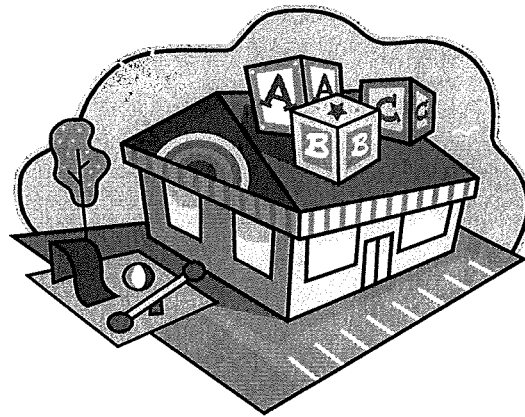




FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PRESCHOOL REGISTRATION PACKET FOR THE 2019-2020 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, 2019
- \*Receive a parent handbook

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





**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Enrollment Application

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ Age at Admission \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Who does child live with? \_\_\_\_\_

### Program Choice:

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

I authorize \_\_\_\_\_ to sign and/or review all child care documents in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Emergency Consent Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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 \_\_\_\_\_

## List Chronic Conditions:

- List doctor diagnosed and documented allergies or chronic conditions such as asthma, food allergies, insect bites/stings
- Please see Child Care Director to complete the state mandated forms for each condition

## Emergency Contact Information

Parent #1 \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give your permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

Parent #2 \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give your permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

Relationship \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give your permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

## Health Insurance Coverage

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Insured \_\_\_\_\_  
Relation to child \_\_\_\_\_  
Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Phone \_\_\_\_\_

Relationship \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give your permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

Relationship \_\_\_\_\_  
Home address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Do you give your permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## Transportation Plan & Authorization

Child's name \_\_\_\_\_

Birth date \_\_\_\_\_

My child will ARRIVE at the <b>Preschool</b> Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will LEAVE the <b>Preschool</b> Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will ARRIVE at the <b>Before School</b> Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
My child will ARRIVE at the <b>After School</b> Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____
Bus/Van _____	Supervised walk _____	
My child will LEAVE the <b>After School</b> Program by:		
Parent Drop Off _____	Released from school _____	Other _____ Describe _____

### 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 responsible for payments regardless of my child's attendance.

\_\_\_\_\_ I have reviewed and understand that it's my responsibility to read and adhere to all procedures outlined in the Parent Handbook and Health Care Policy.

### 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

\_\_\_\_\_ the Y staff to apply sunscreen and/or bug repellent as needed on exposed skin if no skin is broken. I will supply above item(s)

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 forth by the Y.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date





## Enrollment

To be completed by the parent/guardian

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 School Attending \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Phone to best reach you \_\_\_\_\_  
 Email address \_\_\_\_\_

### Please check days with the appropriate program

#### School Age (K-6 grades)

2 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$25.00 weekly
3 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$32.00 weekly
5 Days Before School Care	M ___	T ___	W ___	T ___	F ___	\$50.00 weekly
2 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$40.00 weekly
3 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$58.00 weekly
5 Days After School Care	M ___	T ___	W ___	T ___	F ___	\$80.00 weekly

School Closures Only (refer to school calendar)

Currently enrolled in Y's Kids Dates \_\_\_\_\_ \$30 daily

Not enrolled in Y's Kids Dates \_\_\_\_\_ \$40.00 daily

#### Preschool

2 Day AM (2.9-3 yrs/ 9-11:30AM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$150 monthly
2 Day with Enrichment (2.9-3 yrs/ 9AM-2:30PM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$300 monthly
3 Day AM (3-5 yrs/ 9-11:30)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$178 monthly
3 Day PM (3-5 yrs/12:30-3PM)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$178 monthly
3 Day Combo (AM & Lunch Bunch)	M <u>X</u> T ___ W <u>X</u> T ___ F <u>X</u>	\$396 monthly
5 Day AM (4-5 yrs/ 9-11:30AM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$255 monthly
5 Day PM (4-5 yrs/ 12:30-3PM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$255 monthly
Lunch Bunch (2.9-5yrs/11:30AM-2:30PM)	M ___ T ___ W ___ T ___ F ___	\$6 daily(check days)
5 Day Combo (4-5 yrs/ 9AM-3PM)	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$560 monthly
Pre-K (5 Yrs/9AM-3PM))	M <u>X</u> T <u>X</u> W <u>X</u> T <u>X</u> F <u>X</u>	\$597 monthly
Before School 2 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$22 weekly(check days)
Before School 3 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$28 weekly(check days)
Before School 5 Day (2.9-5yrs/ 7-9AM)	M ___ T ___ W ___ T ___ F ___	\$40 weekly(check days)
After School 2 Day (2.9-5yrs/ 3-5 PM)	M ___ T ___ W ___ T ___ F ___	\$22. weekly(check days)
After School 3 Day (2.9-5yrs/ 3-5 PM)	M ___ T ___ W ___ T ___ F ___	\$28. weekly(check days)
After School 5 Day (2.9-5yrs/ 3-6 PM)	M ___ T ___ W ___ T ___ F ___	\$40 weekly(check days)
Enrichment (2.9-5yrs/12:30-2:30PM)	M ___ T <u>X</u> W ___ T <u>X</u> F ___	\$95 per 8 week session \$191 with lunch bunch

Start date \_\_\_\_\_



**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**

I hereby authorize The Greater Westfield YMCA to initiate electronic funds from my checking account or credit card. This authorization remains in effect until the Y has received a 10 day written notice from you indicating an end date.

**Checking Account**

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Credit Card**

Name as Appears on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

**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

