



Monroe County YMCA YMCA Preschool Program Enrollment Form



Child's Personal Information

Child's Name	Sex	Age	Birthdate (MM/DD/YYYY)
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Child's Primary Home Address (Street, City, State, Zip)

If shared custody, describe custodial information (Copy of Court Custody Decree must be attached)

Mother's or Guardian's Name	Home Phone
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Home Address (if different)	Cell Phone
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Employed by	Hours of Employment From to	Work Phone with extension
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E-mail Address	Mother's Social Security and driver's license number (required)
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Father's or Guardian's Name	Home Phone
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Home Address (if different)	Cell Phone
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Employed by	Hours of Employment From to	Work Phone with extension
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E-mail Address	Father's Social Security and driver's license number (required)
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Have you or a member of your immediate family ever participated in a YMCA program? If so, which ones:

Are you and/members of your family members at the YMCA?

Attendance

Days: (check one)

_____ 3 day - M/W/F
(must be 4 years old by Dec 1,2008)

_____ 2 day T/TH
(must be 3 years old by Sept. 1, 2009)

Payments will be paid monthly and are due by the first day of each month. All latepayments are subject to a \$5.00 per day late fee. Please carefull y read over teh fee agreement in the Family Handbook.

OPTIONAL

Swim Lessons are a available immediatly following Preschool. The staff will bring your children to lessons. There is an additional monthly fee for swim lessons. The classes will run from 12:00-12:30pm. Are you interested in receiving more information on lessons:

_____ Yes, please send me more information

_____ No, thanks

Health History

Please indicate in the appropriate are if your child had or has any of the following:

Diseases	Medical	Allergies	Adaptive Equipment
<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Glasses
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Wheelchair
	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Communication Devices
		<input type="checkbox"/> Food	<input type="checkbox"/> Other
		<input type="checkbox"/> Other	

Has your child been diagnosed with (please check):

<input type="checkbox"/> ADD	<input type="checkbox"/> MR	<input type="checkbox"/> Cerebal Palsy
<input type="checkbox"/> ADHD	<input type="checkbox"/> PDD	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> ODD	<input type="checkbox"/> Autism	<input type="checkbox"/> Tourette's
<input type="checkbox"/> OCD	<input type="checkbox"/> Asberger's	<input type="checkbox"/> Rett's Syndrome
<input type="checkbox"/> DD	<input type="checkbox"/> Fragile X	<input type="checkbox"/> Down's Syndrome

List any allergies, special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

Medication: If your child will need to take medication during program hours, a Medication Authorization form must be completed. All medication must be in the original container and labeled with the child's name, and instructions, including time and amount for dosages. If the medication is prescribed, the label must also contain the physician's name. The Medication Authorization form includes a space for the staff to record the administration of the medicine. All medication must be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags or pockets.

Does your child have an IEP or a Behavior Management Plan? Yes No
(Department of Health requires a current copy of this plan in your child's file on site before your child may start)

Immunizations and Dates (must list dates)

<input type="checkbox"/> DPT	<input type="checkbox"/> Booster	<input type="checkbox"/> Tetanus Booster	<input type="checkbox"/> Polio OPV
<input type="checkbox"/> Typhoid	<input type="checkbox"/> Measles Vaccine	<input type="checkbox"/> Other	

Name of Physican _____ Phone _____

Insurance Company _____ Policy # _____

Parent Authorization

I/We verify to the best of my/our knowledge that everything is on this form is correct and the child herein is in good health. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the YMCA Preschool. I/We recognize failure to disclose could result in termination of services. I/We understand that I am responsible to bring and apply sunscreen for my child, in the event of outdoor activities. Please make sure there is no allergy to the sunscreen whereas it is considered a medication. I/We also understand that in the event of an emergency, my/our child will be taken to the closest hospital. I/We accept responsibility for the charges incurred from the medical or surgical treatment.

Parent/Guardian Signature _____ Date _____

_____ Date _____

Emergency Contacts

List two contacts (not including doctors or parents listed above) authorized to be notified if parent cannot be reached due to a

Name of contact	Relationship	Telephone during program hours
1		
2		
3		

Provide list of at least two contacts, other than parents, who are authorized to take child from program:

Name of contact	Relationship	Telephone during program hours
1		
2		
3		

In case of emergency if neither parent nor any of the individuals listed above are able to pick up your child from the program, call the Preschool Director immediately.

ALL INDIVIDUALS PICKING A CHILD UP FROM THE PROGRAM **MUST BE 16 YEARS OF AGE AND PRESENT A CURRENT FORM OF PHOTO ID.** This will be required until the Preschool staff is familiar with you. However, substitute stadd is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

I have read, understand, and agree to abide by the pick up policy as stated above. I will make all authorized individuals aware of the policies as stated above and in the parent handbook.

Comments on Development

Use the space below to note any habits, language, or special conditions that the Preschool staff should be aware of:

Other comments to share:

Permissions and Agreements

Photo Release

I authorize the YMCA to take and use photographs, slides, or videotapes of my child as may be needed for its records and/or public relations publications.

Signature _____ Date _____

Trips and Special Event

I agree that my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notification will be given and that all activities and trips will be properly supervised.

Signature _____ Date _____

Parent/Guardian Agreement

Please read carefully and sign below:

- *I understand that payments for Preschool are charged monthly and that I will have my monthly payment in by the first scheduled day of each month.
- *I understand that I am committing myself to participation in the Preschool program for the current session unless unforeseen events make withdrawal necessary. In the event, I will give written notification to the Preschool Director 15 days in advance.
- *I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- *I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of emergency and emergency release plan will be followed.
- *I understand that my child will not be released to any person(s) under the influence of drug or alcohol.
- *I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form)
- *If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and Preschool Director.
- *The YMCA reserves the rights to terminate child care services if it is determined the placement is unsatisfactory.
- *I understand that in the event of unfavorable conditions (such as bad weather or a water main break), the program may be cancelled or dismissed early. There is no refund for services due to unforeseen school cancellations or unscheduled early dismissals.
- *I understand the YMCA my discuss my child/ren if needed.
- *The YMCA provides a recreational and educational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation into the program when appropriate.
- *All information provided at the time of enrollment is complete and accurate.
- * False or incomplete information may lead to termination of services.
- *I have received, read, and agree to abide by all policies, procedures, and fee requirements as outlined in the Family Handbook.

Parent/Legal Guardian Signature _____ Date _____