



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



May 2016

Dear Parents,

We are excited to welcome you to the collaboration between Maple Street School and the Indian Valley Family YMCA to run the Community School at Maple Street School. This collaboration will allow for an expansion of afterschool enrichment activities.

The Community School will be held every Tuesday, Wednesday, and Thursday from 2:37-5:45. The first session will take place beginning on September 13, 2016 and run through January 12, 2017. The second session will begin on January 24, 2017 through June 1, 2017.

When you sign your child up you must sign up for all 3 days. You can no longer choose the days you want your child to come. Spaces are limited so please return your registration form as soon as possible. If you do not get in to the first session your name will be on the top of the list for the second session.

The YMCA's focus is on Youth Development, Healthy Living and Social Responsibility. At the YMCA of Greater Hartford, the goal of our child development programs is to nurture young people by providing a safe place to learn foundational skills, develop healthy, trusting relationships and build self-reliance.

The Y's after school programs follow the State of Connecticut requirements and regulations for child care programs. In addition to meeting the state's expectations, we also collaborate with the National Afterschool Association (NAA), the premier professional organizations in our field, to ensure that our programs set the standard of quality in our area.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child. Please submit completed registration packet.

Sincerely,  
Jon Bartolotta  
Program Director

\* \* \* \* \*

Here is some information that we hope you find helpful about your child's new program:

Indian Valley Family YMCA  
OFFICE PHONE: 860-872-7329  
OFFICE FAX: 860-875-5245

Program Director: Jon Bartolotta  
PHONE: 860-872-7329 ext.13  
EMAIL: [jon.bartolotta@qhymca.org](mailto:jon.bartolotta@qhymca.org)



YMCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA  
Child Development Programs



## Child Care Memorandum of Understanding

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Child Name Site/Program

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Parent/Guardian Name

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Address

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Grade/Program Start Date

1. Parents/guardians are required to sign child in & out of program every day. This includes the time of drop off & pick up as well as a signature.
2. Each child will be able to fully participate in all activities each. If they are ill and cannot fully participate a parent/guardian will be contacted to pick them up.
3. The YMCA promotes a safe environment for all children and staff. If a child acts inappropriately the behavior management policy lays out guidelines and the procedures that the YMCA will take.
4. The YMCA follows all State of CT guidelines when administering medications, including but not limited to: only certified staff may administer medication; collection of the appropriate forms signed by parents and physician were applicable; medication must be in original, labeled container.
5. The YMCA must have accurate and up-to-date health and medical information for each child according to CT Department of Public Health regulations. Children may not participate in child care programs if health and medical forms are absent or expired.
6. The YMCA agrees not to share information with non-regulatory outside agencies who have not been designated by the parent or guardian. All changes to this policy must be written and handed in to the YMCA.
7. The YMCA is required to collect copies of all court orders & custody agreements regarding the child's limited access to the parents.

I have read and understand all policies and procedures including but not limited to the items outlined above.

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Parent/Guardian Name Signature Date



**YMCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA**  
Child Development Programs



## **Child Guidance and Discipline Policies 2016-2017**

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**Child's Name**

**Site/Class**

It is YMCA procedure to use positive techniques of guidance with all children. Staff will have appropriate expectations and will have guidelines and environments that will minimize the need for discipline. Staff will be aware that all children are different and respond to different disciplinary techniques. The best results are achieved when parents and staff work together. Therefore, staff will communicate any behavior issues to parents promptly and be available for discussion.

Staff will be responsible for managing child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self esteem.

**The following are YMCA policies of positive guidance and discipline techniques:**

1. Staff will model appropriate behaviors for children.
2. Staff will remain objective when there is a problem with a child.
3. Staff will give children positive attention, and will engage children in behaving positively.
4. Staff will encourage children to behave positively and to continue to behave in appropriate ways.
5. Staff will divert attention away from any activity that they disapprove of by substituting another play thing or leading the child to another activity.
6. Staff will offer children choices of activities/games in which they can participate.
7. Staff will set limits for children that are consistently enforced and are based on reasons children can understand.
8. Children will be given warnings when they have done something wrong. Warnings are necessary to allow children to know in advance what to expect, reduce resistance and ease transitions.
9. Staff will structure the environment in such a way to help reduce misbehavior and accidents.
10. Staff will redirect behavior. It is necessary at times to move a child away from a behavior by suggesting an alternative acceptable behavior.
11. Staff will be aware when a conflict between children arises. Staff will engage children in helping to solve the problem by analyzing the situation and all possible solutions, and working with the children to pick one they all agree as the best one.
12. Staff will separate children if they are having difficulty getting along.
13. Staff will explain the consequences of misbehavior to all children, and will continually remind students of the consequences.



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14. No child will be physically restrained unless it is necessary to protect the health and safety of the child and others.
15. Site Directors and staff will discuss positive guidance techniques with parents, and will review these techniques as needed during the period of the child's enrollment.
16. The parent/guardian will be required to pick the child up from the program when a child's behavior is deemed unacceptable and/or is a safety risk to self or others. When the parent(s)/guardian(s) have been called more than one time during one week to pick up the child and there has not been an improvement in their behavior, a meeting between the parent(s)/guardian(s), staff, and Program Director will be held to develop a Behavior Management Action Plan.
17. If a child's behavior is determined by the Program Director and the Executive Director to be a danger to the child, to other children or to the staff in a program, parent(s)/guardian(s) will be required to withdraw the child from the program.
18. Staff will report actual or suspected child abuse or neglect, or imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e inclusive, of the Connecticut General Statutes. The Connecticut General Statutes identify professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. All YMCA employees are considered Mandated Reporters by the State of Connecticut. Mandated Reporters are required to report abuse or neglect based on a reasonable cause to suspect, such as what is observed, what is told or what is said.

I have received, read, and discussed the above policies regarding Child Guidance and Discipline with a YMCA staff member.

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Parent/Guardian Signature

Date



**YMCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA**  
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**YMCA of METROPOLITAN HARTFORD  
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 YMCA 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 YMCA, 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 YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA 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 YMCA, 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"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
4. **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 YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release \_\_\_\_\_).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his 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 YMCA.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. **MEDICAL RELEASE** I authorize the YMCA, 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 YMCA 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, statement or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_



**YMCA of GREATER HARTFORD – INDIAN VALLEY FAMILY YMCA**  
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**Community School at Maple Street School Registration Form 2016-2017**

**CHILD/FAMILY INFORMATION**

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_  
 Home Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_ Zip \_\_\_  
 Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ School child attends \_\_\_\_\_ Grade in September 2015 \_\_\_  
 In case of emergency, which parent/guardian listed should we contact first? \_\_\_\_\_  
 Name(s) of sibling(s) who will also participate in the program: \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_ Zip \_\_\_ Town/City \_\_\_\_\_ State \_\_\_ Zip \_\_\_  
 Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Unless informed otherwise, the YMCA assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

**EMERGENCY INFORMATION**

In case of emergency, and the YMCA is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of emergency or early dismissal from the YMCA.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**CHILD PICK UP AUTHORIZATION**

I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand that YMCA staff will require these people to furnish Photo Identification before releasing my child.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Home ( ) _____ - _____	Home ( ) _____ - _____	Home ( ) _____ - _____
Work ( ) _____ - _____	Work ( ) _____ - _____	Work ( ) _____ - _____
Relationship _____	Relationship _____	Relationship _____

Special Orders for picking up child (Please enclose legal documents if specified people are named). \_\_\_\_\_

**REGISTRATION INFORMATION** (please check all that apply)

Site Name: Community School @ Maple Street SACC Start Date: \_\_\_\_\_  
 DESIGNATED DAYS: \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday  
 Time: \_\_\_\_\_ PM



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**HEALTH INFORMATION** - Indicate "yes" where it applies and explain as necessary.

<b>HEALTH</b>				<b>ALLERGIES</b>	
Asthma ___	Convulsions ___	Emotional ___	Diabetes ___	Hay Fever ___	
Hearing ___	Psychological ___	Special Diet ___	Vision ___	Poison Ivy ___	
Physical ___	Illness ___	ADD/ADHD ___	Medication ___	Insect ___	
Restraints ___	Injury ___	Learning Disabilities ___	Operations ___	Food ___	

Please explain details of above "yes" answers

Special health or emotional notes: \_\_\_\_\_

Is this child currently taking prescribed or over-the-counter medication? \_\_\_ Yes \_\_\_ No Why? \_\_\_\_\_

Are you covered by any hospitalization/medical care policy? \_\_\_ Yes \_\_\_ No Hospital Preferred \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_/\_\_\_/\_\_\_

Policy Number \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Special Services received through school or other agency: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I understand:

1. The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
2. I am responsible for the cost of all medical treatment and care.
3. The information on this form is complete and accurate. I have the YMCA with all of the necessary information to properly care for my child's needs.
4. I must notify the YMCA staff in writing immediately of any changes to this form.
5. It is my responsibility to notify the YMCA if my child will be absent from the program.
6. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.
7. I have read the YMCA Child Care Handbook and agree to these policies and procedures.

Please check each additional statement you agree with:

\_\_\_ The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, televisions/ videos, YMCA website, or newspaper releases. I will not be informed or reimbursed for such photographs.

\_\_\_ I give permission to the YMCA staff to administer First Aid in case of injury. In the event my child needs immediate attention and I cannot be contacted I give the YMCA staff permission to authorize medical treatment for my child.

\_\_\_ I give the YMCA permission to transport my child for daily school schedule, in the event of an emergency and for field trips. Prior written notice will be given for all field trips.

**MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO ALL OF THE ABOVE.**

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

Date \_\_\_\_\_