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
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 __

Health Insurance Coverage

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

Date __________________________

Parent/Guardian signature __________________________
Transportation Plan & Authorization

Child’s name ___________________________ Birth date __________________

| My child will ARRIVE at the **Preschool** Program by: |
| Parent Drop Off ___ | Released from school ___ | Other ___ Describe ____________________________________________ |

| My child will LEAVE the **Preschool** Program by: |
| Parent Drop Off ___ | Released from school ___ | Other ___ Describe ____________________________________________ |

| My child will ARRIVE at the **Before School** Program by: |
| Parent Drop Off ___ | Released from school ___ | Other ___ Describe ____________________________________________ |

| My child will ARRIVE at the **After School** Program by: |
| Parent Drop Off ___ | Released from school ___ | Other ___ Describe ____________________________________________ |
| Bus/Van ___ | Supervised walk ___ |

| My child will LEAVE the **After School** 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)

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Days Before School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$25.00 weekly</td>
</tr>
<tr>
<td>3 Days Before School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$32.00 weekly</td>
</tr>
<tr>
<td>5 Days Before School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00 weekly</td>
</tr>
<tr>
<td>2 Days After School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$40.00 weekly</td>
</tr>
<tr>
<td>3 Days After School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$58.00 weekly</td>
</tr>
<tr>
<td>5 Days After School Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$80.00 weekly</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Day AM (2.9-3 yrs/ 9-11:30AM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$150 monthly</td>
</tr>
<tr>
<td>2 Day with Enrichment (2.9-3 yrs/ 9AM-2:30PM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$300 monthly</td>
</tr>
<tr>
<td>3 Day AM (3-5 yrs/ 9-11:30)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>$178 monthly</td>
</tr>
<tr>
<td>3 Day PM (3-5 yrs/12:30-3PM)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>$178 monthly</td>
</tr>
<tr>
<td>3 Day Combo (AM &amp; Lunch Bunch)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>$396 monthly</td>
</tr>
<tr>
<td>5 Day AM (4-5 yrs/ 9-11:30AM)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$255 monthly</td>
</tr>
<tr>
<td>5 Day PM (4-5 yrs/ 12:30-3PM)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$255 monthly</td>
</tr>
<tr>
<td>Lunch Bunch (2.9-5yrs/11:30AM-2:30PM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$6 daily(check days)</td>
</tr>
<tr>
<td>5 Day Combo (4-5 yrs/ 9AM-3PM)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>W</td>
<td>T</td>
<td>$550 monthly</td>
</tr>
<tr>
<td>Pre-K (5 Yrs/9AM-3PM)</td>
<td>X</td>
<td>T</td>
<td>X</td>
<td>W</td>
<td>T</td>
<td>$597 monthly</td>
</tr>
<tr>
<td>Before School 2 Day (2.9-5yrs/ 7-9AM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$22 weekly(check days)</td>
</tr>
<tr>
<td>Before School 3 Day (2.9-5yrs/ 7-9AM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$28 weekly(check days)</td>
</tr>
<tr>
<td>Before School 5 Day (2.9-5yrs/ 7-9AM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$40 weekly(check days)</td>
</tr>
<tr>
<td>After School 2 Day (2.9-5yrs/ 3-5 PM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$22. weekly(check days)</td>
</tr>
<tr>
<td>After School 3 Day (2.9-5yrs/ 3-5 PM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$28. weekly(check days)</td>
</tr>
<tr>
<td>After School 5 Day (2.9-5yrs/ 3-6 PM)</td>
<td></td>
<td>T</td>
<td>W</td>
<td>T</td>
<td>F</td>
<td>$40 weekly(check days)</td>
</tr>
<tr>
<td>Enrichment (2.9-5yrs/12:30-2:30PM)</td>
<td></td>
<td>T</td>
<td>X</td>
<td>W</td>
<td>X</td>
<td>$95 per 8 week session</td>
</tr>
</tbody>
</table>

Start date ____________________________

$191 with 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
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 ___________________________