

**Franklin County Family YMCA
PRESCHOOL REGISTRATION**

IMPORTANT:

- ◆ DSS requires 100% of this form be completed. Forms turned in with any blank spaces will not be accepted.
- ◆ This Summer Camp Registration must be accompanied by registration fee and payment for first week child is registering to attend, along with all DSS required documents.
- ◆ Please PRINT LEGIBLY!

Start Date: _____ **End Date:** _____ **Current Age:** _____ **Eligible Class:** _____

Last Name of Child Participating in camp _____	Given First Name _____	GOES BY NAME _____	Middle Initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	Best Contact # _____			Date of Birth _____
City _____	State _____	Zip Code _____		Child Primarily resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____

LEGAL GUARDIANS	NAME/ADDRESS	HOME #	CELL #	WORK #	EMPLOYER
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Female person or agency having legal custody of child.	Name: _____ Address: _____				
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Male person or agency having legal custody of child	Name: _____ Address: _____				

BEST EMAIL: _____

**EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED:
DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!**

CONTACT	STREET ADDRESS & CITY, STATE	HOME #	WORK #	RELATIONSHIP

**At time of registration, the parent will be given Pick-Up Authorization Cards for each of the authorized persons below.
It is IMPERATIVE that all persons who are authorized to pick up child (including parents) be listed here.**

AUTHORIZED	RELATIONSHIP
1)	4)
2)	5)
3)	6)

Please list any persons not authorized to pick up child: _____
 *Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. *Note: Section 22.1 –4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

1. I will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: _____

Insurance company: _____ Child's Physician: _____

Policy number: _____ Physician's Phone: _____

Does child take medication or vitamins by doctor's orders? No Yes* (please specify): _____

*If center is to administer meds, a medication authorization form must be correctly filled out and submitted.

Parent signature _____ Date _____ Received by (YMCA STAFF) _____ Date _____

Medical Information

Please indicate if your child has or is subject to any of the following:

asthma - ___yes ___No If yes, is an inhaler required? Yes No

Please indicate if your child is allergic to any of the following. Write "NA" if not applicable:

insect toxin foods medication Other (Please list) _____

Please indicate what type of reaction child has to the allergens and what action should be taken if reaction occurs. Also list any other pertinent medical information about child.

Personality is..... ___shy ___quiet ___aggressive ___bullying ___a leader

Health ___robust ___normal ___below average

Appetite..... ___above average ___average ___below average

Regarding child care, my child is..... ___excited ___apprehensive ___nervous ___upset

Health History (please check if your child has/had any of the following): ___Asthma ___Chicken Pox

___Convulsions ___Diabetes ___Frequent Ear Trouble ___Fainting Spells ___Mumps

___Frequent Colds ___Heart Trouble ___Frequent Sore Throats ___Measles ___Polio

___Meningitis ___Sinusitis ___Tuberculosis ___German Measles ___Kidney Trouble

The code of Virginia requires licensed child care centers to verify children's identity and date of birth, and to identify previous child care providers. Please list previous child care providers below:

If no other child care providers have been used, indicate here: ___ None

If no concurrent child care services are being used, indicate here: ___ None or list: _____

I understand that we only offer 5 days a week:

Place ✓ on one of 2 boxes below.

Option 1: My child will be enrolled (**5 Days**) Monday through Friday at the rate of \$190 for members.

Option 2: My child will be enrolled (**5 Days**) Monday through Friday at the rate of \$195 for non-members.

YMCA STAFF: Must complete 100% of this before parent leaves:

I have checked and 100% of all requested information is listed.

Birth Certificate # _____

Copies of Physical Exam & Immunization Form are attached dated within 12 mos.

Completed Child Development Profile Form is attached

Completed Payment Form is attached for first week attending which will be week: _____

I have given parent _____ security cards.

Received by _____ **on** _____

Legal Name of Child

PARENTAL AGREEMENTS

The following information is important for the safety & protection of your child. Please read the information thoroughly. Your initials and signature below indicates that you have received and understand the policies.

NOTIFICATION OF SICK CHILD: The Y agrees to notify me whenever my child becomes ill (symptoms of illness outlined in parent handbook) and I agree to pick my child up as soon as possible thereafter (not to exceed 1 hour.) If I cannot pick up my child immediately, I must contact someone who can. _____Initial

AGREE TO INFORM THE Y: The parents/guardian agrees to inform the Y within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately. _____Initial

UNIVERSAL PERCAUTIONS: I understand the YMCA Staff is trained and required to use Universal Precautions in treating all blood and potentially infectious material as if it were infectious, regardless of the source. In the event of an incident involving blood and/or bloody fluids, the YMCA Staff will use standard First-Aid and call parents of the children involved in the incident. It is recommended that parents contact their doctor or a health care provider concerning the incident. _____Initial

TRANSPORTING CHILDREN: I understand the YMCA prohibits staff & volunteers to transport children at any time outside of the YMCA program. _____Initial

DROP OFF: I understand that I am not to leave my child at the YMCA program site unless a YMCA staff member is there to receive & supervise my child. I will avoid dropping off or picking up during the restricted times of 11am—2:30pm, unless there's an extenuated circumstance that has been gone over with the staff, as this causes disruption during lunch/nap. _____Initial

PICK UP: I understand that my child will not be allowed to leave the program with any unauthorized person. Authorized persons must be on file with the YMCA, or other arrangement must be made by calling the YMCA to inform them of a change. I understand that any person who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. _____Initial

MANDATED REPORTERS: I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigations. _____Initial

PARENT HANDBOOK: I have received the Parent Handbook and understand that I am responsible for reading the Parent Handbook, including the Discipline and Behavior Management Policy outlined in the handbook as well as any other information distributed to parents & will comply with all policies. _____Initial

Signature of Parent or Legal Guardian _____ **Date** _____

Approval and Release of Liability Contract

I am a legal guardian of the above named child. I give my permission for him/her to participate in the Y Preschool Program. Activities may include (but are not limited to) playtime, fitness, swimming, walking excursions in-house field trips. I intend to be legally bound, hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages the above named child may sustain and/or suffer in connection with their participation in this program. I also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from the above named child's participation in this program.

In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs is a waiver of all claims that I, my child, or other family members or my insurance carrier would have against the Franklin County Family YMCA, its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up within one hour.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian

Date

**FRANKLIN COUNTY FAMILY YMCA
ACCOUNTING POLICIES**

Child's Name _____

- 1) **REGISTRATION FEE** for each child is due upon enrollment, and is **non-refundable**.
_____Initial
- 2) **PROGRAM FEE:** Payments will be auto-drafted by closing Wednesday the week prior to each session. _____Initial
- 3) **FAILURE TO MAKE SCHEDULED PAYMENT:** Services will be suspended if payments are not kept current through Auto-draft. All payments, plus late charges and re-enrollment fee of \$45.00 must be paid before services can resume (provided space is available.) _____Initial
- 4) **LATE PICK-UP FEE:** A late pick-up fee of \$1.00 per minute will be charged from the time of closing, until time of pickup. In order to be fair and consistent, this policy will be strictly enforced for ALL late pick-ups. Habitual late pick-ups may result in withdrawal from the program. _____Initial
- 5) **PAYMENTS** are Auto-drafted from your checking/savings account or credit card.
- 6) **FAMILY RATE:** A 10% discount is given if more than one child in the same family is enrolled in any Y child care program at the same time. The discount is only applied to the oldest child.
_____Initial

**I understand and agree to pay in accordance with the above
accounting policies of the Franklin County YMCA.**

Signature of Parent/Guardian _____

Date: _____

Date: _____

CHILD DEVELOPMENTAL PROFILE

Child's Legal Name _____ **Date of Birth** _____

Around what time are you likely to drop-off and pick-up? AM _____, PM _____, Not sure, time will vary _____

Developmental History

Age Child Began: Sitting _____ Crawling _____ Walking _____ Talking _____

Any speech difficulties: No Yes

Special words to describe needs _____

Health

List serious illness or hospitalizations _____

List special physical conditions, disabilities, or allergies _____

List regular medications _____

Eating Habits

List special characteristics or difficulties _____

List food allergies _____

List Favorite Foods _____

List Foods Refused _____

Child eats with a: spoon fork hands other _____

Toilet Habits

List how child indicates bathroom needs (include special words) _____

Is child reluctant to use the bathroom? Yes No

Does child have accidents? Yes No

Child's Legal Name _____

Sleeping Habits

Does child become tired or nap during the day? o Yes o No

If Yes, what time and how long? _____

What time does child go to bed at night? _____ Awake in the morning? _____

List item(s) if child sleeps/rests with anything special? _____

Social Relations

How would you describe your child? _____

Previous experience with other children: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys & activities: _____

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

How do you comfort your child? _____

How do you discipline your child? _____

What would you like your child to gain from the preschool experience? _____

On average, what time will you be dropping off and picking up your child from preschool?

Anything else you would like to share about your child _____

Parent/Guardian Signature _____ Date _____