



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

March 25, 2025

Dear Parents,

As hard as it is to believe, the end of the school year is right around the corner! That means that it's time to start thinking about what comes next for the fall of 2025. I would like to provide you with a few reminders that will help answer any questions with your registration.

Current SAGE participants can register starting on **MARCH 31**. Open Registration begins on **APRIL 21**. From March 31-April 13, all enrollment forms must be emailed to Kim Lilienthal. Please save the document with your child's name as the file name and email the completed form to Kim at klilienthal@wallingfordymca.org. **We will not be accepting any registrations from April 14-20.**

If you enroll from March 31-April 13, the REGISTRATION FEE WILL BE WAIVED! On April 21, a \$25/family non-refundable registration fee will be charged. This registration fee will increase to \$50 on June 13. This fee is not applied to your SAGE balance.

NOT A CURRENT SAGE/ELMS PARTICIPANT? Register for the remainder of the 2024-2025 school year and we'll waive the registration fee AND you can register for next school year in April!

Attached to this letter is your packet for the 2025-2026 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)

Health forms **MUST** be in by AUGUST 15. 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 2 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 22, 2025 TO START ON THE FIRST DAY OF SCHOOL, AUGUST 28. All contracts received after 5:00PM on August 22 will require 3 business days before your child may start the program.

Hope you have a wonderful summer and see you in the fall! Please feel free to contact me with any questions about the program.

Sincerely,

CATHERINE LIBRADO-MARTINEZ
SAGE Director
clmartinez@wallingfordymca.org

*****PROGRAM REMINDERS*****

MIDDLE SCHOOL PARENTS

All participants in the ELMS program will received 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 28 in order to enroll for the first day of school. If your child turns four during the year, you can enroll after this date.

WALLINGFORD FAMILY YMCA

81 S Elm Street, Wallingford CT 06492

P 203 269 4497 F 203 284 0572 www.wallingfordymca.org

SAGE & ELMS 2025-2026 ENROLLMENT FORM

CHILD	NAME		DOB		M	F	
	ADDRESS		CITY/ST/ZIP				
	SCHOOL	GRADE (2025-2026 SCHOOL YEAR)		AGE (IN THE FALL)*			
	*PLEASE NOTE: All participants MUST be at least 4 years old and potty-trained to attend SAGE						
FAMILY DATA	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						
	Child Primarily Resides With: P/G 1 P/G 2 Both Other _____						
	MEDICAL	DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICATIONS, PHYSICAL/EMOTIONAL DIFFICULTIES, AND/OR MEDICAL CONDITIONS ?					
		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.					
		PHYSICIAN NAME		PHONE			
OTHER	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?						
	Does your child have an IEP or 504? Yes No						
EMERGENCY CONTACTS	PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED						
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)						
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	NAME	PHONE 1	PHONE 2	RELATIONSHIP			
	PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)						
	NAME	RELATIONSHIP					

SAGE AM & PM CARE

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

FULL TIME

Members: **\$627** (\$34.26/day)
Program Members: **\$795** (\$43.44/day)

PART TIME

Days Attending **M T W R F**

3 DAYS

Members: **\$488** (\$44.36/day)
Program Members: **\$580** (\$52.73/day)

ELMS

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

FULL TIME

Members: **\$452** (\$24.70/day)

PART TIME

Days Attending **M T W R F**

3 DAYS

Members: **\$345** (\$31.36/day)

2 DAYS

Members: **\$264** (\$36.16/day)

SAGE AM CARE ONLY

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

FULL TIME

Members: **\$317** (\$17.32/day)
Program Members: **\$388** (\$21.20/day)

PART TIME

Days Attending **M T W R F**

3 DAYS

Members: **\$229** (\$20.82/day)
Program Members: **\$280** (\$25.45/day)

SAGE PM CARE ONLY

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

FULL TIME

Members: **\$399** (\$21.80/day)
Program Members: **\$462** (\$25.25/day)

PART TIME

Days Attending **M T W R F**

3 DAYS

Members: **\$292** (\$26.55/day)
Program Members: **\$351** (\$31.91/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.

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.

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

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 5th 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 give my consent for the program staff, SAGE Director & Outreach Coordinator to speak with school staff to address any behavioral concerns that may disrupt the program or school day.
- 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



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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 \$15 for the first 15 minutes plus \$2 per minute after 6:15PM 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 YMCA SAGE 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.
- I understand that I may need to remove my child from the program if:
 - My child is unable to adapt in manner that will encourage healthy growth & development despite efforts or whose needs cannot be met with the resources available to the program despite efforts. Daily communication and a conference with the SAGE Director will precede this decision.
 - My child is aggressive or hurtful to others.
 - There is a family/guardian conflict, where interactions with staff are disruptive or malicious, affecting morale and/or site & program stability. Initial discussion with the SAGE Director, Senior Director of Childcare Services and Chief Operations Officer will occur before dismissal.
 - I fail to respond to emails, phone calls, or meeting requests about payment or behavior concerns.

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, Senior Director of Child Care Services, SAGE Director, Outreach Coordinator and/or Chief Operations Officer 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



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WALLINGFORD FAMILY YMCA BEHAVIOR MODIFICATION RUBRIC

Rubric is subject to interpretation, may be adjusted based on judgment and severity of infraction, and ultimate consequences decided are at the discretion of the Child Care Management Team. We will consider the ages and development of the youth involved as well as the interactions leading up to incidents. Children that show a strong and sincere desire to improve will be worked with as long as they are not considered dangerous to themselves or others. The SAGE Director will collaborate with the family for ideas on how to support the child, as well as connect with the school for resources when necessary. Regardless of severity, staff will document all incidents for record.

MILD/ANNOYING BEHAVIORS

Examples include arguing over a game, picking up rocks & sticks and teasing. Parents will be notified by email or at pick up by the SAGE staff if there have been repeated mild infractions that have disrupted the program.

CONCERNING/DISRUPTIVE

Behaviors are concerning when they occur multiple times & youth are constantly not following directions. Examples include lying, disrespect to other's or other's belongings, being defiant to staff and inappropriate gestures & language.

1ST INSTANCE

Verbal Reprimand
5 Minute Break
Parent Notified at Pick up

2ND INSTANCE

Director Referral
Incident Report
Parent Notified at Pick Up

3RD INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Incident Report

4TH INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Incident Report
1 Day Suspension
Parent Meeting

UNSAFE/DANGEROUS

Behaviors are unsafe when the behavior puts others or themselves at risk and youth do not acknowledge what they have done is dangerous. Examples include biting threats of self-harm, intentionally hurting others, inappropriate touching, purposely damaging property, intentional discrimination/harassment, leaving/bolting from the group and theft.

1ST INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Incident Report

2ND INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Incident Report
1 Day Suspension

3RD INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Incident Report
3 Day Suspension
Parent Meeting

4TH INSTANCE

Director Referral
Parent Notified by Phone
Early Pickup
Expulsion

ZERO TOLERANCE

Examples of zero tolerance behaviors include assault, drugs/paraphernalia and weapons.

1ST INSTANCE

Immediate Director Referral
COO & CEO Notified
Parent Notified
Police Notified
Immediate Expulsion
Detailed Incident Report



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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 SAGE Coordinator and/or the Senior 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 SAGE Coordinator and/or the Senior 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



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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 \$317 per month, or \$17.32 per day. If you leave as of December, you will have paid \$1268. As your child was enrolled for 78 days, you would owe an additional \$82.96 for the days attended:

$$\begin{aligned} \$17.32 \text{ (Daily Rate)} \times 78 \text{ (Days Attended)} &= \$1350.96 \text{ (Total Due)} \\ \$1350.96 \text{ (Total Due)} - \$1268 \text{ (Monthly Payment)} &= \$82.96 \text{ (Remainder Due)} \end{aligned}$$

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 1st 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 5th of each month by a checking account or credit card.

IN PERSON: You are responsible to make your payment by the 5th 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 5th 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.

There will be a \$30 service fee for any returned draft. The balance of the drafts and service fee will need to be paid to the YMCA Welcome Center within three (3) business days. Your child's spot in our program may be jeopardized if payment has not been made. A written two week notice prior to the 5th is required to stop your automatic draft.

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 Kim Lilienthal at klilienthal@wallingfordymca.org or 203-269-4497 x114.