



Northwestern CT YMCA Childcare

Enrollment Application Checklist

Name of Child: _____ Enrollment Date: _____

- ☐ Enrollment Application
- ☐ State of CT Health Assessment Record
- ☐ Draft form
- ☐ Medication Administration Forms (if applicable)
- ☐ Care plans (if applicable)
- ☐ Medications (if applicable)
- ☐ Registration fee

2026-2027 Application for Enrollment

OFFICE USE ONLY

Enroll Date: _____

Approved by: _____

Withdraw Date: _____

Reason: _____

(Please write clearly and complete all spaces provided)

CHILD INFORMATION

Child's Name: _____ DOB _____ Male _____ Female _____

Address: _____
Street Town Zip

Primary Language: _____ Race/Ethnicity (optional): _____

Starting Date: _____ School: _____ Grade: _____

ENROLLMENT INFORMATION

Name of person(s) responsible for payment and tuition with whom financial information/issues should be discussed:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARENT/GUARDIAN INFORMATION

PARENT/Legal Guardian#1 Name: _____ Birthdate: _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____

Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

PARENT/Legal Guardian #2 Name: _____ Birthdate: _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____

Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

Child's Name: _____ DOB _____

Address: _____
Street Town Zip

EMERGENCY CONTACTS/Authorized PICK-UP

I give my permission to NWCTY Childcare Staff to contact and release my child to the individuals listed below. Please list parents and/or guardians, and **at least two others**. Individuals must be **at least 18 years of age**.

Parent/guardian _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

Parent/guardian _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

Name _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

Name _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

Name _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

Name _____

Work Phone: (____) _____

Home/Cell Phone: (____) _____

Relationship: _____

Home/Cell Phone: (____) _____

Access to Health Info: Yes ☐ No ☐

CHILD'S HEALTH INFORMATION

INSURANCE: Provider: _____ Policy # _____

Diabetes: Yes ☐ No ☐ Seizures: Yes ☐ No ☐ Asthma: Yes ☐ No ☐ Allergies: Yes ☐ No ☐

Dietary Restrictions (other than food allergies): Yes ☐ No ☐

If yes, explain: _____

Is your child on any routine or emergency medications? Yes ☐ No ☐ (if yes, please provide info below)

Type: _____ Frequency: _____

Reason for medication: _____

Child's Physician's Name: _____ Phone: (____) _____

Child's Dentist's Name: _____ Phone: (____) _____

Schedule:

Estimated drop-off time:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Estimated pick-up time:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Tell us a little about your child. (Please include any accommodations or support your child may need while in our care.) _____

Custody: Are Parents/Guardians currently living together: Yes ☐ No ☐

If no, who holds custody of the child? _____

Is there a court order or restraining order in effect that limits access to your child by a parent, family member, or other individual? Yes ☐ No ☐

If yes, note that a copy of the order must be provided to the center for your child's file in order for the order to be enforced.)

Both parents' right to pick up: Under the laws of the state of CT, both parents may have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick-up list, must file an official court document (e.g., current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the center may release the child to either parent, provided that the parent documents his paternity/her maternity of the child.

Handbook:

_____ I acknowledge that I have received and carefully read the NWCTY Childcare Handbook

Behavior Management:

_____ I have been provided with the opportunity to review, discuss and ask questions regarding the NWCTY's Behavior Management Plan/Policy with the staff (in Policy Handbook).

ADDITIONAL PERMISSIONS

Initial each line below for permission to the following;

_____ To take my child for walks on the grounds/facilities of the NWCTY location and to participate in program related activities and events held in the NWCTY facility/on NWCTY grounds including areas not inspected by the CT OEC (This may include Vogel-Wetmore School grounds)

_____ To transport my child via ambulance to the nearest medical facility;

_____ For my child to be treated by emergency medical personnel in the event of an emergency;

_____ For staff that hold the appropriate certifications to administer first aid and CPR as needed;

_____ To allow my child to eat all of the snacks and food provided from NWCTY according to USDA food guidelines, unless documented food restriction and care plan.

_____ To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as-needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC, NAEYC, & DCF)

_____ My child has permission to participate in swim lessons and/or free swim as scheduled with his/her class.

My signature below grants the Northwestern CT YMCA Childcare staff permission for the above approvals.

Parent Signature

Date

Northwestern CT YMCA Childcare

RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the Northwestern CT YMCA (hereafter "NWCTY") for any purpose, including, but not limited to, observation or use of facilities, or equipment, or participation in any off-site program affiliated with the NWCTY, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the NWCTY constitutes an acknowledgment that the undersigned finds and accepts the same as being safe and reasonably suited for such observation, use, or participation.

IN FURTHER CONSIDERATION of being permitted to enter the NWCTY for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with the NWCTY, the undersigned hereby agrees to the following on his or her behalf and/or behalf of his/her children or guests (herein referred to as "the undersigned"):

MEMBER CONDUCT I agree to abide by all rules and regulations of the NWCTY Childcare and I understand that failure to act in accordance with the rules may result in expulsion from the NWCTY and cancellation of services.

INSURANCE I understand that the NWCTY does not provide any accident or health insurance for its participants, and it is my responsibility to provide such coverage.

PROPERTY LOSS I understand that the NWCTY is not responsible for personal property lost, damaged, or stolen while using NWCTY facilities or participating in NWCTY programs.

ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in, about, or upon the premises of the NWCTY and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the NWCTY.

PHOTO/TALENT RELEASE I hereby irrevocably release, consent, and allow the NWCTY and its agents to use my photograph, likeness, and voice, as they pertain to my participation with the NWCTY, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke my photo/talent release_____).

RELEASE, WAIVE, DISCHARGE I hereby release, waive, discharge, and covenant not to sue the NWCTY, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the NWCTY.

INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the NWCTY premises or in any way observing or using any facilities or equipment of the NWCTY or participating in any program affiliated with the NWCTY.

MEDICAL RELEASE I authorize the NWCTY, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified NWCTY staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Printed Name of Child: _____ Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian: _____ Date _____



Northwestern CT YMCA Childcare

Childcare Tuition Payment Form

Child's Name: _____ Date of Birth: _____



Option 1- Credit/Debit Card Draft

The draft will occur on the Monday of the scheduled week of care.

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Check one: ☐ Visa ☐ MC ☐ AMEX

☐ DISC Payment Agreement (Please initial):

_____ I authorize the Northwestern CT YMCA to charge my credit/debit card weekly for my child/children's tuition amount.

Parent Name: _____

Signature: _____ Date: _____



Option 2- Bank Account Draft

The account draft will occur on the Monday of the scheduled week of care.

ABA (9 digits) # _____

Account # _____

Check One: ☐ Checking ☐

Savings Payment Agreement

(Please initial):

_____ I authorize the Northwestern CT YMCA to draft my checking/savings account weekly for my child/children's tuition amount.

Print Parent Name: _____

Signature: _____ Date: _____