



Child's Name: _____

Date/Time Received: _____

Staff: _____

2019-2020

Dear YMCA Child Development Families,

Welcome to the YMCA! We are pleased you have chosen us for your child care needs and will strive to provide the highest quality program for your family. Enclosed is the registration packet. Please be advised all paperwork must be complete and on file at the YMCA Learning Center prior to enrollment. All participants must have a YMCA membership from their first payment through their enrollment. The membership type chosen will determine the tuition fee. Listed below are the components to a complete registration packet.

*** Please note it takes 5 to 7 business days to process all paperwork***

If you would like a copy of our handbook it is available on line @ www.sccymca.org.

This registration packet is valid for only 1 school year. You must re- register EVERY year at the appropriate time.

THIS PACKET MUST BE DROPPED OFF IN PERSON TO THE YMCA LEARNING CENTER

FOR OFFICE USE ONLY

- | | |
|--|--|
| ____ Registration Form | ____ Individual Care Plan <i>(if needed)</i> |
| ____ Updated Health Form | ____ Medication Form <i>(if needed)</i> |
| ____ Religious Exemption Form <i>(if needed)</i> | ____ Membership Application <i>(if needed)</i> |
| ____ Payment Responsibility Form | ____ Registration Fee \$25 (Non-refundable) |
| ____ C4K/FA | |

Reviewed By (@ Intake): _____ Date: _____

Notes: _____

Reviewed By (Registrar): _____ Date: _____

Notes: _____

Reviewed By (Director): _____ Date: _____

Notes: _____

Katie Sherman
Director of Child Development
(860) 426-9541
ksherman@sccymca.org

Emily Snow
Child Care Registrar
(860) 426-9545
esnow@sccymca.org

NACIWONKI SUMMER ADVENTURES

Summer Only (Tentative Start Date June 17th-August 23th)

Open to children entering Kindergarten through Grade 5, Naciwonki Summer Adventures at the YMCA will provide your child with weekly sessions of indoor and outdoor games, arts & crafts, science experiments, indoor swimming, walking trips and in-house visitors. Morning and afternoon snacks are provided. Registration opens Monday, March 4th at the YMCA Learning Center. Beginning March 11th registration is open to the community.

Hours: 9 am – 4 PM (Before and After Care available, see below for details)
Fee: Full Members \$217 per session | Program Members \$237 per session
\$25 non-refundable deposit required per session, per child

Please choose the Naciwonki session that your child will attend: Each session will have a specific theme with coordinating activities.

- | | | |
|--|---|---|
| <input type="checkbox"/> Session 1 (June 17 - June 21)
<i>YMCA All Stars</i> | <input type="checkbox"/> Session 4 (July 8 – July 12)
<i>Decades</i> | <input type="checkbox"/> Session 7 (July 29 – August 2)
<i>Inventors Workshop</i> |
| <input type="checkbox"/> Session 2 (June 24 – June 28)
<i>Space Invasion</i> | <input type="checkbox"/> Session 5 (July 15 – July 19)
<i>Pokemon</i> | <input type="checkbox"/> Session 8 (August 5 – August 9)
<i>Fantastic Beasts</i> |
| <input type="checkbox"/> Session 3 (July 1 – July 5)
<i>Salute to the Troops</i>
<i>*Pro Rated Week*</i> | <input type="checkbox"/> Session 6 (July 22 – July 26)
<i>Ultimate Water Games</i> | <input type="checkbox"/> Session 9 (August 12 – August 16)
<i>Shark Week</i> |
| | | <input type="checkbox"/> Session 10 (August 19 – August 23)
<i>NSA's Got Talent *NO SWIMMING</i> |

- Before Care (6:30 – 9 AM) Fee: Full Members \$55 per session | Program Members \$60 per session
 After Care (4 – 5:30 PM) Fee: Full Members \$33 per session | Program Member \$38 per session
My child needs Before and/or After Care for the following session(s): 1 2 3 4 5 6 7 8 9 10

Balance due two weeks prior to the start of each session. A \$10 late fee will be added to payments not received by the payment deadline.

Please Print Legal Parent/Legal Guardian Name _____

Legal Parent/Legal Guardian Signature _____ Date: ____/____/____

Child's Name _____

Y-TIME DROP IN PROGRAM

Summer Only (Tentative Start Date July 1st-August 23rd)

Open to children ages 4 to 10 years old, Y-Time Drop In program at the YMCA Learning Center is for families needing occasional hourly and/or daily care during the work week. Activities include indoor and outdoor group games, arts & crafts and walking trips. Young children must be fully toilet-trained and out of pull-ups. Morning and afternoon snacks are provided. Registration opens Monday, March 4th at the YMCA Learning Center for YMCA Members. Beginning March 11th registration is open to the community. If you know your summer schedule needs please use the space provided below or call 860-621-8130.

Hours: 7:30 AM –4:00 PM
Fee: Full Members: \$6/Hour, \$40/Day | Program Members: \$7/Hour, \$50/Day

Schedule of Care Needed

Days: _____ Days: _____ Days: _____
Hours: _____ Hours: _____ Hours: _____

Additional Scheduling Notes

Payment will be processed the Monday after care is given, on the credit/debit card provided. Registration may be made the day of care on a space available basis only.

Please Print Legal Parent/Legal Guardian Name _____

Legal Parent/Legal Guardian Signature _____ Date: ____/____/____

Child's Name _____

Child's Name (Last, First) _____

FOR YMCA USE ONLY	
Date ___/___/___	Received By (Initial) _____
All paperwork reviewed by (Initial) _____	
Bill/Remove/Prorate _____	
Registration Fee \$ _____	Tuition \$ _____
Membership Fee \$ _____	
TOTAL COLLECTED \$ _____	

PAYMENT RESPONSIBILITY INFORMATION

Please use two separate forms if payment responsibility is shared.

FOR YMCA USE ONLY				
<input type="checkbox"/> Nursery School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Jumpstart	<input type="checkbox"/> School Age	<input type="checkbox"/> Club Y
<input type="checkbox"/> Naciwonki (summer only registration begins in 03/2019)		<input type="checkbox"/> Y-Time (summer only, registration begins 03/2019) credit/debit only		

PLEASE PRINT CLEARLY

Billing Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail Address _____
 Home Phone (____) _____ Cell Phone (____) _____
 Place of Employment _____ Work Phone (____) _____
 Preferred Contact Method _____ Percentage (in shared situation) _____

PAYMENT OPTIONS

We encourage you to use our easy credit/debit card service that would enable us to charge your monthly payment directly to your credit/debit card.

1. Please bill the following account when payment is due:

Master Card Visa Discover AMEX Card Holders Name: _____

Card Number:

Card Expiration Date: / 3 Digit Security Code:

Cardholders Signature _____ Date ___/___/___

2. Please continue to draft with card information on file.

3. I will pay by check/cash when payment is due. Payment can be made on line at www.sccymca.org .
(Members must go to on line registration and create an account). **This does not apply to Y-Time.**

FOR YMCA USE ONLY Please Do Not Write in Shaded Section

Program Start Date: ___/___/___ Program Fee _____ School Attending _____ Grade/Room _____

Schedule: _____

Siblings: _____

Notes: _____

Initial/Date: _____