



YWCA Hartford Region  
135 Broad Street  
Hartford, CT 06105  
(860) 525-1163  
Fax (860) 947-4500  
[www.ywcahartford.org](http://www.ywcahartford.org)

## **Welcome!**

I am glad you are considering our YWKidslink program for your childcare resource. We take pride in providing high quality childcare in a setting that encourages respect for each individual and provides opportunities to play and work in a social setting that develops community responsibility. Our programs are licensed by the state of Connecticut and are run by experienced and certified Head Teachers.

The fees are listed in the registration packet that is included with this letter. You may choose mornings, afternoons, or both. You may also choose 3 days or 5 days. Morning programs open at 7 AM. Afternoon programs close at 6 PM. **Our programs meet in the cafeteria of the school. We also use the playground.**

Please fill out all of the forms completely. In the section for emergency contacts, please give us at least two other people who can take responsibility for your child if we are not able to reach you. We will, of course, always try to reach you first and if we don't reach you in person we will leave messages for you. Many parents tell us that they always have their cell phone and that we will always be able to reach them, so they don't want to list any emergency contacts. Sadly we have found that cell phones are not 100% reliable and we have, in the past, had trouble reaching some parents. For this reason we must insist that you provide two emergency contacts.

State regulations require that we have a copy of your child's Health Assessment Record on file at our program site. This is the same record that is required by the school, and we can accept a photo copy of the form you provide to them. Health Assessment Records are valid through the fifth grade year. Our licensing regulations require that we have written proof that your child has been screened for TB. If your school form does not include that proof, you will need to have your physician complete that section of the form before your child may attend Kidslink. Most physicians will simply check the box that says your child is not in a high risk group. Please be sure your physician has checked that box or has tested your child for TB and provided the results of the test on the form. If you do not have a copy of the Health Assessment Form you gave to the school, please contact the school nurse to request a copy. We are not able to obtain your child's health records directly from the school. Because of concerns for privacy only you can request that those records be forwarded to us.

Many of our programs fill quickly so it is important that you return the completed registration packet and the required fees to our office as soon as possible. We have provided a checklist of required forms and fees at the end of this letter. We accept registrations on a first come, first served basis. Our capacities are dictated by our state licenses so we are not able to expand our programs once we have reached the maximum number indicated on our license.

After we have processed your registration you will receive a confirmation via email. Please be sure to view our School Age Family Handbook at [www.ywcahartford.org](http://www.ywcahartford.org) for YWCA Hartford Region's policies and procedures. If you have any questions about fees or forms please feel free to call our billing specialist, Tanisha at (860) 525-1163 x114.

I know that the choice of a high quality child care provider is important to you. If I can answer any questions to help you make that choice please feel free to contact me at [DanaS@ywcahartford.org](mailto:DanaS@ywcahartford.org) or (860)525-1163 x108.

I look forward to meeting you.

Sincerely,

**Dana Sears**

Manager of School Age Programs

## **Forms and Fees Checklist**

### **Due at time of registration**

- YWKidslink Registration packet (2 pages, or front to back), includes:
  - Work address and phone number for both parents/guardians
  - At least 2 emergency contacts
  - Authorizations/Agreements
  - Student History (2 pages, or front to back)
  - Child's Health Information
  - Student History
  
- Deposit (\$50 per child, will be applied to first tuition payment, non-refundable)
  
- \$50 registration fee (new families only)
  
- Membership fee (\$35 per family)
  
- Credit Card Authorization (If you chose to pay by credit card)
  
- OR**
- Check for membership and deposit(s)  
All fees may be included in one check made payable to: YWCA Hartford Region

### **Due at least one week before your child will attend Kidslink**

- A current photo of your child
  
- New Families
- Health Assessment Record with Immunization record and TB screening

#### Returning Families

The Health Assessment Record you submitted when your child started in our program is valid through the fifth grade. We will continue to use the Health Assessment Record we have on file. Please submit any updated immunizations and information about any changes in your child's health.

### **Return forms and fees to:**

YWCA Hartford Region  
Kidslink Programs  
135 Broad Street  
Hartford, CT 06105

[WestSAreistration@ywcahartford.org](mailto:WestSAreistration@ywcahartford.org)

fax (860)947-4500

# YW KIDSLINK REGISTRATION – Rocky Hill (Moser)

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Hartford Region

Please enclose: \$50 deposit (will be applied to the first tuition payment),  
\$50 registration fee (one-time fee required for any new family to our program), and  
\$35 YWCA membership (required to participate in YW program, and renewed annually)

Date of Application:		School Child Attends:		Start Date:	
<b>CHILD'S INFORMATION</b>					
Child's Legal Name:			Nickname:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Child's Grade (2018-19):		Child's Teacher:	
Child's Home Address:			Zip Code:	Child's Home Phone:	
Has your child attended any YWCA programs before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name of Program and dates attended:				Office use only - Original Enrollment Date	
Child's race/ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Mixed <input type="checkbox"/> Native American <input type="checkbox"/> Other/Unknown					
<b>PARENT/GUARDIAN INFORMATION</b>					
Parent/Guardian's Name:			Parent/Guardian's Name:		
Relationship to child:			Relationship to child:		
*Email Address:			*Email Address:		
<i>*Please provide us with an email address that you are able to check during business hours for notifications of closings and announcements</i>					
Home Address:			Home Address:		
Home Phone:		Cell:	Home Phone:		Cell:
Employer:			Employer:		
Occupation:			Occupation:		
Work Address:			Work Address:		
Work Phone:		Work Schedule:		Work Phone:	
<b>SCHEDULE AND TUITION</b>					
<b>2019 - 2020 Tuition rates of 10 Monthly Installments:</b> Monthly payments are due on the 20 <sup>th</sup> of the preceding month					
<b>Please check schedule:</b> (Full time 5 Days) <input type="checkbox"/> Morning and Afternoon \$463 <input type="checkbox"/> Morning only \$254 <input type="checkbox"/> Afternoon only \$408					
<b>Part time Schedule</b> (3 days a week) <i>Based on Availability</i>					
AM and PM \$348		<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
MORNING: \$193		<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
AFTERNOON: \$308		<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
<i>All tuition deposits, registration, and membership fees are non-refundable unless the program is cancelled. All programs are subject to minimum enrollment.</i>					
Parent/Guardian Signature: _____				Date: _____	
Parent/Guardian Signature: _____				Date: _____	
Please return all forms to:		<b>YWCA Kidslink, 135 Broad Street, Hartford, CT 06105</b>			
<b>Fax:</b> (860) 947-4500		<b>Email:</b> <a href="mailto:WestSRegistration@ywcahartford.org">WestSRegistration@ywcahartford.org</a>			

**AUTHORIZED PICKUP / EMERGENCY CONTACTS**  
 (State law requires that these individuals be age 18 or older)

**MUST have at least 2 emergency contact OTHER than the Parent/Guardian listed on page 1.**

Name:		Relationship:	
Home Phone:	Cell:	Work:	
Address:			
Name:		Relationship:	
Home Phone:	Cell:	Work:	
Address:			
Name:		Relationship:	
Home Phone:	Cell:	Work:	
Address:			

**PLEASE NOTE:** It is the parent's responsibility to inform the staff of changes in any of the above information. I hereby authorize the above persons to pick up my child from the YWCA program site. If there are any changes in these arrangements I will inform the Head Teacher with advanced written notice.

**CHILD'S HEALTH INFORMATION**

<b>Does your child have allergies to:</b>	Severity and type of reaction	Is emergency medication needed?
Food:		
Medication:		
Other:		

Asthma, allergies (food/other), seizures, or any condition listed on this registration form or in your [child's health assessment](#) must be accompanied by a **Special Care Plan (Allergy Action Plan or Asthma Care Plan)** signed by both the physician and parent. All medications, including Inhalers, Epi Pens, and antihistamines must be accompanied by a [Medication Order](#) completed and signed by your child's physician.

All forms can be found on the [School Age section](#) of our website ([www.YWCAHartford.org](http://www.YWCAHartford.org))

**Does your child take any medicine regularly?**

If so, what:	When:
How is this medication best given?	

**Are there any other special health instructions and/or issues we should know about?**

Child's Physician:	Phone:
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*The YWCA of the Hartford Region welcomes applications from all families.  
 We provide an inclusive educational environment.*

The YWCA **MUST** have a valid physical, immunization records, and a negative Tuberculosis assessment **PRIOR** to your child starting Kidslink. **Your child will not be able to attend the Kidslink program until the required medical forms are on file.**

Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____

Child's Name:	School Child Attends:
<b>AUTHORIZATION/AGREEMENT</b>	
I grant permission for my child to use all the play equipment and participate in all the activities of the program, except as otherwise noted here:	<u>Initial and Date</u>
I hereby allow my child to be videotaped or photographed for our closed Facebook group and in projects related to the program. I understand that I will be notified prior to the event if the photos or taping are to be shown and/or used outside of the YWCA of the Hartford Region, Inc.	<u>Initial and Date</u>
I am aware that it is my responsibility to inform the YWCA, in writing, of any concerns which may affect the care of my child.	<u>Initial and Date</u>
I understand that any inaccurate or incomplete information provided may result in immediate dismissal.	<u>Initial and Date</u>
I have read a copy of the YWCA Family Handbook and agree to abide by its contents. I have had an opportunity to review, discuss, and ask questions on the contents of the handbook, including student guidance and behavior management. The handbook can be found in the School Age section of YWCA Hartford Region's website ( <a href="http://www.YWCAHartford.org">www.YWCAHartford.org</a> ), or by clicking <a href="#">here</a> .	<u>Initial and Date</u>
I understand that tuition payments are due on the 20 <sup>th</sup> of the month prior to the month of service. Payments that are made after the 20 <sup>th</sup> of each month are considered delinquent and will be charged a late payment fee of \$20.00. I understand that I must remain current with my account. I understand that I am subject to my child's immediate removal from the program if my account is not kept current. Should my account be turned over to a collection agency for non-payment at any time, I understand I will be charged for all collection service and legal fees.	<u>Initial and Date</u>
<b>CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD</b>	
<p>In the event my child develops a medical problem which the YWCA personnel feel needs the prompt evaluation of a physician, and the staff is unable to contact either myself or those persons whom I have designated as emergency contacts, I authorize the YWCA of the Hartford Region personnel to contact my child's physician and/or arrange for my child to be taken to the nearest medical facility and receive necessary treatment. I further understand that I will be responsible for any medical and transportation costs incurred.</p> <p>In the event of a <b>medical emergency</b> occurring while my child is attending the YWCA of the Hartford Region program, I understand that the following procedure will be followed:</p> <ol style="list-style-type: none"> <li>1. The staff, after determining that a medical emergency exists, will call 911. If necessary, appropriately trained YWCA staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive and the child is taken to the nearest hospital appropriate to the emergency situation, as determined by the EMT's.</li> <li>2. The staff will telephone a parent to inform him or her of the situation and request that the parent immediately meets the child in the Emergency Room of the hospital designated by the EMT's. If a parent cannot be reached, staff will attempt to telephone "emergency contacts" that the family has provided.</li> <li>3. Staff will arrange for transportation by ambulance to the Emergency Room designated. A staff member will accompany the child and stay at the hospital until the parent arrives.</li> </ol> <p><b>IF</b> the EMT's determine that there is a choice of hospital to which the child may be transported, my preference is:</p> <p> <input type="checkbox"/> Connecticut Children's Medical Center      <input type="checkbox"/> St. Francis Hospital      <input type="checkbox"/> Other _____  <input type="checkbox"/> Hartford Hospital      <input type="checkbox"/> Johnson Memorial Hospital  <input type="checkbox"/> Manchester Memorial Hospital      <input type="checkbox"/> Baystate Medical Center </p>	
<b>Parent/Guardian Signature:</b> _____ <b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____ <b>Date:</b> _____

Child's Name:	School Child Attends:	
<b>STUDENT HISTORY</b>		
<p>The YWCA Hartford Region strives to support your child's well being in all aspects of our program. If there is anything about your child's physical, emotional, or psychological history that will assist us in working with your child, we ask that you provide us with complete information in advance of enrollment.</p> <p style="text-align: center;"><i>Please answer all questions completely</i></p>		
<b>Family and Home</b>		
Parents/Guardians: <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Prefer not to answer	# in household:	
<b>Does your child have any siblings?</b>		
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
<b>Please list other people living in your home:</b>		
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Primary language spoken in your home:		
Does your child speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Health</b>		
Describe your child's current health:		
Does your child have any recurring illness or health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Has your child been diagnosed with any physical, social or behavioral condition? <input type="checkbox"/> Yes		
Please explain:		
Has your child had a vision screening? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any vision concerns?		
Has your child had a hearing screening? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any hearing concerns?		
<b>Snacks</b>		
Does your child have any sensitivity to particular foods? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are there any foods your child should not have? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what are they?		

**Behavior**

How does your child get along with other children?

How does your child get along with other adults?

How does your child react to redirection/positive behavior guidance techniques?

How does your child express his/her feelings?

How does he/she react to frustration?

Does your child have any fears or concerns?     Yes     No    If yes, explain:

What is the best way to comfort your child?

What are your child's special interests and hobbies?

What suggestions do you have for us to help your child succeed in this program?

Does your child receive additional support/services during the school day?

**Note: Children that receive 1:1 care during the school day MUST also have 1:1 support during their time at Kidslink. It is the parents' responsibility to arrange this support.**

Does your child have an IEP?     Yes    Are you willing to share that with us?     Yes  
504 plan?     Yes    Are you willing to share that with us?     Yes

*PLEASE NOTE: It is the parent's responsibility to inform the staff of changes in any of the above information.*

**Parent/Guardian Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

Please return all forms to:  
**Fax:** (860) 947-4500

**YWCA Kidslink, 135 Broad Street, Hartford, CT 06105**  
**Email:** [WestSRegistration@ywcahartford.org](mailto:WestSRegistration@ywcahartford.org)

# Kidslink Inclement Weather/School Closing Plan

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**Hartford Region**

Please indicate what action you would like the school office to take in the event of early dismissal or cancellation of afterschool activities.

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Child's Name: \_\_\_\_\_

Child's Teacher/Grade: \_\_\_\_\_

Contact 1 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child will:

- Go home on the bus
- Walk home
- Be picked up by parent or other authorized contact
- Other:

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I understand that is the responsibility of the parent or guardian to subscribe to district alerts regarding school closings and delays. I understand that I will be notified by YWCA through email only and I am able to access the email address I provided on the registration form.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**CREDIT CARD AUTHORIZATION**

Parent/Guardian Name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Daytime e-mail: \_\_\_\_\_

I give permission for YWCA Hartford Region to charge my credit card for the following authorized tuition and/or fee charges. I have checked and/or filled in the appropriate spaces below.

One time charge only of \$ \_\_\_\_\_ on (date) \_\_\_\_\_

Membership fee of \$35.00(Annual)  Registration fee of \$50 (New Family Only)   
(enrollment, January 1 and after, \$20 for school aged programs only;  
covers the remainder of the current school year)

Deposit fee of \$50.00 (Annual)  One time tuition and/or fee\$ \_\_\_\_\_

<b><u>Before/After School Kidslink &amp; Bolton Nursery School Programs</u></b>	<b><u>Early Learning Programs</u></b>
Tuition of \$ _____ to be charged on the 20 <sup>th</sup> of the month prior to services rendered:  <input type="checkbox"/> Sept 2019 (8/20) <input type="checkbox"/> Feb 2020(1/20) <input type="checkbox"/> Oct 2019 (9/20) <input type="checkbox"/> March 2020 (2/20) <input type="checkbox"/> Nov 2019 (10/20) <input type="checkbox"/> April 2020 (3/20) <input type="checkbox"/> Dec 2019 (11/20) <input type="checkbox"/> May 2020 (4/20) <input type="checkbox"/> Jan 2020 (12/20) <input type="checkbox"/> June 2020 (5/20)	Tuition of \$ _____ to be charged weekly each Friday for the upcoming week of care.  I would like charges to BEGIN on (date) _____  I would like charges to END on (date) _____.

Name exactly as it appears on the card: \_\_\_\_\_

Circle one: MC, VISA, AMEX, Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PLEASE NOTE THAT CHARGES TO YOUR ACCOUNT FOR RECURRING CREDIT CARD TRANSACTIONS MAY OCCUR AT ANY TIME ON THE DESIGNATED PAYMENT DATE(S). If the credit card is declined, a \$25 fee will be charged.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_