



**2009 School Age 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 (Fall '09): \_\_\_\_\_ Grade (Fall '09) \_\_\_\_\_

Public School Attending: \_\_\_\_\_

**Parent/Guardian Information:**

Information may be printed in our Childcare Directory **Y / N**

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 SCHOOL AGE ENROLLMENT FORM

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

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Schedule Options and Monthly Tuition:

Circle the tuition of the schedule that you desire.

### Member Rates:

	TU/TH	M/W/F	M-F
3:00 PM – 6:00 PM	\$285	\$370	\$480

### Non-Member Rates:

	TU/TH	M/W/F	M-F
3:00 PM – 6:00 PM	\$295	\$380	\$490

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 School Age staff have permission to transport my child in the Y buses to the 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 School Age Parent Handbook and agree to all of the policies.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**FORMS THAT ARE NOT SIGNED WILL NOT BE ACCEPTED**