



2009 Kinderkids Program Enrollment Form

Please use a separate form for each child, complete all information, and print clearly. A non-refundable registration fee of \$125 is due upon submission of this form. **No application will be accepted without it.** Please make checks payable to: **Westport Weston Family Y.**

Child Information:

Date of application: ____/____/____

Child First: _____ Child Last: _____

Gender: M / F Date of Birth: ____/____/____ Age: _____ Public School Attending: _____

Parent/Guardian Information:

Parent/Guardian A – **Child’s Residence**

Parent/Guardian B:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Street: _____

Street: _____

Town: _____

Town: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Street: _____

Street: _____

Town: _____

Town: _____

Work Phone: _____

Work Phone: _____

E-Mail: _____

E-Mail: _____

Emergency Information:

Child’s Physician: _____ Phone: _____

Child’s Dentist: _____ Phone: _____

Please list one responsible person, other than parents, who can remove the child from the program in an emergency.

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

Pick-Up Authorization: The following people, in addition to the above, are authorized to pick up my child.

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

2009 KINDERKIDS PROGRAM ENROLLMENT FORM

Office use only: Health form complete (/ /)
 In-take meeting (/ /)
 Contract sent (/ /)
 Contract/fee received (/ /)

Schedule Options and Monthly Tuition:

Circle the tuition of the schedule that you desire.

Start Date: ____/____/____

	M/F 1-6	TU/W/TH 3-6	M/F1-6 T/W/TH 3-6
Member Rates	\$462	\$499	\$792
Non-Member Rates	\$472	\$509	\$802
	TU/TH 3-6	M (1-6)/W(3-6)/F (1-6)	•
Member Rates	\$289	\$530	•
Non-Member Rates	\$299	\$540	•

If a current member, member #: _____ Exp. Date: ____/____/____

Payment Information:

Credit card monthly draft Debit card monthly draft Bank account monthly draft

Financial Assistance:

Please mark box if you would like us to send you a financial assistance application.

Permission Agreement:

I grant permission for my child to use all play equipment and participate in all activities of the program. I grant permission for my child to be included in pictures connected with the Y's programs. If warranted, I grant permission to the staff to take whatever steps necessary to obtain emergency medical care according to Connecticut State agencies' regulations. These steps may include, but are not limited to, the following: administering first aid, attempting to contact a parent, guardian or child's physician/dentist, directly or through any of the persons listed under the emergency information on the reverse; calling another physician, ambulance, or taking the child to an emergency hospital in the company of a staff member, in a program vehicle, in the event that a parent, guardian, or child's physician cannot be contacted. Any expenses incurred under the above will be borne by the child's family. I understand the program will not be responsible for anything that may happen as a result of false information given at the time of enrollment. The Westport Weston Family Y Child Care staff have permission to transport my child in the YMCA buses to our programs, playground, and/or field trips. I understand that my child will be in the appropriate child safety restraint system and/or wear a seat belt at all times and that the driver will follow State of Connecticut Motor Vehicle Laws. I have read the Child Care Parent Handbook and agree to all of the policies.

PARENT / GUARDIAN SIGNATURE

____/____/____
DATE

FORMS THAT ARE NOT SIGNED WILL NOT BE ACCEPTED