

Dear Parents,

Welcome to the Darien YMCA Kid's Club Program. We are pleased that your child is joining us and look forward to a fun-filled and enriching year together.

Attached are the registration forms for the 2016 - 2017 program year. Please fill out all forms completely. This information is vital to ensuring your child's health and safety, as well as assisting us in providing a quality program tailored to your child's needs. You will also find information regarding Vacation Camp Programs, School Closings due to inclement weather and more.

Registration will begin on Monday, May 16, 2016. When submitting the registration forms, please be sure that each item on the checklist below is included.

*We require that all participants use our Automatic Credit Card Payment process.* Payments will be deducted on the 20<sup>th</sup> of each month, beginning August 20<sup>th</sup> for September's tuition. You will find a Credit Card Authorization form in this packet. Registrations forms will not be accepted without this completed form. We will require the Date of Birth for the primary payee. If payments are to be split between parents or outside agencies, please contact me.

All participants of the Kid's Club program must be members of the YMCA. Youth membership is \$250 per year and a one time \$30 registration fee or add to an Adult Membership (see front desk for additional fee).

**NO REGISTRATION WILL BE ACCEPTED WITHOUT  
THE FOLLOWING INFORMATION**

- \_\_\_ Completed Registration Form
- \_\_\_ Completed Credit Card Authorization Form
- \_\_\_ Completed General Permission Form
- \_\_\_ Completed Developmental Profile

Registration will not be accepted unless all of the above are completed.

An updated medical form signed by a physician is required by August 31, 2016.

I thank you in advance for your cooperation. Please feel free to contact me if you have any questions. I can be reached at (203) 655-8228 ext. 1331 or srichards@darien-ymca.org.

Sincerely,

Suzanne M. Richards  
School Age Director

2016 - 2017 KID'S CLUB MONTHLY FEE

SEPTEMBER – MAY

\*No payment in June

GRADES	5 DAYS	4 DAYS	3 DAYS	2 DAYS	1 DAY
Pre-School thru 5 <sup>th</sup> Grade	\$450	\$365	\$285	\$205	\$125

Fees are based on 180 days and are equally divided among 9 months. Children enrolling in June will only pay a pro-rated fee. Fees are not adjusted for months that have vacation days.

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VACATION CAMP SPECIAL

Full day care is provided at the Darien YMCA for all Darien Public School closings due to vacations or conferences. Please see the Darien Public School calendar for these days.

Please note the following information:

Kid's Club will open September 1, 2016. Last day for Kid's Club is June 13, 2017 (pending snow days)

\*Subject to change based on the Darien Public School Schedule.

***HOLIDAYS CLOSING***

September 5, 2016  
November 8, 2016  
November 24 & 25, 2016  
December 26, & 30, 2016  
January 2, 2017  
April 14, 2017  
April 17, 2017  
May 29, 2017

***(No Kid's Club or Vacation Camp)***

Labor Day  
Election Day/ Staff Development  
Thanksgiving Break  
Christmas Break  
Holiday Recess  
Good Friday  
Staff Development Day  
Memorial Day

**\*\*We close at 4:00 on November 24<sup>h</sup> and December 23<sup>rd</sup>\*\***

VACATION DAY REGISTRATION

Three weeks prior to each vacation camp your child(ren) will receive a registration form including information about the activities for the day. Please fill out the form and return it to the front desk of the YMCA with payments (see Vacation Camp Fees).

VACATION DAY FEES (per day)

	<u>3 – 5 Year Old Half Day</u>	<u>3 – 5 Year Old Full Day</u>	<u>Kinder – 5<sup>th</sup> Grade</u>
Member	\$60.00	\$80.00	\$80.00
Non-Member	\$70.00	\$90.00	\$90.00
Extended Care: \$10 per hour (8am – 9am and/or 4pm – 6pm)			

INCLIMATE WEATHER

In the event of extreme weather conditions, consult WNLK (1350), for possible delays or closings. Kid's Club is closed if the Darien Public Schools close. In case of early dismissal due to poor weather conditions, Kid's Club will be closed.

## E-MAILS

We have implemented an e-mail system for all of our Monthly Newsletters and other important information. We have found this to be very successful and will continue it this coming school year. Please be sure to write your e-mail address neatly so that we are sure we have it correct in our system. If you'd like the e-mails to go to more than one address, please let me know.

**DARIEN YMCA KID'S CLUB PROGRAM REGISTRATION FORM**  
**2016 – 2017 SCHOOL YEAR**

START DATE \_\_\_\_\_

Child's Name _____	Date of Birth _____	Sex: _____
Home Address _____	Home Phone _____	
Mother's Name _____	Father's Name _____	
Mother's Employer _____	Father's Employer _____	
Employer's Address _____	Employer's Address _____	
City _____	City _____	
Work Phone _____	Work Phone _____	
Cell Phone _____	Cell Phone _____	
E-Mail Address _____	E-Mail Address _____	
Child's Physician _____	Physician's Phone _____	

**Do not list a parent who does not have permission to pick up the above named child.**

Please list the name and telephone number of three (3) persons, other than the parents, who have permission to pick up your child and may be called in the parents' absence or in an emergency situation. **THIS SECTION MUST BE COMPLETED TO ENSURE YOUR CHILD'S SAFETY. Only those names mentioned below will be permitted to pick up and transport your child.** If other arrangements have been made for pick-up a note must be sent in with your child and submitted to either the Director or your child's teacher.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child lives with (check one):**

Mother       Father       Both       Other \_\_\_\_\_

If one parent retains sole legal custody, for the protection of the child, a copy of a court order must accompany this form.

My child will be in grade \_\_\_\_\_ for the 2016– 2017 program year attending \_\_\_\_\_ School.

I wish to enroll my child in the Kid's Club program on the following days:

All       M       T       W       Th       F

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

GENERAL PERMISSION AGREEMENT

**In signing this agreement you are giving permission and agreeing to the following:**

1. By enrolling my child in the Darien YMCA program, I grant permission for him/her to participate in all of the activities of the program, except where medical restrictions apply.
2. The Darien YMCA will not assume responsibility for a child until the staff member has acquired supervision of your child at the Darien YMCA program facility.
3. I grant permission for my child to leave the Darien YMCA facility with adequate supervision of a staff member and/or parent volunteers for field trips.
4. I grant permission for any photographs of my child, connected with the Darien YMCA programs, to be used for program publicity.
5. I hereby grant permission for the staff to take whatever steps necessary to obtain immediate medical care for my child if warranted. These steps may include the following: (1) To administer First Aid; (2) to contact parent/ guardian or person listed as emergency contact. If the parent or emergency contact can not be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, Post 53 of Darien will be called to transport the child to an emergency medical center.

Child's Name \_\_\_\_\_

Signature (Parent or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## DEVELOPMENTAL PROFILE

The following questions are designed to aid us in providing the best care for your child. All information is confidential.

Any known allergies? \_\_\_\_\_

Has your child had any chronic illness or hospitalization? Yes\_\_ No\_\_

If yes, please describe \_\_\_\_\_

Has your child ever had surgery? \_\_\_\_\_

Has your child had the chicken pox? Yes\_\_ No\_\_

Is your child on a special diet? Yes\_\_ No\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Is your child taking daily or frequent medications? Yes\_\_ No\_\_

If yes, please describe \_\_\_\_\_

Other than crying, how does your child act when nervous or scared? \_\_\_\_\_

Is your child receiving any on-going treatment that we should be aware of? Yes\_\_ No\_\_

If yes, please describe \_\_\_\_\_

Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation, or the death of a loved one? \_\_\_\_\_

Name of siblings \_\_\_\_\_

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**KID'S CLUB 2016 - 2017**  
**Credit Card or EFT Authorization Form**

Dear Kid's Club Parents,

All Kid's Club participants must use the Automatic Credit Card or EFT Payment Process for their monthly Kid's Club payments. Payments will be deducted on the 20<sup>th</sup> of each month, beginning August 20, 2016 for September's tuition.

If you have any questions, please call me at 655-8228 ext. 1331.

Suzanne M. Richards  
School Age Director

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**PLEASE PRINT LEGIBLY**

Child's Name \_\_\_\_\_

**CREDIT CARD**

Name on Account \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Type of Credit Card  
  
\_\_\_ Amex \_\_\_ MC \_\_\_ Visa

**EFT**

Name on Account \_\_\_\_\_  
EFT Routing # \_\_\_\_\_  
EFT Account # \_\_\_\_\_  
  
Account Type \_\_\_ Checking \_\_\_ Savings

Street Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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I, \_\_\_\_\_, authorize the Darien YMCA to charge my credit card or EFT the sum of \$\_\_\_\_\_ on the 20<sup>th</sup> of each month from August 20, 2016 - April 20, 2017.

I understand that if I pull my child out prior to the August 20<sup>th</sup> payment, a \$50 fee will be charged to my credit card at the time of withdrawal.

Signature \_\_\_\_\_

\*\*If your credit card or EFT is declined, our staff will re-submit the following day. If it is declined again, a \$10 service fee will be charged\*\*