



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

August 15, 2022

Dear Parents,

I would like to provide you with a few reminders that will help answer any questions with your registration.

Attached to this letter is your packet for the 2022-2023 school year. The listed information below must be fully completed and signed upon registration:

ENROLLMENT FORM  
AUTOMATIC DRAFT FORM  
PARENT STATEMENT OF UNDERSTANDING  
BEHAVIOR CONTRACT  
OUTREACH MEMBERSHIP FORM (ELMS ONLY)

Per state regulations, a current physical (within one year) is required at the beginning of each school year. If your child has an Epi-pen, inhaler, or any other medication that is needed while at the SAGE program, an Authorization to Administer Medication packet **MUST** be submitted with your child's physical. All required medications should be brought to the program on your child's first day. **Your child may not start the program until a current physical and any necessary medication administration forms are on file.**

Transportation forms must be completed on your Parent Portal.

Accounts are billed monthly and are paid in **10 equal payments** from **September-June**. We will **NOT** adjust the payment for vacations. A minimum of 3 days per week is required. All financial assistance applicants (current & new) will need to complete a new packet for this school year.

**ALL CONTRACTS MUST BE RECEIVED BY 5:00PM ON AUGUST 26, 2022 TO START ON THE FIRST DAY OF SCHOOL, SEPTEMBER 1.** All contracts received after 5:00PM on August 26 will require 3 business days before your child may start the program.

Please feel free to contact me with any questions about the program.

Sincerely,

**EMILY WALTER**  
Director of Childcare Services  
ewalter@wallingfordymca.org

**\*\*\*NEW FOR 2022-2023\*\*\***

**MIDDLE SCHOOL PARENTS**

All participants in the ELMS program will receive a **free YMCA Youth Membership** while enrolled. This membership will be activated on the first day of school.

**PRESCHOOL PARENTS**

**Your child must be 4 years old and potty-trained by August 31 in order to enroll for the first day of school.** If your child turns four during the year, you can enroll after this date.

# SAGE & ELMS 2022-2023 ENROLLMENT FORM

<b>CHILD</b>	NAME	DOB	M	F
	ADDRESS	CITY/ST/ZIP		
	SCHOOL	GRADE (2022-2023 SCHOOL YEAR)	AGE (IN THE FALL)*	
	<b>*PLEASE NOTE: All participants MUST be at least 4 years old and potty-trained to attend SAGE</b>			
<b>FAMILY DATA</b>	PARENT/GUARDIAN #1	HOME PHONE		
	HOME ADDRESS	CELL PHONE		
	PLACE OF EMPLOYMENT	WORK PHONE		
	EMPLOYMENT ADDRESS	CITY/ST/ZIP		
	EMAIL ADDRESS			
	PARENT/GUARDIAN #2	HOME PHONE		
	HOME ADDRESS	CELL PHONE		
	PLACE OF EMPLOYMENT	WORK PHONE		
	EMPLOYMENT ADDRESS	CITY/ST/ZIP		
	EMAIL ADDRESS			
<b>Child Primarily Resides With:</b> P/G 1    P/G 2    Both    Other _____				
<b>MEDICAL</b>	<b>DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICATIONS, PHYSICAL/EMOTIONAL DIFFICULTIES, AND/OR MEDICAL CONDITIONS ?</b>			
	<b>PLEASE NOTE: If your child has any medication that may be needed (i.e. Epi-Pen, inhaler), you MUST submit an "Authorization to Administer Medication" form and bring the medication to the program on your child's first day.</b>			
	PHYSICIAN NAME	PHONE		
<b>OTHER</b>	It is our hope that every SAGE participant feels safe, secure & understood. Let us know if special provisions are needed to enable your child to fully participate and if there are certain situations that may cause your child difficulty. How can we help your child in these situations?			
	<b>Does your child have an IEP or 504?</b> Yes    No			
<b>EMERGENCY CONTACTS</b>	<b>PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED</b>			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	<b>PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)</b>			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	NAME	PHONE 1	PHONE 2	RELATIONSHIP
	<b>PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)</b>			
	NAME	RELATIONSHIP		

## FULL TIME (4/5 DAYS)

### SAGE AM CARE ONLY

(6:45-9:00AM at School Site)

Members: \$269 (\$14.70/day)  
Program Members: \$328 (\$17.92/day)

### SAGE PM CARE ONLY

(3:30-6:00PM at School Site)

Members: \$338 (\$18.47/day)  
Program Members: \$392 (\$21.42/day)

### SAGE AM & PM CARE

(6:45-9:00AM & 3:30-6:00PM at School Site)

Members: \$557 (\$30.44/day)  
Program Members: \$674 (\$36.83/day)

### ELMS

(2:40-6:00PM at YMCA)

Members: \$383 (\$20.93/day)

## PART TIME (3 DAYS)

### SAGE AM CARE ONLY

(6:45-9:00AM at School Site)

Days Attending	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Members:	\$194		(\$16.58/day)		
Program Members:	\$237		(\$20.26/day)		

### SAGE PM CARE ONLY

(3:30-6:00PM at School Site)

Days Attending	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Members:	\$248		(\$21.20/day)		
Program Members:	\$297		(\$25.38/day)		

### SAGE AM & PM CARE

(6:45-9:00AM & 3:30-6:00PM at School Site)

Days Attending	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Members:	\$413		(\$35.30/day)		
Program Members:	\$492		(\$42.05/day)		

### ELMS

(2:40-6:00PM at YMCA)

Days Attending	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Members:	\$292		(\$24.96/day)		

**PLEASE NOTE:** Prices listed are **MONTHLY** and based on **10 MONTHS**

If you have another child attending the SAGE program AM & PM Full Time, a 10% sibling discount will be applied to that child. A Youth Membership is included with participation in the ELMS program.

Use account on file: Last 4 Digits of Card/Account: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHILD'S START DATE** \_\_\_\_\_

Please write specific date.

(must be at least **3 business days** from date of registration)

A Bus Transportation Form **MUST** be filled out in your parent portal.

If your child is a student at Moran Middle School, they will be bused to the YMCA ELMS After School Program by Specialty Transportation. By signing below, you authorize this transportation service.

**PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.**

- I will provide an up-to-date immunization record and health examination form prior to my child's start date.
- Tuition payments are due monthly by the 5<sup>th</sup> of the month. A \$25 late fee will be assessed to past due accounts and your child's enrollment in the program will be jeopardized.
- I give permission for the program to use without limitation or obligation my child's photograph or film footage, which may include images or voice recordings on social media and in YMCA promotional materials.
- I agree that the Wallingford Family YMCA participant will uphold and abide by the rules and regulations adopted by the Wallingford Family YMCA and the SAGE/ELMS Program and I recognize that they reserve the right to dismiss or suspend the participants at any time if, in the judgment of the Director of the program, such action is in the best interest of the program.
- I do hereby assume full responsibility for any and all damages, injuries, or losses that my child may sustain or incur, if any, while attending or participating in the SAGE/ELMS program, whether on or off-site. I/we hereby waive all claims against the Wallingford Family YMCA, its agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that my child may sustain. I/We understand that there is a risk of injury associated with participation in any YMCA program and I/we certify that my child is in good physical condition and has no disabilities or other ailments that might hamper his/her participation.
- I give my consent for the First Aid & CPR certified staff of the Wallingford Family YMCA to administer first aid & CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. Preferred Medical Facility: \_\_\_\_\_
- I give permission for my child to attend field trips to Doolittle Park, the Rotary/YMCA Teen Center, the YMCA KinderHouse, and the Wallingford Family YMCA for activities. I understand that my child will walk to and from each activity. **(ELMS ONLY)**

I, the undersigned, swear that the information provided in this application is true as of the date noted. I agree to notify the YMCA in writing immediately if any information on this application changes while my/our child is in the YMCA SAGE/ELMS Program.

PRINTED NAME

SIGNATURE

DATE

PRINTED NAME

SIGNATURE

DATE



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **WALLINGFORD FAMILY YMCA PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the Wallingford Family YMCA SAGE Parent Handbook which outlines our program policies and procedures. Your signature below indicates that you have received, read, and understand the Parent Handbook.

- I understand that I am not to leave my child at the YMCA site unless a YMCA staff person is there to receive and supervise my child. I also understand that the Wallingford Family YMCA employees will not accept my child into the program prior to 6:45AM. I am aware of the fact that the program ends promptly at 6:00PM. A late fee of \$1 per minute will be charged to my account should I pick up my child after 6:00PM.
- I understand that should any person arrive to pick up my child who appears to be under the influence of alcohol or drugs, staff may have no recourse but to notify police of their concerns. Please do not put staff in the position where they have to make this judgment call.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the YMCA does not allow staff members to volunteer to baby sit or transport children outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA towards staff and volunteers if a violation is discovered.
- I have received the YMCA SAGE Handbook and understand that the Wallingford Family YMCA retains the right to amend the handbook for just cause, and that I will be notified of any changes made.
- I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

### **MANAGING A CHILD'S BEHAVIOR**

The Wallingford Family YMCA staff are trained based on the following disciplinary policies, and are reviewed during staff development and upon new hire orientation. The goal of discipline is to help the child to develop inner control so that they may move toward appropriate social behavior.

1. In order to work effectively with children, we must first try to understand his or her motives for inappropriate behavior. Straight forward rules and clear guidelines have been established for a uniform set of appropriate behavior. Consistency is paramount in effective discipline and is stressed throughout our programs. Positive guidance and the use redirection as an initial technique to change negative behavior is used by staff in addition to providing a clear explanation of the inappropriate behavior displayed.
2. Staff will not be abusive, neglectful, or use corporal, humiliating or frightening punishment to discipline children in our programs. A child will not be hit, spanked or slapped by any staff, nor will any child be handled roughly. Staff will not shove or shake any child nor pull their ears or hair at any time as a form of discipline. No child shall be physically restrained unless it is necessary to protect the safety & health of the child or others.
3. If a child does not respond to redirection and continues to display inappropriate behavior the child may be removed from the activity. The child remains within full view of the staff and may not be able to see the activity during this period. The limit is five minutes and is determined by the amount of time the child takes to display appropriate behavior or on the severity of the inappropriate act. During This time, the staff will ask the child what happened, why did they behave that way, and what will they do next time to avoid the situation happening again.
4. If redirection of the child and counseling is ineffective and serious behavioral problems continue to disrupt the program, the parent may be called to pick-up their child early. The YMCA also reserves the right to remove or suspend a child without tuition reimbursement if the parents, Head Teacher, Director of Child Care Services, SAGE Coordinator, Outreach Coordinator and/or Senior Youth Director of Youth Development cannot mutually get the child to behave in an appropriate manner.

By signing below, I agree to comply with the methods discussed above. I understand that the policy will be reviewed as needed while my child is enrolled in the SAGE program.

---

PRINTED NAME

SIGNATURE

DATE

---

PRINTED NAME

SIGNATURE

DATE



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **WALLINGFORD FAMILY YMCA BEHAVIOR CONTRACT FOR PARTICIPANTS, PARENTS AND FAMILIES**

### **EXPECTATIONS**

- Show respect by treating other children and adults the way I would want to be treated.
- Be honest, will always tell the truth about actions and feelings.
- Be a friend that others can trust.
- Demonstrate caring by helping others and treating them kindly.
- Take responsibility for my own behavior and accept the consequences for my actions.
- To be free from cruel teasing and insults.
- Have a safe, calm, clean and orderly environment.
- Make mistakes without being ridiculed by others.
- Seek help from those that are there to help. Talk with YMCA Staff when frustrated or feel mistreated.
- Be treated with dignity and respect by everyone.
- Use appropriate, acceptable language, don't talk back or use obscene, threatening language or speak in an unkind manner.
- Avoid fights or verbal abuse.
- Be fair and accepting of others eager to join any activity.
- Work and play safely.
- Be kind, considerate, helpful, and respectful toward others.
- Follow directions and listen attentively while participating in activities.
- Share equipment and materials fairly and use them properly.
- Respect property, especially things that do not belong to me.
- Cooperate with others who are there to help.
- Speak up when witnessing unfairness or offensive language or behavior of others.
- Be a good sport whether I win or lose.
- Be truthful with everyone

### **CONSEQUENCES**

- Letter of Discipline/Incident Report for: talking back, destroying property, bullying children, disrupting the program, refusing obey. Parent will be required to sign these reports acknowledging that they have read the report. After three reports, the child & parent may be required to meet with the Director of Childcare Services.
- Letter of Discipline/Incident Report AND immediate Suspension for a **minimum of one day** for: hitting, kicking, biting, spitting, scratching, swearing, making degrading or racial remarks or leaving the group. Parents may be required to meet with the Director of Childcare Services before the child can return to the program.
- Childcare services may also be terminated if the parent is physically or verbally abusive to a staff member. It is our desire that every child enjoys their experience in the program.
- Participation in the SAGE/ELMS program may be limited or discontinued if this contract is not followed.

### **SOME BEHAVIORS MAY WARRANT OUR SKIPPING PROCEDURES DEPENDING UPON THE SEVERITY OF THE INAPPROPRIATE BEHAVIOR.**

By signing below, I agree to follow the SAGE Behavior Contract. I have discussed this policy with my child and the guidelines are understood by my family as a whole.

---

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

---

CHILD/PARTICIPANT PRINTED NAME

CHILD/PARTICIPANT SIGNATURE

DATE



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **WALLINGFORD FAMILY YMCA MONTHLY SAGE PAYMENT POLICY**

Monthly payments are calculated by 183 days of school. We multiply the daily rate by 183 days and divide it into 10 equal months. **You will pay 10 equal months from September – June.**

If you withdraw before June, you will be responsible for the number of days in the months that your child was enrolled. If your current payments do not cover the months attended, then you will be responsible for the difference. Two weeks notice is required for withdrawals. For example, if your child is a member and enrolled 5 days a week for AM Only Care, the rate is \$269 per month, or \$14.70 per day. If you leave as of December, you will have paid \$1076. As your child was enrolled for 78 days, you would owe an additional \$70.60 for the days attended:

$$\begin{aligned} & \$14.70 \text{ (Daily Rate)} \times 78 \text{ (Days Attended)} = \$1146.60 \text{ (Total Due)} \\ & \$1146.60 \text{ (Total Due)} - \$1076 \text{ (Monthly Payment)} = \$70.60 \text{ (Remainder Due)} \end{aligned}$$

### **STATEMENTS**

Monthly child care tuition statements are distributed the last week of each month. This statement includes the monthly charge for the upcoming month.

### **PAYMENTS**

Payments are due the 1<sup>st</sup> of each month. You can pay through automatic draft, by mail or in person at the Welcome Center.

**AUTOMATIC DRAFT:** Drafts are processed on the 5<sup>th</sup> of each month by a checking account or credit card.

**IN PERSON:** You are responsible to make your payment by the 5<sup>th</sup> of each month at the YMCA. The YMCA is open 7 days a week.

**BY MAIL:** Payment can be mailed to:  
Wallingford Family YMCA  
ATTN: Child Care Billing  
81 S Elm Street  
Wallingford CT 06492

Payments received after the 5<sup>th</sup> of the month are considered PAST DUE. A written notification and a late fee of \$25 will be applied to your balance. Your child/ren may not return to the program until full payment has been received.

**Child care accounts MUST be current prior to enrolling in any other YMCA programs.**

### **FINANCIAL ASSISTANCE**

Financial assistance is available through the Wallingford Family YMCA and the State of Connecticut's Care 4 Kids program. Applications are available at the YMCA Welcome Center.

For billing questions, please contact Tammi Mastroianni at [tmastroianni@wallingfordymca.org](mailto:tmastroianni@wallingfordymca.org) or 203-269-4497 x114.

# DRAFT FORM

## WALLINGFORD FAMILY YMCA MONTHLY DRAFT AUTHORIZATION

FOR STAFF USE ONLY

\_\_\_\_ STAFF      \_\_\_\_ DATE

NEW       CHANGE

MEMBER/PARTICIPANT NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DRAFT FOR  MEMBERSHIP    CHILD CARE    CAMP    CSC    SWIM TEAM    PRIVATE LESSONS    PT

### SAVINGS OR CHECKING ACCOUNT

NAME \_\_\_\_\_  
(AS IT APPEARS ON ACCOUNT)

BANK NAME \_\_\_\_\_

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

I authorize the Wallingford Family YMCA to access my checking or savings account for my monthly dues payment. I understand that the payment will be electronically transferred monthly from my account to the Wallingford Family YMCA.

*A voided check must accompany the above information*

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

### CREDIT/DEBIT CARD

NAME \_\_\_\_\_  
(AS IT APPEARS ON CARD)

AMEX   VISA   MASTERCARD   DISCOVER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EXPIRATION DATE \_\_\_\_\_

I authorize the Wallingford Family YMCA to access my credit card for my monthly dues payment. It is understood that the sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due on this account. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment.

\_\_\_\_\_  
SIGNATURE OF CARD HOLDER

### WALLINGFORD FAMILY YMCA MONTHLY DRAFT AGREEMENT

1. I understand that the draft authorizes a perpetual month to month payment from the above account. For membership payments, this draft does not expire and therefore automatically renews monthly. For camp, swim team, child care and personal training payments, this draft ends at the completion of the program. For Community Support Campaign payments, the draft ends at the receipt of your total gift amount.
2. If I wish to cancel or change my pre-authorized draft, a new **Draft Form** must be received by the Wallingford Family YMCA two (2) weeks before the next draft. If I wish to cancel my membership, the **Termination Form** must be received by the Wallingford Family YMCA on or before the 10<sup>th</sup> of the month to take effect the following month. All membership cards will be required to be turned in when the membership terminates. These forms are available at the Welcome Center or online at [www.wallingfordymca.org](http://www.wallingfordymca.org).
3. Should any draft not be honored by my bank/credit card company for any reason, I realize that I am still responsible for payment and the following processing fees will be charged to my account: \$15 for membership & personal training drafts and \$25 for child care & camp drafts. If I fail to make the required payment, my membership or child care/camp spot may be revoked.
4. The Wallingford Family YMCA reserves the right to cancel my draft for which a draft is returned two (2) consecutive months or three (3) times over a six (6) month period. The Wallingford Family YMCA is not obligated to offer the draft option to anyone whose draft has been previously revoked.
5. The YMCA, at its discretion, may adjust the monthly rate for membership, personal training, child care & camp payments. Members & Program Members receive at least 30 days notice prior to any change.
6. I agree to immediately notify the Wallingford Family YMCA of any changes in my credit or bank account information that may affect payment of my draft.

**YOUR STATEMENT WILL SHOW A CHARGE FROM "YOUNG MEN'S CHRISTIAN ASSOCIATION".**

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# State of Connecticut Department of Education

## Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call <b>1-877-CT-HUSKY</b>
Does your child have dental insurance?	Y N	

\* If applicable

### Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y	N	Diabetes	Y	N	
Any immediate family members have high cholesterol			Y	N	ADHD/ADD	Y	N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date



**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

**Physical Exam**

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

**Screenings**

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	*HCT/HGB:	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass			
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*Speech (school entry only)		
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

**TB:** High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*IMMUNIZATIONS**

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

**\*Chronic Disease Assessment:**

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
*If yes, please provide a copy of the Asthma Action Plan to School*

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:**

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
*Explain:* \_\_\_\_\_

Daily Medications (*specify*): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <b>Provider</b> Name and Phone Number
---	-------------	---

# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year)** Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>DTP/DTaP</b>	*	*	*	*		
<b>DT/Td</b>						
<b>Tdap</b>	*				Required 7th-12th grade	
<b>IPV/OPV</b>	*	*	*			
<b>MMR</b>	*	*			Required K-12th grade	
<b>Measles</b>	*	*			Required K-12th grade	
<b>Mumps</b>	*	*			Required K-12th grade	
<b>Rubella</b>	*	*			Required K-12th grade	
<b>HIB</b>	*				PK and K (Students under age 5)	
<b>Hep A</b>	*	*			See below for specific grade requirement	
<b>Hep B</b>	*	*	*		Required PK-12th grade	
<b>Varicella</b>	*	*			Required K-12th grade	
<b>PCV</b>	*				PK and K (Students under age 5)	
<b>Meningococcal</b>	*				Required 7th-12th grade	
<b>HPV</b>						
<b>Flu</b>	*				PK students 24-59 months old – given annually	
<b>Other</b>						

**Disease Hx** \_\_\_\_\_  
**of above** (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_

**Exemption:** Religious \_\_\_\_\_ **Medical:** Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Renew Date:** \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
 Medical exemptions that are temporary in nature must be renewed annually.**

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

\*\* **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
---	-------------	---

# OUTREACH MEMBERSHIP \*ELMS ONLY\*

WALLINGFORD FAMILY YMCA YOUTH & TEEN OUTREACH MEMBERSHIP APPLICATION

## PARTICIPANT INFORMATION

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

MALE / FEMALE

HOME PHONE \_\_\_\_\_

## FOR STAFF USE ONLY

\_\_\_\_\_  
STAFF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM

\_\_\_\_\_  
MEMBERSHIP TYPE

\_\_\_\_\_  
PROGRAM END DATE

\_\_\_\_\_  
MEMBERSHIP END DATE

## PARENT/GUARDIAN INFORMATION

NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

## MEMBERSHIP AGREEMENT

**PLEASE NOTE: This section MUST be initialed & signed by BOTH the participant & a parent/guardian**

### CODE OF CONDUCT

At the Wallingford Family YMCA, we expect staff, members, volunteers and guests to act in accordance with our mission and values at all times by behaving in a mature & responsible way and respecting the rights & dignities of others. This is to ensure the safety and comfort of everyone in our facility or participating in our programs.

At the Wallingford Family YMCA, we demonstrate Caring, Honesty, Respect and Responsibility by:  
Speaking in respectful tones · Refraining from the use of vulgar or derogatory language · Dressing appropriately for the YMCA program area or event · Never wearing clothing that reveals undergarments or contains offensive wording · Resolving conflicts in a respectful, honest and caring manner · Never resorting to physical contact or threatening gestures · Never carrying or concealing a weapon or anything that may be used as a weapon · Respecting the property of others · Never engaging in theft or destruction · Picking up after ourselves and one another · Cooperating with staff · Complying with all health and safety procedures

The YMCA is a drug, alcohol and smoke-free facility. Smoking, alcohol or drug use and/or being under the influence of drugs or alcohol on the premises is prohibited. No alcohol will be allowed on the premises unless at a sanctioned YMCA event.

Members and guests are encouraged to be responsible for their personal comfort and safety. Anyone who feels unsafe or uncomfortable should report the situation to a staff member. We will make every effort to investigate and resolve issues promptly, confidentially and effectively.

The YMCA reserves the right to cancel the membership of any member or suspend visitation privileges of any guest who does not follow the Code of Conduct at any time while on-site at a branch or during participation in any Y affiliated program or event, regardless of location. Staff members may define what is considered a breach of the Code of Conduct and will ask to the violator to leave. All reported incidents will be reviewed by the Executive Director and the decision to suspend or terminate YMCA membership or visitation privileges will be made at the discretion of YMCA Management.

### RELEASE FORM & LIABILITY WAIVER

Each person, as a member or visitor, is solely responsible for any personal injuries or losses sustained while on any YMCA property or during any YMCA sponsored activities and that the YMCA is not responsible for any items that are lost or stolen. I/We do hereby assume full responsibility for any and all damages, injuries, or losses that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or any visit to the YMCA. I/we hereby waive all claims against the Wallingford Family YMCA, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we may sustain. I/We understand that there is a risk of injury associated with participation in any YMCA activity or program and I/we certify that I am/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation.

I/We also agree to adhere to all of the Wallingford Family YMCA rules and regulations and the Code of Conduct. I/We understand that the violation on these policies may result in immediate removal from the facility without refund. I/We understand that the Wallingford YMCA reserves the right to take pictures and video of its participants for publications, website and other marketing purposes. I/We also understand that the email address provided may be used by the Wallingford Family YMCA to send information.

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND DURATION OF THE AGREEMENT**

PARTICIPANT PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_