonders* childcare is fully licensed with the State of Connecticut, Department of Public Health and implements an excellent curriculum and focuses on having high quality staff. The *Little Wonders* childcare offers full day, as well as part day programs. Classrooms are located at the YMCA at 370 West Ave and in our on-site building at 394 West Avenue. The children's ages range from two years old through five years old.

The *Little Wonders* childcare has a diverse population of teachers and children, all from various cultures and nationalities. This diversity enables each child within it to become familiar with and aware of different cultures. The exposure to a diverse environment is a positive experience for each child, promoting awareness of differences and similarities within the group.

It is very important to the staff and the administration that you feel you haven chosen a high quality early education program. The teachers and advisors of the *Little Wonders* childcare will provide a loving and fun environment for each child to grow emotionally, socially and cognitively.

We believe communication is a key factor in the success of your child's education. The staff of *Little Wonders* is always available to listen to your comments and/or concerns. We are here for you! Please feel free to call or stop in at any time. We have an open door policy for our parents.

Thank you for your ongoing support and choosing the YMCA of Norwalk's *Little Wonders* Childcare program.

Sincerely;

Joyce A. Murray, Director
Little Wonders Childcare
(203) 866-4425 x338



Full Day

Toddlers			Transitional Pre-K			Pre-School		
4.1 ratio			8:1 ratio			10:1		
Time	Days	Price	Time	Days	Price	Time	Days	Price
7am-6pm	M-F	1050	7am-6pm	M-F	1015	7am-6pm	M-F	975
7am-6pm	MWF	670	7am-6pm	MWF	650	7am-6pm	MWF	625
	T/TH/F	670		T/TH/F	650		T/TH/F	625
7am-6pm	T/TH	630	7am-6pm	T/TH	600	7am-6pm	T/TH	450

Partial Day*LIMITED SLOTS

Partial Day*LIMITED SLOTS

Partial Day*LIMITED SLOTS

Toddlers			Transitional Pre-K			Pre-School		
4.1 ratio			8:1 ratio			10:1		
Time	Days	Price	Time	Days	Price	Time	Days	Price
9am-1:45pm	M-F	600	9am-1:45pm	M-F	600	9am-1:45pm	M-F	500
9am-1:45pm	MWF	500	9am-1:45pm	MWF	500	9am-1:45pm	MWF	400
	T/TH/F	500		T/TH/F	500		T/TH/F	400
9am-1:45pm	T/TH	300	9am-1:45pm	T/TH	300	9am-1:45pm	T/TH	300

\$ 120.00 Non-refundable registration fee required at time of sign up.

Attention Staff

Session Code for this program is:

11-12

Attention Parents

All registrations require the first month paid in full at time of registration.

YMCA of Norwalk Little Wonders

_____	_____	_____	_____
Child's First Name	Last Name	Nickname	Date of Birth
_____/_____/_____	_____		
Child's Social Security Number	Adult(s) Child Lives With	<input type="checkbox"/> Male	<input type="checkbox"/> Female

_____	_____	_____/_____/_____		
Mother's/Guardian's Name	Last Name	Social Security Number		
_____	_____	_____		
Home Address	City	State	Zip	(_____) _____
				Home Phone
Employer _____				
Employer Address: _____ City _____ State _____ Zip _____				
Phone (____) _____ Cell (____) _____ E-Mail _____				

_____	_____	_____/_____/_____		
Father's/Guardian's Name	Last Name	Social Security Number		
_____	_____	_____		
Home Address	City	State	Zip	(_____) _____
				Home Phone
Employer _____				
Employer Address: _____ City _____ State _____ Zip _____				
Phone (____) _____ Cell (____) _____ E-Mail _____				

I give permission for the following:

- ❖ For my child to have his/her picture taken to be used for advertisement or other forms of public relations, including the Norwalk Y Web Site.
- ❖ I give permission for administrators, teaching staff and regulatory authorities to access my child's records.
- ❖ For my child to be transported by YMCA vehicle, (i.e. school bus, van etc.), and YMCA staff.
- ❖ For my child to participate in any field trips planned by the YMCA. I understand that the YMCA will provide transportation, and that I will be notified in writing prior to each trip.
- ❖ In the event that I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- ❖ I give permission for treatment provided by EMT's and by YMCA staff trained in first aid that transportation will be provided to the nearest hospital by the ambulance or emergency services at the parent's expense.

Parent/Guardian Comment(s): _____

Parent(s)/Guardian(s) Certification: I/We hereby certify I/We have read and understand this Registration Form and the Family Handbook. I/We agree to the financial terms and conditions indicated in the attached financial information sheet and the fee schedule. Both parents and/or guardians **MUST** sign this registration form.

Parent/Guardian Signature(s): _____

Date: _____

How did you hear about our Center? Tabloid Newspaper Agency Referral Website

Friend/Family Work YMCA Staff Other _____

To be completed by YMCA:

Registration Fee: \$ _____

Membership Fee: \$ _____

Enrollment Fee: \$ _____

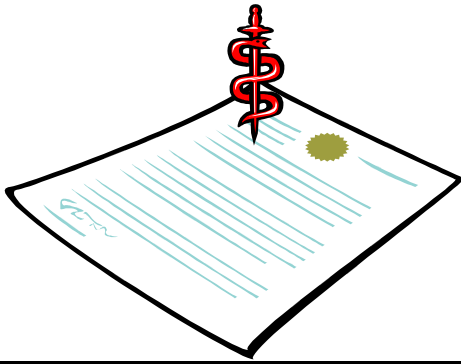
First Day of Enrollment: _____

Weekly Tuition Rate: \$ _____

Less 10 percent (2nd child) \$ _____

Amount of Scholarship Awarded \$ _____

Adjusted Weekly Tuition \$ _____



INSURANCE INFORMATION
YMCA of Norwalk – Little Wonders Program

CHILD'S NAME (Please Print): _____

PARTICIPANT'S NAME (Parent/Guardian Name):

COMPANY NAME (Employer): _____

NAME OF INSURANCE COMPANY (Carrier):

INSURANCE ID #: _____

GROUP/POLICY #: _____

*CHECK IF NO INSURANCE:

PARENT RELEASE FORM

Babysitting Policy

The YMCA of Norwalk does not recommend, condone or take responsibility for any private baby-sitting arrangements made with staff.

In the event that a parent does make private arrangements with a staff member, that staff member must be on file as an emergency contact person authorized to pick up your child.

I understand that the YMCA of Norwalk discourages and does not condone private baby-sitting by either YMCA staff members or volunteers.

Should I as a parent choose to ignore this policy and have an employee or volunteer act as a baby-sitter, I will not hold the YMCA of Norwalk, Incorporated liable and I hereby discharge, release and waive the YMCA from any and all responsibility in connection therewith.

Further, I agree that the YMCA of Norwalk Incorporated, its officers, directors, employees, and independent contracting staff (YMCA of Norwalk), are not liable for, responsible for and do not assume any liability, responsibility or obligations for any and all claims, damages, injuries, accidental or otherwise, including: actions or omissions by other persons if I have YMCA staff or volunteers baby-sit privately for my child (ren).

Child's Name (Please Print Name): _____

Signature of Parent/Guardian:

Today's Date: _____

Health Information Continued Preschool Program:

At what age did your child walk? _____ Does your child have any speech difficulties? _____

At what age did your child talk? _____ Does your child have problems with his/her vision? _____

Does your child have any problems hearing? _____

Please explain any answers above:

Daily Routine

What foods does your child like?

What foods does your child dislike?

How does your child indicate bathroom needs?

Words used for: Urination _____ Bowel Movements _____ Body parts _____

Do accidents occur under stress or in new situations? Yes No

What is your child's regular sleeping patterns?

Awakes at _____ Naps at _____ to _____ Goes to bed at _____

Has favorite blanket, stuffed toy, or other napttime need:

What help does your child need to get dressed? _____

In order for us to better aid your child with his/her language development, please provide us with the following information. Thank you.

Child's Name (Please Print): _____

Child's **Dominant Language** is: _____

Child speaks dominant language clearly:

- Occasionally
- Sometimes
- Mostly

Child understands dominant language:

- Occasionally
- Sometimes
- Mostly

If dominant language is not English, please complete the following:

Child speaks English:

- Occasionally
- Sometimes
- Mostly

Child understands English:

- Occasionally
- Sometimes
- Mostly

Is a language other than English spoken at home? (circle one) **Yes** **No**

If yes... What language? _____

What is the **primary language SPOKEN TO the child at home?** _____

What language does the CHILD USE at home? (Please check one line)

- Only English
- Mostly English and sometimes _____
- Mostly _____ and sometimes English
- Only _____

Additional Information:



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

**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: \$ _____



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:

Date: _____

Parent Signature:

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 an 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.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**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