

STUDENT INFORMATION

Last Name _____ First Name _____ Nickname _____

Date of Birth _____ Gender _____ Grade and School _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone (Cell): _____ Phone (Work): _____

Parent/Guardian #2: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone (Cell): _____ Phone (Work): _____

Other Guardian Status: ☐ Legal Guardian ☐ Foster ParentAre there any active court orders related to the child's custody or release? ☐ YES ☐ NO**PARENTAL ACCESS RESTRICTIONS**

If there are temporary or permanent restrictions on a person's access to your child, please read and complete this section thoroughly and provide all requested documentation. If the restricted person(s) are a child's biological parent(s) programs **MUST** have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name _____ Relation to Student _____

Documentation Provided: ☐ YES ☐ NO ☐ N/A**EMERGENCY CONTACTS/AUTHORIZED FOR PICK UP**

List at least two other contacts who could be called during Morning/Afternoon care hours in case of illness or emergency if you cannot be reached. The individuals listed on this form are the only individuals authorized to pick up your child.

Name:	Phone Number:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL HEALTH INFORMATIONIs your child allergic to any food, medication, liquids, environmental objects, etc.? ☐ NO ☐ YESDoes your child require any medication for an allergic reaction? ☐ NO ☐ YESDoes your child require an epi-pen? ☐ NO ☐ YES

(If yes, the epi-pen or medication must be delivered to the program director prior to the first day of enrollment)

If you answered yes to any of the questions above, please list all allergies & describe the severity of your child's reactions:

If your child has allergies, please complete the Allergy Information Form.

If your child requires any medication administration, please complete the Medication Administration & Parental Consent for Medication form.

GENERAL EDUCATION INFORMATION

Does your child have a current IEP or 504? (If so, it would be helpful to provide a copy to the Life Skills Director) ☐ NO ☐ YES

SOCIAL AND EMOTIONAL INFORMATION

What are your child’s favorite toys, activities, and interests?

Please describe what makes your child happy, sad, frustrated, and afraid. How does your child express these feelings?

What tips, tools, or resources do you recommend to support your child’s social, emotional, and behavioral success?

Is there any other information that you would like to share to help us better understand and care for your child?

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize to the Life Skills staff to (check all that apply):

- ☐ Exchange information with _____
- ☐ Release information to _____
- ☐ Obtain information from the faculty and administration at your child’s school to enhance your child’s experience during the school day and during Life Skills program hours.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

GENERAL WAIVER

The Newport County YMCA recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-8-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Newport County YMCA, its agents, and employees might have for, and agree that said YMCA, its agents, and employees shall not be liable for any bodily injury to my child incurred while I am participating in any activity or program sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by my child while participating in any activity or program sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has not physical conditions while will make it dangerous for him/her to participate in YMCA- sponsored program activities.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.

PHOTO CONSENT FORM

I (parent/guardian's name) _____ authorize the Newport County YMCA to photograph or film my child, (child's name) _____, related to any/all of the following activities:

- To post in the program space
- To post on the Newport County YMCA's website or social media pages
- To post in promotional materials

By signing below, I understand that the program may photograph my child during any Y-related activities. I also understand that this form is valid one (1) year from the date signed and it is my responsibility to update this form prior to this day if I no longer authorize the above consents.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

I (parent/guardian's name) _____ **DO NOT** authorize the Newport County YMCA to photograph or film my child, (child's name) _____, related to any/all of the following activities:

- To post in the program space
- To post on the Newport County YMCA's website or social media pages
- To post in promotional materials

By signing below, I understand that the program **MAY NOT** photograph my child during any Y-related activities. I also understand that this form is valid one (1) year from the date signed and it is my responsibility to update this form prior to this day if I no longer authorize the above consents.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT**Authorization Statement:**

Child Care Center Provider Name: Newport County YMCA

Child Care Center Administrative Address: 792 Valley Rd., Middletown RI 02842

Child's Name _____ Date of Birth _____

In consideration of admittance, I hereby authorize the Newport County YMCA, located at 792 Valley Rd., Middletown RI 02842 to arrange for medical examination and/or treatment of my child, (name) _____, should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.

Preferred Hospital:

I would prefer that my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.

Name of Hospital _____

Number & Street _____ State _____ Zip _____

Physician and Insurance Information:

My child uses the following physician for regular care and their insurance information is below.

Name of Physician _____ Phone: _____

Address of Physician's office: _____

Health Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

In the event of an emergency, the child's parent/guardian(s) will be contacted first. If the parent/guardian cannot be reached, emergency contacts must be listed.

Emergency Contact: An emergency contact can pick up a child from care ONLY if there is written and/or verbal communication from the parent/guardian. An emergency contact may also be contacted if the program cannot get in touch with the parent/guardian. Parents/guardians must identify two (2) adults who can be contacted if the parent/guardian is unreachable during an emergency. This information must be listed annually to update information.

Please complete the following information listing the authorized and/or emergency contact persons in the order you wish them to be contacted.

Full Name: _____

Relationship : _____ Phone Number: _____

Full Name: _____

Relationship : _____ Phone Number: _____

Full Name: _____

Relationship : _____ Phone Number: _____

Signature of Consent for Emergency Treatment:

Parent/Guardian Name (Print) _____ Relationship to Child _____

Parent Guardian Signature _____ Date _____

NEWPORT COUNTY YMCA BEHAVIOR CONTRACT

Character Code

The four core values of Caring, Honesty, Respect, and Responsibility are at the core of all we do. We weave these values into conversations, activities, and teachable moments with our participants. We try to catch children doing the right thing, but also try to be vigilant about any unkind behavior that might occur. There is a difference between conflict, which is normal, and bullying, which is not normal. If your child is feeling unhappy about something that happened at camp, we are here to help problem solve, mediate, or adjust. Just let us know.

Rights of Youth

- To be free from cruel teasing and insults.
- To have a safe, calm, clean, and orderly environment.
- To make mistakes without being ridiculed by others.
- To seek help from adults who are there to help.
- To be treated with dignity and respect by everyone.

Responsibilities of Youth

- To avoid physical or verbal abuse towards others.
- To be fair, accepting, and inclusive of others.
- To work and play safely.
- To use appropriate, acceptable language.
- To be kind, considerate, helpful, and respectful toward others.
- To share equipment and materials fairly and use them properly.
- To respect property, especially things belonging to others.
- To cooperate with others and with adults who are here to help.
- To speak out when witnessing inappropriate behavior of others.
- To be a good sport whether winning or losing.
- To be truthful with everyone.

Behavioral Interventions

1. Warning from staff, with preventative steps such as redirection, discussion, or temporary removal from activity.
2. First and Second Write ups – Parent will be required to sign these documents, acknowledging that they have read the reports.
3. Third write up – the individual will be suspended from the program for a minimum of 24 hours. Guardian and student will be required to meet with Director before being allowed to return to camp.
4. Fourth write up – Student will be removed from program for the remainder of the season.
Please note: We reserve the right to bypass the above behavior steps at any time and remove a student from our program for certain severe behaviors with the potential to cause others to feel unsafe. We will consider both the rights of the individual and the welfare of the group when making decisions.



I understand this behavior contract. I understand that my participation in Y programs may be limited or discontinued if I do not follow this contract.

Student Signature: _____ Date: _____

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

OPERATIONS AND PROCEDURES

2025-2026 SCHEDULE

Days of Operation:
Monday – Friday, 2 pm – 5:30 pm
September 8, 2025 – June 12, 2026

We follow the Middletown
Public School calendar

2025/2026 DAYS OFF

corresponding with Middletown Public School schedule

- | | |
|--|--|
| October 13 – Columbus Day | January 2 – Last day of Christmas Recess |
| October 24 – Teacher PD | January 19 – Martin Luther King Jr. Day |
| November 11 – Veteran’s Day | February 16, 17, 18, 19 – Winter Recess |
| November 26, 27, 28 – Thanksgiving Recess | April 3 – Good Friday |
| December 22, 23, 24, 25, 26, 29, 30, 31 – Christmas Recess | April 20, 21, 22, 23, 24 – Spring Recess |
| January 1 – New Years Day | May 25 – Memorial Day |

- Any changes to the list of authorized pick-up names must be done in writing at the Y by the parent or guardian, who must show a valid ID.
- Parent/Guardian is responsible for notifying the school and the Y of any changes in attendance. Our director may discontinue care for the following reasons:
 - Parent/Guardian has not submitted required paperwork or paperwork is inaccurate.
 - Payment is late or unpaid.
 - Child is determined to be unsafe (physically or verbally) to other children or staff.
 - Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of our program’s licensed ability to care for the needs of the child.

SAFETY AND RISK MANAGEMENT

- Participants must be signed out of Life Skills daily. A valid picture ID is required every day.
- Parent/guardian is responsible for providing the YMCA with any court documentation regarding child enrollment.
- Any authorized persons sent to pick up child must be listed on the child’s application and must provide a valid picture ID. Persons picking up child must be at least 18 years of age.
- If any person picking up a child is suspected of being under the influence of drugs and /or alcohol, it is at the discretion of the staff in charge to determine if the authorized person is capable of safely caring for the child. If said person is believed to be incapable of caring for the child, another authorized person will be contacted. If said person becomes unsafe or uncooperative, staff will notify the proper authorities.
- A Medication authorization form must be filled out if any medication is required during program hours. Medication must have the following: a doctor’s label with the name of the child, name of the medication, time/dosage to be administered, and an expiration date.
- YMCA staff are not permitted to babysit YMCA members or program participants.

AGREEMENT OF TERMS AND CONDITIONS

By signing this contract, I agree to the terms and conditions presented in the Life Skills enrollment application. I understand that failure to abide by these stipulations may result in immediate termination from the Life Skills program.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

ENROLLMENT PLAN

Five Days	Three Days	Two Days
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F (Check your choices)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F (Check your choices)
Member: \$166 Non-Member: \$199	Member: \$110 Non-Member: \$144	Member: \$90 Non-Member: \$110

Please be aware that a nonrefundable \$60 registration fee is due at the time of registration.

FINANCIAL AGREEMENT

- Automatic draft of weekly tuition from a credit or checking account is required for admission.
- Payments are drafted weekly.
- All fees are drafted in advance of services, **Payment will be drafted each Thursday** in advance of services rendered. There will be a \$25 fee automatically assessed for all declined payments.
- Upon cancelling enrollment, there is a 4 consecutive week waiting period before re-enrollment is allowed. We cannot guarantee re-enrollment and we cannot hold your space.
- The Life Skills program closes at 6pm daily. A late fee of \$1 per minute will be assessed if your child is picked up after 6pm. This program does not charge tuition for school vacation weeks in December, February, and April.
- Regular tuition will be charged for the week of Thanksgiving.
- Vacation week camps will be held at the YMCA and will require separate registration.
- **There is no reduction in tuition if your child is absent or if the program is cancelled because of holidays, vacations, or inclement weather.**
- Requests for receipts for flex spending or tax filing purposes can be provided if requested by parent/guardian. Seven-day notice is required.
- There will be a \$10 enrollment change fee automatically assessed for all enrollments change requests.
- To withdraw from the program, you must notify the Inclusion Coordinator in writing two weeks in advance.
- Suspension from the program will occur if payment is not made in a timely manner.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

Child's Name: _____ Requested Start Date: _____

Name of Payer _____

Address _____ City _____ State _____ Zip _____

Signature of card holder/bank depositor _____

Credit Card _____ EXP Date _____ Security Code _____

ACH Debit: Account Number _____ Routing Number _____

Bank Name: _____

DHS Certificate Number: _____

FINANCIAL AGREEMENT

1. I authorize the Newport County YMCA to charge my credit card/checking account the above total amount of money each week for the program. I understand my account will be charged each Thursday before services are rendered.
2. This draft is continuous to the end of the program or until I initiate its termination.
3. I understand that if I wish to end or change the automatic debit, I must give the YMCA a 15-day written notice.
4. Should my credit card company or bank for any reason not to honor a draft, I understand that the YMCA will automatically resubmit that draft for payment. If the draft is not honored during the resubmission the amount of the draft, as well as a \$25 service charge will be immediately due and payable to the YMCA. This is in addition to a service fee that maybe charged by my bank.
5. I authorize the Newport County YMCA to immediately apply a one-time registration fee of \$60.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

