



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

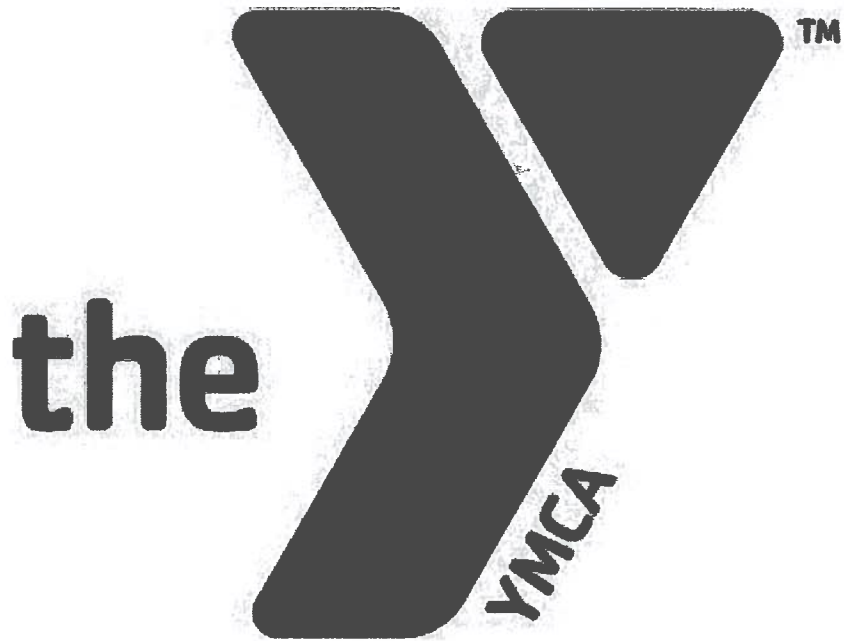
PRESCHOOL REGISTRATION PACKET FOR THE 2020-2021 SCHOOL YEAR



BEFORE YOUR CHILD MAY ATTEND , YOU NEED TO:

- *Complete and return this packet to the Welcome Center by 8-3-20
- *Current physical with shot record including lead screening
- *Children's checklist
- *Payment for the first month by September 1, 2020
- *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**
- 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!!

ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

APPLICANT INFORMATION			
CHILD'S NAME:		DATE OF BIRTH:	
AGE AT ENROLLMENT:		Child's School	
STREET ADDRESS:		CITY, STATE, ZIP	
WHO DOES THE CHILD LIVE WITH:			

PROGRAM CHOICE—please select one			
Preschool Programs	School Age Before School	School Age After School	School Age Closures Only

PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN #1		PARENT/GUARDIAN #2	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
DATE OF BIRTH		DATE OF BIRTH	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
EMAIL		EMAIL	
EMPLOYER		EMPLOYER	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
EMPLOYER PHONE		EMPLOYER PHONE	
HOURS AT WORK		HOURS AT WORK	

School Age Only: Current School _____ Grade _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file. **Parent/Guardian Initials** _____

Required Documents for Registration:

Preschool

1. Immunizations
2. Current physical record with lead screening

All Ages

1. Current custody agreements, court orders and/or restraining orders pertaining to your child
2. Current IEP, IFSP, or 504 Plan



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YMCA OF GREATER WESTFIELD
67 COURT STREET, WESTFIELD, MA 01085
413.568.8631 | www.westfieldymca.org

EMERGENCY CONSENT FORM

Child's Name: _____ Date of Birth: _____ Gender Identity: _____

I authorize staff members 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 medical treatment for my child.

Child's Physician Name: _____ Phone: _____

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

HEALTH INSURANCE INFORMATION

Insurance Company		Policy Number	
Insured Individual		Relationship to Child	

EMERGENCY CONTACT AND PICK-UP INFORMATION

Parent / Guardian #1		Parent / Guardian #2	
Relationship		Relationship	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Do you give permission for your child to be released to this person?	Yes / No	Do you give permission for your child to be released to this person?	Yes / No
Authorized Person #1		Authorized person #2	
Relationship		Relationship	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Do you give permission for your child to be released to this person?	Yes / No	Do you give permission for your child to be released to this person?	Yes / No

TRANSPORTATION PLAN & AUTHORIZATION PLEASE CHECK OFF IN BOX BELOW

Childs Name: _____

Please let us know how your child will arrive and depart the program	Parent Drop Off	Released from School	Other	Describe
ARRIVE at Preschool Program				
LEAVE Preschool Program				
ARRIVE at the Before School Program				
ARRIVE at the Afterschool Program				
LEAVE the Afterschool Program				

The following is MANDATORY. Please initial:

_____ I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the Y. I must give the Y 2 weeks notice of my intent to withdraw my child from the program and I am

The following is OPTIONAL. Please initial those you choose. I give permission for:

_____ my child to attend all walks within walking distance of the center. Field trips will have prior permission forms

_____ the Y to use my child's picture in Y publicity and media promotions

_____ the Y to use my child's picture inside the facility and/or school

_____ my child to participate in a supervised Y swim program as offered

_____ my child to work on homework in the After School program

_____ the Y to communicate with my child's school for any information relevant to the success of my child in both school and the Y program

Parents enter a contract relationship with the YMCA in which both parties agree in writing. Those conditions include the child's schedule and tuition rate, acceptance of the Y's policies, and support of the program.

Waiver of Liability: I hereby give permission to the medical personnel selected by the child care director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent/guardian and emergency contacts. In consideration of being allowed to participate in the activities and programs of the Y and to use its facilities, equipment, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively the Y), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y. I agree to adhere to all policies set

Parent/Guardian Signature

Date

ENROLLMENT

SCHOOL AGE (Grades K—6)						
Select Days:						
Before School Care						
# of Days	M	T	W	TH	F	Cost
2						\$25/week
3						\$32/week
5						\$50/week
After School Care						
2						\$40/week
3						\$58/week
5						\$80/week

SCHOOL CLOSURES ONLY		
I understand that I must fill out a separate sheet that list all the dates my child(ren) will be attending		
Currently Enrolled in Y's Kids	Dates:	\$40/daily
Not Enrolled in Y's Kids	Date:	\$40/daily

Preschool (Please check selection)							
# of Days / Program	M	T	W	TH	F	Cost	SELECTION
2 Day AM (2.9—3yrs/9-11:30am)		x		x		\$150/month	
2 Day with Enrichment (2.9-3 yrs./ 9AM-2:30PM)		x		x		\$300/month	
3 Day AM (3-5 yrs./ 9-11:30)	x		x		x	\$178/month	
3 Day PM (3-5 yrs./12:30-3PM)	x		x		x	\$178/month	
3 Day Combo (9AM-3PM includes LB)	x		x		x	\$396/month	
5 Day AM (4-5 yrs./ 9-11:30AM)	x	x	x	x	x	\$255/month	
5 Day PM (4-5 yrs./ 12:30-3PM)	x	x	x	x	x	\$255/month	
5 Day Combo (4-5 yrs./ (9AM-3PM includes LB)	x	x	x	x	x	\$560/month	
Pre-K (5 .yrs./9AM-3PM includes LB)	x	x	x	x	x	\$597/month	
Lunch Bunch						\$6/daily (Select days)	
Before School 2 Day (2.9-5yrs/ 7-9AM)						\$22/weekly (Select days)	
Before School 3 Day (2.9-5yrs/ 7-9AM)						\$28/weekly (Select days)	
Before School 5 Day (2.9-5yrs/ 7-9AM)						\$40/weekly (Select days)	
After School 2 Day (2.9-5yrs/ 3-5 PM)						\$22/weekly (Select days)	
After School 3 Day (2.9-5yrs/ 3-5 PM)						\$28/weekly (Select days)	
After School 5 Day (2.9-5yrs/ 3-5 PM)						\$40/weekly (Select days)	
Enrichment (2.9-5yrs/12:30-2:30PM)		x		x		\$95/8 week session (\$191 w/ Lunch Bunch)	

PAYMENT OPTIONS

Payments CAN NOT be accepted at programs off-site from the Y facility. Payments may be made at the front desk.

EFT DRAFT AUTHORIZATION

Checking Account Information

Name of Bank	
Account Holder	
Routing #	
Account #	

Credit / Debit Card Information

Name on Card	
Card Type (Please Circle)	Visa Master Card American Express Discover Other
Card Number	
Expiration Date	

EFT Draft Agreement

Should an EFT draft be declined by my bank or other financial institution, I understand that I am still responsible for that payment plus the Y will apply a \$25.00 service charge.

I understand that I am responsible to inform the Y within 3 days of any account change with updated information.

Authorized Signature
Date

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: _____

DEVELOPMENTAL HISTORY

Any speech difficulties?

Special words to describe needs:

Language spoken at home:

HEALTH

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:

TOILET HABITS

Is your child ever reluctant to use the bathroom?

Does your child have accidents?

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.

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?

Parent/Guardian Signature

Date