



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## School Age Growth & Enrichment at KinderHouse EARLY REGISTRATION

Dear Parent,

Welcome to our SAGE program located behind the Wallingford Family YMCA at our KinderHouse. The first year entering Kindergarten may be a big transition for your child and may be new for you as well. We are accepting early registration starting January 9, 2012. Since you do not know if your child will be attending AM or PM Kindergarten until late June, we can only hold 25 spots at this time. Once the 25 spots have been filled, it does not mean we are full! We will have open registration beginning on July 9, 2012 after 9:00AM, so we can place the children who have pre-enrolled into the proper program.

### To register for SAGE at KinderHouse, you will need:

- Pre-registration Form
- Enrollment Form
- Parent Agreement Form
- Draft Form
- Health Form (due August 22)
- **BUS TRANSPORTATION FORM** – This must be filled out and returned to the YMCA before June 30, or to the Transportation Department at Sheehan High School after June 30. **PLEASE NOTE:** Part Time students can only be assigned to ride on one bus route.

**A \$50 non-refundable deposit is required when signing up.** This holds your spot in the program. It will be applied to your payment during the first month of school.

All contracts should be in by **5:00PM** on **August 22** to start on the 1<sup>st</sup> day of school!

Please contact Jane Ryanski at 203-697-2383 with any questions.

Thank you!

### WALLINGFORD FAMILY YMCA

81 S Elm Street, Wallingford CT 06492

P 203 269 4497 F 203 284 0572 [www.wallingfordymca.org](http://www.wallingfordymca.org)

**KINDERGARTEN RATES 2012/2013**

2 DAY MINIMUM  
4/5 DAY FULL TIME

MONTHLY PAYMENTS SEPTEMBER- JUNE (10 EQUAL PAYMENTS)

**KINDERHOUSE ONLY**

AM – 6:45AM-12:00PM

PM – 12:00-6:00PM

	MEMBER RATE	PROGRAM RATE
<b>2 DAY PART TIME</b>	\$308	\$350
<b>3 DAY PART TIME</b>	\$461	\$524
<b>4/5 DAY FULL TIME</b>	\$519	\$566

**KINDERHOUSE WITH SITE CARE**

AM SITE – 6:45-8:45AM & PM KINDERHOUSE – 12:00-6:00PM

AM KINDERHOUSE – 6:45AM-12:00PM & PM SITE – 3:00-6:00PM

	MEMBER RATE	PROGRAM RATE
<b>2 DAY PART TIME</b>	\$357	\$406
<b>3 DAY PART TIME</b>	\$535	\$607
<b>4/5 DAY FULL TIME</b>	\$619	\$682



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## PRE REGISTRATION FORM

**CHILD'S NAME** \_\_\_\_\_

**PARENT'S NAME** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**Kindergarten Schedule Requested at School:**

**AM      PM**

**SAGE at KinderHouse Schedule Needed:**

<b>ATTENDING AM PUBLIC KINDERGARTEN</b>	<b>ATTENDING PM PUBLIC KINDERGARTEN</b>
<p><b>PM KINDERHOUSE ONLY</b> (12:00PM-6:00PM at KinderHouse)</p> <p><input type="checkbox"/> <b>FULL TIME</b> (4/5 DAYS) <input type="checkbox"/> <b>PART TIME</b> (2/3 DAYS) Circle Days Attending <b>M T W R F</b></p>	<p><b>AM KINDERHOUSE ONLY</b> (6:45AM-12:00PM at KinderHouse)</p> <p><input type="checkbox"/> <b>FULL TIME</b> (4/5 DAYS) <input type="checkbox"/> <b>PART TIME</b> (2/3 DAYS) Circle Days Attending <b>M T W R F</b></p>
<p><b>BEFORE SCHOOL CARE &amp; PM KINDERHOUSE</b> (6:45AM-9:00AM at School &amp; 12:00PM-6:00PM at KinderHouse)</p> <p><input type="checkbox"/> <b>FULL TIME</b> (4/5 DAYS) <input type="checkbox"/> <b>PART TIME</b> (2/3 DAYS) Circle Days Attending <b>M T W R F</b></p>	<p><b>AM KINDERHOUSE &amp; AFTER SCHOOL CARE</b> (6:45AM-12:00PM at KinderHouse &amp; 3:30PM-6:15PM at School)</p> <p><input type="checkbox"/> <b>FULL TIME</b> (4/5 DAYS) <input type="checkbox"/> <b>PART TIME</b> (2/3 DAYS) Circle Days Attending <b>M T W R F</b></p>

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# SAGE AT KINDERHOUSE ENROLLMENT FORM

<b>CHILD INFO</b>	NAME <span style="float:right">M <input type="checkbox"/> F <input type="checkbox"/></span>		BIRTHDAY	
	ADDRESS		AGE IN FALL	
	CITY	STATE <input type="checkbox"/> ZIP	SCHOOL	
	HOME PHONE <span style="float:right"> <input type="checkbox"/> Full-Facility Member    <input type="checkbox"/> Program Member       </span>		GRADE IN FALL	
<b>FAMILY DATA</b>	<b>Child Primarily Resides With:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____			
	<b>Who will be Responsible for Payment?</b> (If both, each parent must sign form) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____			
	MOTHER/GUARDIAN		HOME PHONE	
	HOME ADDRESS		CELL PHONE	
	PLACE OF EMPLOYMENT		WORK PHONE	
	EMPLOYMENT ADDRESS		EMAIL ADDRESS	
	FATHER/GUARDIAN		HOME PHONE	
	HOME ADDRESS		CELL PHONE	
	PLACE OF EMPLOYMENT		WORK PHONE	
	EMPLOYMENT ADDRESS		EMAIL ADDRESS	
<b>MEDICAL</b>	<b>DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>			
	DOCTOR'S NAME		DOCTOR'S PHONE	
<b>EMERGENCY CONTACTS</b>	<b>PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS) - TWO REQUIRED</b>			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	<b>PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED</b>			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	<b>PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)</b>			
	NAME	RELATIONSHIP		

ATTENDING AM PUBLIC KINDERGARTEN			ATTENDING PM PUBLIC KINDERGARTEN		
	MEM	NON		MEM	NON
<b>PM KINDERHOUSE ONLY</b> (12:00PM-6:00PM at KinderHouse)			<b>AM KINDERHOUSE ONLY</b> (6:45AM-12:00PM at KinderHouse)		
<input type="checkbox"/> FULL TIME (4/5 DAYS)	\$519	\$566	<input type="checkbox"/> FULL TIME (4/5 DAYS)	\$519	\$566
<input type="checkbox"/> PART TIME (3 DAYS) Circle Days Attending <b>M T W R F</b>	\$461	\$524	<input type="checkbox"/> PART TIME (3 DAYS) Circle Days Attending <b>M T W R F</b>	\$461	\$524
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<b>BEFORE SCHOOL CARE &amp; PM KINDERHOUSE</b> (6:45AM-9:00AM at School & 12:00PM-6:00PM at KinderHouse)			<b>AM KINDERHOUSE &amp; AFTER SCHOOL CARE</b> (6:45AM-12:00PM at KinderHouse & 3:30PM-6:15PM at School)		
<input type="checkbox"/> FULL TIME (4/5 DAYS)	\$619	\$682	<input type="checkbox"/> FULL TIME (4/5 DAYS)	\$619	\$682
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<input type="checkbox"/> PART TIME (2 DAYS) Circle Days Attending <b>M T W R F</b>	\$357	\$406	<input type="checkbox"/> PART TIME (2 DAYS) Circle Days Attending <b>M T W R F</b>	\$357	\$406

**CHILD'S START DATE** \_\_\_\_\_  
(must be at least 3 business days from date of registration)

A bus transportation form **MUST** be filled out and returned to the Transportation Department located at Sheehan High School. You may drop it off at the YMCA until June 23, 2012.

**PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.**

- I will provide an up-to-date immunization record and health examination form prior to my child's start date.
- My deposit of \$50 is non-refundable and will be applied to me account at the start of the school year. Tuition payments are due monthly by the 5th of the month, by automatic draft. If payment is not done by automatic draft, you payment is due to the Welcome Center by the 15th of each month. A \$25 late fee will be assessed to past due accounts and your child's enrollment in the program will be jeopardized.
- I give permission for the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.      Yes      No
- I agree that the Wallingford Family YMCA participant will uphold and abide by the rules and regulations adopted by the Wallingford Family YMCA and the SAGE Program and I recognize that they reserve the right to dismiss or suspend the participants at any time if, in the judgment of the Director of the program, such action is in the best interest of the program.
- Participants specifically assumes all risk of injury arising out of his/her presence on the premises of the Wallingford Family YMCA ("YMCA"). Use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in such programs and agree not to participate in any activity that may injure myself or others.
- I give permission for my child to attend field trips to Doolittle Park, the Rotary/YMCA Teen Center, the YMCA KinderHouse, and the Wallingford Family YMCA for activities, including swimming once a week. I understand that my child will walk to and from each activity.
- I give permission for emergency medical care, emergency surgery and/or anesthesia to be administered to my child in the event that I can not be reached. Should my child need to be transported to any Emergency Room, I give permission for an ambulance to be called and will be responsible for payment of this transportation.

I, the undersigned, swear that the information provided in this application is true as of the date noted. I agree to notify the YMCA in writing immediately if any information on this application changes while my/our child is in the YMCA SAGE Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
<input type="checkbox"/> Health Form	WC Initials _____
<input type="checkbox"/> Parent Agreement	Date _____
<input type="checkbox"/> Draft Form	
TRANSPORTATION	<b>YES NO PARENT WILL SEND</b>

## **PARENT AGREEMENT**

**The information in this handbook is important for the safety and protection of your child. Please read it carefully. You must sign and return this page upon time of enrollment. Please keep your handbook for reference purposes throughout the year.**

I understand that I am not to leave my child at the YMCA site unless a YMCA staff person is there to receive and supervise my child. I also understand that the Wallingford Family YMCA employees will not accept my child into the program prior to 6:45AM. I am aware of the fact that the program ends promptly at 6:00PM. A late fee of \$1 per minute will be charged to my account should I pick up my child after 6:00PM.

I understand that should any person arrive to pick up my child who appears to be under the influence of alcohol or drugs, staff may have no recourse but to notify police of their concerns.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the YMCA does not allow staff members to volunteers to baby sit children outside of the YMCA program.

I have received the YMCA SAGE Handbook and understand that the Wallingford Family YMCA retains the right to amend the handbook for just cause, and that I will be notified of any changes made.

I have read and agree to be governed by the policies and procedures outlined in this handbook.

I affirm that I have been presented with, understand and agree to comply with the Behavioral Modification Techniques & Policy set forth in the Wallingford Family YMCA SAGE Handbook. I have discussed this policy with my child and the policy is understood by my family as a whole.

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Parent Signature

Date