



# **SACC**

## **School Age Child Care**

### **Before & After School Care**

Middle School Program  
2009-2010

Ponus Ridge ♥ West Rocks

After School ♥ School Vacation Days ♥ Snow Days ♥ Early Dismissals

We are pleased that you have chosen our program for your childcare needs.

♥ **Health Forms\***

- Current Physical Exam\*
- Current Immunization Record\*

♥ **\$75.00 Registration Fee**

♥ **Free Youth Program Membership**

♥ **Bank Draft Information\*** Authorization Form & Voided Check

- **All the above due at time of registration**

**CHILDCARE FEES: 2009-2010**

My Child will attend the \_\_\_\_\_ school site.

**5 Days per week**

\$200 per month

**3 Days per week**

\$150 per month

***School Vacation Days & Snow Days***

Current Enrollees    \$45.00/day

Non-Participants    \$80/day

START DATE:



# Childcare Registration

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ (H) Tel \_\_\_\_\_ (W) Tel \_\_\_\_\_  
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer & Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ (H) Tel \_\_\_\_\_ (W) Tel \_\_\_\_\_  
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer & Address \_\_\_\_\_  
Parents Email Address's \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_

Child's **Physician** \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Child's **Dentist** \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

## Absent Parent Consent for Emergency Treatment of a Minor

I authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for my child. I understand that this authorization is given PRIOR to any need for medical care; but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable. I presume a reasonable attempt will be made to contact me. The Program Staff will transport (or arrange transportation) to the Emergency Room for treatment.

I give permission for emergency contact persons listed below to authorize medical treatment, to pick up and/or transport my child from the Program in my absence.

- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**



# PERMISSION AGREEMENT

I grant permission for my child \_\_\_\_\_ to use equipment, participate in playgrounds and YMCA facilities including pools, gyms & parks with the exception as noted: \_\_\_\_\_

I grant permission for my child to leave the program premises under the supervision of a staff member for a field trip either walking or in a YMCA authorized vehicle.

I grant permission for my child to be included in evaluations, photos or videos connected with the YMCA Childcare Programs or YMCA promotions.

Name, address, phone numbers may be used for a Parent Directory Yes No

I hereby grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted.

These steps may include, but are not limited to the following:

- Contacting the parent/guardian/alternate persons
- Contacting the child’s physician/dentist

If we cannot contact any of the above, we will do one or all of the following:

- Call our medical or dental consultant
- Call police or ambulance for emergency transport
- Have a staff member accompany your child to the hospital

Any expenses incurred for any of the above will be the responsibility of the parent/guardian. The YMCA shall not be held responsible for anything that may happen as a result of false information given at the time of enrollment.

My child is covered under my Medical Insurance \_\_\_\_\_ Policy  
No. \_\_\_\_\_

**CHILDCARE FEES:** (non-refundable and non-transferable)

- Registration Fee (\$60) includes free Youth General Membership and is Valid Sept. 1<sup>st</sup> thru Aug. 31<sup>st</sup>.
- Bank Draft is set up at initial registration and is a PERPETUAL DEDUCTION which occurs on the 15<sup>th</sup> of each month to be applied to the following month’s tuition until 30 days written notice is given to withdraw from the program. The Bank Draft card and a voided check authorized the YMCA to charge my checking account.
  - If a deduction fails to clear processing a \$25 overdraft charge will be added to the monthly amount due. Please contact billing and draft coordinator for bounce draft policy details.
  - Changes made during the course of the year or a stop payment results in a \$10 service charge additionally drafted from your account.

**In signing this agreement I acknowledge that I reserve a space for my child; the Bank Draft goes into effect from the date of enrollment until 30 days notice of withdrawal is given; and I have read this document and the Parent Handbook – I understand and will abide by all of the conditions as stated.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**



# YMCA of Norwalk Informational Profile

The following questions are designed to assist us in providing the best possible care for your child throughout the school year. All information is confidential.

Does your child have any known allergies  Yes  No If yes, explain \_\_\_\_\_

Has your child had any chronic illness or recent hospitalizations?  Yes  No  
If yes, please describe. \_\_\_\_\_

Has your child ever had surgery?  Yes  No If yes, explain \_\_\_\_\_

Has your child had Chicken Pox?  Yes  No  
Is your child on a special diet  Yes  No If yes, describe \_\_\_\_\_

Does your child take daily or frequent medication?  Yes  No  
If yes, describe \_\_\_\_\_

Is your child receiving on-going treatment we should be aware of? \_\_\_\_\_

Have there been any changes that may or will affect your child such as a recent move, a new sibling, a divorce, a child custody arrangement (court order must be provided), a separation or the death of a loved one? \_\_\_\_\_

What is your child's swimming ability? \_\_\_\_\_

Please add any other information that would help us to better serve your child. \_\_\_\_\_

\_\_\_\_\_  
Child's Name (Please Print) New to Y School Age Childcare  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature (Please Print) Date

**AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR TUITION PAYMENTS**

Name of Bank Customer	Membership No.	Mo. Payment \$
Mailing Address of Bank Customer		
Day of Withdrawal: 15 <sup>th</sup> of Each Month		
I give authority to: Full Name of Bank:	Total	\$
at: Bank Address, City, State, & Zip Code		

To honor reauthorized checks drawn by you on my account for tuition payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this tuition. When the bank honors the check by charging my account, such check shall constitute my receipt for payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of the said payment.

DEPOSITOR'S ACCOUNT NO. IF ANY
BANK TRANSIT NO.
BANK ROUTE SYMBOL

SIGNATURE OF BANK DEPOSITOR (AS SHOWN ON BANK RECORDS)
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**AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS BY THE YMCA**

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	ACCOUNT NO. (if any)
FULL NAME OF BANK	
BANK ADDRESS, CITY STATE AND ZIP CODE	

As a convenience to me, I hereby authorize you to pay and charge my account checks drawn on my account by and payable to the order of the YMCA 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 result in forfeiture of child's enrollment.

Date Completed:	SIGN AS YOU SIGN YOUR CHECKS:
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**DEPOSITOR MUST SIGN DESIGNATED PLACES AND RETURN FORM TO THE YMCA**



YMCA

We build strong kids,  
strong families, strong communities.

## YMCA Y-BANK TUITION AGREEMENT

1. Y-Bank is a continuous tuition plan.
2. It is to my complete understanding that if I wish to terminate or change my tuition plan in anyway, I must give the YMCA a 30 day written notice.
3. The YMCA Board of Directors may at their discretion, adjust the monthly rate applicable to my category of tuition. I understand that I will receive at least four 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 YMCA. It is understood that the YMCA service charge is in addition to any service fee my bank may charge.
5. In signing the YMCA Y-Bank Tuition Agreement I acknowledge that I understand and will abide by all of the condition as stated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To: The Bank named on the Authorization to Honor ACH Debits or Drafts by the YMCA

So that you may comply with your depositor's authorization the YMCA 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 the forfeiture of enrollment.
- 5) We will defend at our own cost and expenses any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing authorization or in any manner arising by 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 the twelve months from the date which such erroneous payment was made.