



YMCA Preschool 2019-20

NORTHWEST FAMILY YMCA ♦ 8040 River Road ♦ Baldwinsville, NY ♦ 13027

CHILD INFORMATION

Child Name: _____ Gender: M F YMCA Member: Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Age: _____ Date of Birth: ____/____/____ *Child must turn age by December 1 to qualify for the program you are choosing.

| CLASS | | | MONTHLY FEE | |
|--|-------------------------|-----------|--|--|
| <input type="checkbox"/> 3 year olds | Tuesday/Thursday | 9-11:30am | <input type="checkbox"/> YMCA Member \$120 | <input type="checkbox"/> YMCA Non-Member \$135 |
| <input type="checkbox"/> 4-5 year olds | Monday/Wednesday/Friday | 9-11:30am | <input type="checkbox"/> YMCA Member \$130 | <input type="checkbox"/> YMCA Non-Member \$145 |

First month's fees are due at time of registration (\$50 is non-refundable deposit.) Enrollment is not guaranteed until all paperwork is complete and returned with payment to the office.

Are you applying for financial support in the form of a YMCA Scholarship? Yes No

If yes, please attach the completed Y Scholarship application & 2018 Tax Returns. Include a \$50 deposit per child instead of the full first month's fees.

| | |
|--|--|
| <h3>PARENT/GUARDIAN 1 INFORMATION</h3> | <h3>PARENT/GUARDIAN 2 INFORMATION</h3> |
|--|--|

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Occupation: _____
 Address: same as child _____
 City: _____ State: _____ Zip: _____
 Primary Phone: (____) _____
 Secondary Phone: (____) _____
 E-mail: _____

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Occupation: _____
 Address: same as child _____
 City: _____ State: _____ Zip: _____
 Primary Phone: (____) _____
 Secondary Phone: (____) _____
 E-mail: _____

*Parents listed are authorized to pick up child. Court documents must be provided if a parent is not authorized to pick up.

EMERGENCY CONTACTS / AUTHORIZED PICK UP

***Must list emergency contact in addition to parent/guardians. Contacts listed are authorized to pick up child.**

| | | | |
|-------------|--------------------------|----------------------|------------------------|
| Name: _____ | Relation to Child: _____ | Primary Phone: _____ | Secondary Phone: _____ |
| Name: _____ | Relation to Child: _____ | Primary Phone: _____ | Secondary Phone: _____ |
| Name: _____ | Relation to Child: _____ | Primary Phone: _____ | Secondary Phone: _____ |
| Name: _____ | Relation to Child: _____ | Primary Phone: _____ | Secondary Phone: _____ |

HEALTH INFORMATION

Physician's Name: _____ Phone: _____
 Physician's Address: _____ Preferred Hospital: _____
 Allergies: _____
 Other health concerns, special needs, or behavioral concerns: _____

* Please provide immunization records for your child by August 1.

CHILD PROFILE

How would you describe your child?: _____
 Child's strengths: _____
 Things I would like my child to accomplish at YMCA Preschool: _____
 Child's interests or other activities he/she is involved in: _____
 What motivates your child? _____ How does your child interact with peers? _____
 What upsets your child? _____ If he/she is upset, try this: _____
 What helps your child handle transitions? _____ Special services received: _____
 Is your child potty trained? Yes Not yet (should be potty trained by start of school) **Turn page to complete Agreement and Permissions →**

PARENT/GUARDIAN AGREEMENT AND PERMISSIONS

I consent to the enrollment of the child listed above in this facility and have been advised of all policies regarding the services provided by the facility and YMCA of Greater Syracuse.

- The YMCA assumes responsibility for my child's well-being during the hours of operation in which my child attends the program. I am responsible for signing my child in and out of the program.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery.
- The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.
- I have provided all current information on my child's needs (allergies, diet, special needs/services, and/or medical information) to the provider, as may be necessary to assist in properly caring for my child in case of an emergency. I will update information if any changes occur.
- It is my responsibility to arrange for my child to be picked up from the program at the posted end time. I am responsible paying for the late fee of \$1/minute. My child may be removed from program if my late pick-ups exceed 3 times.
- If my child has not been picked up by 15 minutes after the posted end time and attempts to contact me have failed, other authorized persons will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact the police and/or Child Protective Services for further instructions.
- Should a person arrive to pick up my child appear to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. I will not be informed or reimbursed for such photographs.
- I give permission for my child to have YMCA staff apply home-supplied topical items such as lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.
- I give permission for my child to participate in all planned classroom activities, to include walks around the YMCA campus and water activities under the direct supervision of YMCA staff.
- I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical developmental boundaries.
- I understand the Northwest YMCA Preschool operates on the Baldwinsville Central School District (BCSD) schedule. When BCSD is closed, Preschool is cancelled. If BCSD operates on a 1-hour snow delay, Preschool will also operate on a 1-hour delay. If BCSD operates on a 2-hour snow delay, Preschool will be cancelled for that day.
- I understand that my full monthly fee is due on the 20th of the month prior to service. My child may be withdrawn from program should my account becomes more than 1 month past due.
- I understand that I must provide 2-weeks written notice to the office if I intend to withdraw my child from program.
- The information on this form is complete and accurate. I agree to review and notify the YMCA staff immediately whenever a change occurs.

My signature acknowledges my understanding of and agreement to the above.

Parent/Guardian Signature

Date

Please list anything else that you would like our preschool teachers to know about your child: