



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCHOOL REGISTRATION PACKET FOR THE 2018-2019 SCHOOL YEAR



BEFORE YOUR CHILD MAY ATTEND , YOU NEED TO:

- *Complete and return this packet to the Welcome Center by 8-1-18
- *Current physical with shot record including lead screening
- *Children's checklist
- *Payment for the first month by September 1, 2017
- *Receive a parent handbook

YMCA of Greater Westfield
67 Court Street
Westfield, MA 01085
(413) 568-8631 fax (413) 572-3995
www.westfieldymca.org



Preschool Parent Checklist

Please initial each item after ensuring that all the following are signed and dated and included in your child's registration packet prior to the first day of Preschool.

- Developmental History
- Physical Exam (current)
- Immunization Record (current)
- Lead Screening (current)
- Varicella vaccine or physician certified history of chicken pox (current)
- Consent form (permission to administer first aid and for swimming, field trips, etc.)
- Child pick-up form
- Facebook Policy Page
- Child info sheet for class list publication
- Medical plans of action if required
- Completed packet
- Picture consent form
- Swimming consent form

Thank You for ensuring that your child's file is complete!!

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

•-----•

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

•-----•

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

•-----•

Parent/Guardian Signature

Date

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____



Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
- *Do you use: oil: _____ powder: _____ lotion: _____ other: _____
- *Are bowel movements regular? _____ How many per day? _____
- *Is there a problem with diarrhea? _____ Constipation? _____
- *Has toilet training been attempted? _____
- *Please describe any particular procedure to be used for your child at the center: _____

- *What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
- *How does your child indicate bathroom needs (include special words): _____
- Is your child ever reluctant to use the bathroom? _____
- Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
- Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

- When does your child go to bed at night? _____ and get up in the morning? _____
- Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

WESTFIELD YMCA PRESCHOOL CONSENT FORM

Participation in Preschool Activities

I give permission for my child,

_____ to participate in all YMCA Preschool activities, including swimming instruction and trips away from school, which may include bus transportation. Parents will be informed in advance about field trips and method of getting there (bus or walking).

First Aid

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I or my designated emergency contact person cannot be reached, I hereby authorize the Westfield YMCA Preschool to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I understand that the teachers and the director are trained in First Aid and CPR and I authorize them to give my child First Aid or CPR when appropriate.

Photo Release

I give permission for my child to be photographed while at Preschool. I understand that photographs of children are only used for bulletin boards and classroom projects. Prints are used for publicizing Preschool in brochures, parent handbooks and newspapers. The YMCA will use discretion in the use of children's photos.

Class List

I give permission to the YMCA Preschool to publish my child's name, address and phone number for the purpose of compiling a class list. I understand that class lists are used for the purpose of forming car pools and making contact with other children and families enrolled in preschool. Class lists are given out only to the parents of children enrolled in the preschool and to the preschool staff.

Observation of Children by Students

I give permission for my child to be observed by college students training to become Early Childhood Educators. I understand that observation means that there is no interaction between the child and students and no identification of the individual child.

I give permission for participation by my child in all of the above unless otherwise indicated.

Parent/Guardian Signature _____ Date _____

Permission for use of on-site swimming pool for Preschool 2018-2019 School Year

I hereby give the YMCA of Greater Westfield Y's Kids permission to allow my child _____ who is _____ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent's / Guardians Signature

Date:

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

EEC Licensing

POLICY STATEMENT: Confidentiality of Family Information

102 CMR 3.10(4)(b)1 Information contained in a resident's record is privileged and confidential.

102 CMR 5.13(1)(e) Information contained in children's, birth parent's, foster and adoptive parent's records shall be privileged and confidential.

606 CMR 7.04(12) Information pertaining to children and their families is privileged and confidential. No licensee or educator may distribute or release information about a child or his/her family to any unauthorized person, or discuss with any unauthorized person information about a child or his/her family without the written consent of the child's parent.

All EEC child care and placement licensing regulations contain provisions that protect the information contained in children's records from unauthorized use and from disclosure to anyone not directly involved in implementing the child's program without written consent of the child's parents. The intent of these regulations is to protect the privacy of children and families.

Therefore, early education and care and child placement programs and their staff may not distribute, share or discuss information (including photographs or other images) about children and families in their care by any means, whether written or verbal, using any medium, including but not limited to telephone, e-mail or electronic text, without the expressed written permission of the child's parents or pursuant to a court order. Images of children, whether or not they are identified by name, as well as personal information related to children and their families, may not be posted on the publicly accessible portions of "Face Book", "My Space", or any other similar online directory, social utility or networking website under any circumstances. However, images of children and personal information related to children and families may be shared on the restricted, private portions of such websites only with the express written permission of the child's parents.

Early education and care and child placement program staff may not discuss children and families in their care with anyone not directly involved in implementing the child's program, including but not limited to other parents in the program, and may not distribute copies of information in a child's record without the expressed written permission of the parents or pursuant to a court order.



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Confidentiality agreement:

I _____ have read and understand the Commonwealth of Massachusetts Policy regarding child and family confidentiality. I understand that the teachers and program staff of the YMCA of Greater Westfield are prohibited from interaction with parents and guardians of children attending any YMCA programs on any online network, such as but not limited to Instragram, Facebook, Twitter.

Signature & Date

Pick up List:

MY child is _____

I _____ give the following listed people permission to pick up my child/children from Preschool 2018-2019 School Year

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

I also understand that anyone who picks up my child must have an ID with them and sign the child out by seeing the Director first. And someone who is not on my list is not able to pick up my child/children.

Parent Signature:

Date:

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westfieldymca.org



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Permission for use of on-site swimming pool

I hereby give the YMCA of Greater Westfield Preschool permission to allow my child _____ who is _____ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Printed Child's Name: _____

Printed Parent's Name: _____

Date: _____

Photo Release:

I _____ give the YMCA of Greater Westfield Preschool program (Parent) permission to use my child (ren)'s photo image for marketing and promotion purposes including our Westfield YMCA Facebook page and Westfield YMCA website.

Printed Child's Name: _____

Printed Parent's Name: _____

Date: _____



FOR YOUTH DEVELOPMENT
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April 19, 2018

Dear Parents and Guardians:

This letter is to inform you of a payment option for the YMCA of Greater Westfield Preschool Programs. The YMCA will be able to electronically draft payments for your child care directly from a valid checking or credit card account. **Payments will be drafted monthly and will be applied directly to the child care balance the first draft will take place in October. Parents must make the September payment at the YMCA.**

If you would like to enroll in this E-Pay program, please complete an Automatic E-pay contract as soon as possible, and include the valid payment information.

Thank you for your ongoing support of the YMCA of Greater Westfield. If you have any questions about this new program, please do not hesitate to contact me.

Sincerely,
Michelle Anamisis
Youth Development Director
YMCA of Greater Westfield
413.568.8631 ext. 306
manamisis@westfieldymca.org

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Preschool E-Pay Form



Member's Name

E-Mail

Address

Phone #

Monthly E-Pay Authorization Agreement

I (we) hereby authorize the YMCA of Greater Westfield to debit my (our) bank/credit card account for the amount owed by me, by initiating debt entries to my (our) account indicated below, and I (we) authorize and request my bank or credit card company to accept any debit entries initiated by the YMCA of Greater Westfield to my (our) account and to charge the same to such account, without responsibility for the correctness thereof:

I have given authority to _____ (Debit/Credit Card Name) preauthorized withdrawal by you on my account for child care payments as indicated below. It is understood that your sending of this preauthorized withdrawal to the credit card company as payment becomes due shall constitute valid notice of such payment due on this membership. When the credit card company honors the preauthorized withdrawal by charging my (our) account, such withdrawal shall constitute my (our) receipt for the payment. Should any preauthorized withdrawal not be honored by my (our) credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount of said payment.

Partners with Youth

I would like to make a tax deductible contribution to the YMCA in support of its financial assistance program through my monthly bank or credit draft.

I give the YMCA permission to draft my account \$ _____ per week.

Credit/Debit Card Account

Card Holder Name _____

Card Number _____

Card Type: MasterCard Visa AmEx Discover

Expiration Date ____/____/____

Signature of Cardholder _____

Monthly E-Pay Amount \$ _____

- The credit card draft is a **continuous plan**. I understand that my (our) child care payments will remain in effect permanently or until I (we) initiate its termination.
- I understand that if I (we) wish to terminate or change my (our) child care status in any way, I must give the YMCA a **30 day written notice** in order to stop or change the draft in any way.
- The YMCA may, at its discretion, adjust the monthly rate it charges for my (our) child care. I understand that I will receive at least 30 days notice prior to any such change.
- Should a draft not be honored by my (our) bank for any reason, I understand that the YMCA will automatically resubmit the draft for payment. If the draft is not honored on the re-submission, the amount of the draft as well as a \$25 service charge will be immediately due and payable to the YMCA.
- I understand that after two unpaid drafts, the YMCA will immediately terminate my (our) membership until I (we) have brought all payments up to date.

Member's Signature

_____/_____/_____
Today's Date

Staff Initials



**FOR YOUTH DEVELOPMENT
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Dear Parent or Caregiver:

With concerns about the increase in tooth decay (cavities) among young children The Department of Early Education and Care recently adopted a new regulation for child care settings, number 606 CMR 7.11(11) (d), to promote oral health and prevent tooth decay.

Effective January 2010, child care workers must assist children with brushing their teeth if:

1. The children are in care for more than 4 hours
2. They have a meal while in care

Some quick facts about the program:

- o This program will be implemented safely by following the regulations for infection control set by the U.S. Centers for Disease Control and Prevention (CDC).
- o It will be a great benefit for your child at **NO COST TO YOU.**
- o Children will be brushing with the direct supervision of our child care staff
- o Children will be using water
- o Children will need to bring in new toothbrushes every three months, or after they are sick
- o Please sign here to acknowledge that you have read this note regarding the new tooth brushing program. If you have any questions or concerns, please call: Michelle Anamisis, Youth Development Director at 568-8631 ext. 306 or manamisis@westfieldymca.org

Child's Name: _____

Parent/Caregiver's Name: _____

Signature: _____

Date: _____

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YMCA of Greater Westfield – Preschool 2018-2019

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth ____/____/____ School _____ Grade _____

Guardian's Name _____ Phone # _____/_____/_____
Home Work Cell

Guardian's Name _____ Phone # _____/_____/_____
Home Work Cell

Pre-K ____ 5 -day program ____ 3-day program ____ 2-day program ____
Days of week attending ____/____/____

I hereby give permission for my child, named above, to participate in all activities; including swimming, field trips, sports, etc. I give permission to the YMCA to allow my child to be observed, and to participate in field work conducted by student interns. I give permission for my child to receive first aid on site and to be transported to the hospital if YMCA personnel deem it necessary. I hereby give permission to the physician selected to order X-rays, run necessary tests, and to provide treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for and to order injection, anesthesia, and/or surgery for my child. I agree to pay the monthly fee, in full by the 1st of the month. I understand that no refunds are made due to absence. I understand that if payments are 2 months past due my child shall be withdrawn from the program until payments are made current.

Parent/Guardian Signature

Date

YMCA of Greater Westfield – Preschool 2018-2019

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth ____/____/____ School _____ Grade _____

Guardian's Name _____ Phone # _____/_____/_____
Home Work Cell

Guardian's Name _____ Phone # _____/_____/_____
Home Work Cell

Pre-K ____ 5 -day program ____ 3-day program ____ 2-day program ____
Days of week attending ____/____/____

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Parent/Guardian Signature

Date