



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MASSAD YMCA PRESCHOOL 2018-2019

## STUDENT ENROLLMENT FORM

The Rappahannock YMCA preschool is concerned about the growth and development of your child. The preschool is licensed by the State of Virginia. The preschool program is designed to develop Christian values, social skills, and sharing. Our teachers encourage participation in group activities, promote a genuine love for learning and help create a good self-image. We want to make your child's first experience a memorable one!

Each month, our preschool will focus on different themed units such as: Fall, Community Helpers, Snowmen and Habitats. The curriculum will provide children with the opportunity to ask questions, explore new ideas, and engage in a wide variety of learning activities and experiences. Critical thinking skills are enhanced through our hands-on approach to subjects such as Science and Math. A strong emphasis on Language Arts encourages students to develop a love for reading.

A school is as good as the parents behind it. We will be asking for volunteers to help with parties, field trips, fund raising and helping in and out of the classroom. Our teachers are always available to answer any questions concerning your child, at the end of the day. We want to make this first school experience for both you and your child the best it can be.

Preschool tuition will be paid on the first of the month. Therefore, your September payment is due September 1st. A \$10.00 late fee will be added after the seventh. We ask that all preschool parents set up automatic draft from a checking account or credit card to pay tuition each month. Setting-up the automatic draft ensures that all payments are on time, which eliminates late charges. We have found that many of our parents like having this convenience.

There will be a teacher and an assistant for each class. You will be notified over the summer break by the lead teacher when the date is for open house. If you have any questions, please contact Karla Edwards at [kedwards@family-ymca.org](mailto:kedwards@family-ymca.org).





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## PRESCHOOL INFORMATION 2018-2019

Registration fee (non-refundable) \$35.00—DUE AT TIME OF ENROLLMENT

Class	Hours	Days	Member Cost	Non-Member Cost
3 year old, 4 day	9:30-12:30	Mon.– Thurs.	\$185	\$225
4 year old, 5 Day	9:30-12:30	Mon-Fri	\$210	\$250

**\*\*PRICES ARE PER MONTH**

### Classes start September 4th

To register your child, please fill out the registration form and attach the registration fee to your paperwork. Please hand this packet to the welcome center staff for processing.

### Financial Aid Through Our Open Doors Program

The YMCA strives to make our services affordable and available to any family/person who wants to participate in YMCA membership, programs and/or services. We are willing to work with you whether you need financial assistance or if you are just struggling through this tough economy. Our Open Doors Program is completely confidential and scholarships are based on an applicant's income. If you do not require financial assistance but think you still might have difficulty in paying our monthly membership rates or weekly program fees, please come in and speak with one of our Member Services professionals to see what we can do for you.

**Thank you for choosing the YMCA to further enrich your child's world!**





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## PRESCHOOL APPLICATION FOR ADMISSION

Please check the class that best accommodates you and your child.

\_\_\_ Three Year Old Program      Mon– Thurs.      9:30–12:30  
\_\_\_ Four Year Old Program      Mon – Fri      9:30–12:30

**HEALTH FORM MCH 213C  
(PHYSICAL/IMMUNIZATION  
FORM) MUST BE COMPLETED  
BY YOUR CHILD'S DOCTOR.**

Birth Certificate      \_\_\_  
Physical      \_\_\_  
(must be within the last year)  
Shot Record      \_\_\_  
Date      \_\_\_  
Time      \_\_\_  
Registration Fee      \_\_\_  
Draft Form      \_\_\_  
Staff Initials      \_\_\_

Student Information			
Last Name	First Name		Middle Initial
Nickname	Home Phone		Sex
Street Address	City/State		Zip Code
Enrollment Date	Birthdate	Age	Grade
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation:			
List chronic physical problems and pertinent developmental information and any special accommodations needed:			
Physician's Name		Physician's Phone	
Child's T-Shirt Size			



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Parent/Guardian Information		
Father's Name	Father's Employer	Business Phone
Street Address	City/State	Zip
Email Address	Home Phone	Cell Phone
Mother's Name	Mother's Employer	Business Phone
Street Address	City/State	Zip
Email Address	Home Phone	Cell Phone

Emergency Contacts		
We require <u>two</u> different contacts other than the information listed for parents. They must have different addresses. *Relationship to child = grandparent/neighbor/family friend/etc.		
Name	Relationship to Child	Phone
Street Address	City/State	Zip
Name	Relationship to Child	Phone
Street Address	City/State	Zip

**Authorized Pick-Ups**

Who is authorized to pick up your child from preschool? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to the teacher.

\_\_\_\_\_

**Unauthorized Pick-Ups\***

\_\_\_\_\_

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.



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### Illness

The YMCA will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible. **Parents must contact the center within 24 hours of their child or any member of the household being diagnosed with a communicable disease.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photograph / Video

I give permission to the YMCA to video or photograph children for YMCA purposes only.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Field Trips

My child, \_\_\_\_\_, has permission to participate and be transported by a YMCA vehicle and participate in all YMCA program activities and field trips related to the Preschool Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

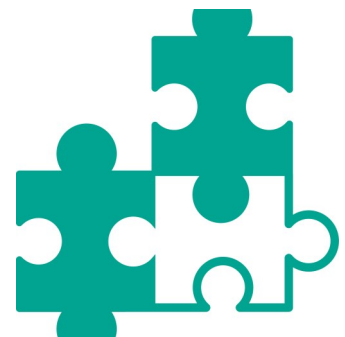
### Emergency Authorization

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 parents/guardians understand that the provider will make every effort to contact them and/or their designated emergency contacts. I/we will responsible for payment of medical expenses. Medical treatment costs are covered by (Insurance Company)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance # \_\_\_\_\_





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## Communicable Disease

I agree to notify the Massad Family YMCA Preschool within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Swim Permission (5 day class only)

My child, \_\_\_\_\_, has my permission to participate in the class swimming activities and lessons. Child's swim level (check one): \_\_\_\_\_ Non-swimmer \_\_\_\_\_ Beginner Swimmer

## Preschool Handbook and Orientation

I have read and understand the preschool handbook. I have also read the front cover of this registration packet and understand that I will be notified of open house over the summer break. Welcome & Orientation packets will be mailed out the by the second week of August. If I decide not to attend this orientation, it is my responsibility to attain the information from the teacher or preschool lead teacher.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## I understand my first preschool payment is due Sept. 1 st.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAMMING FEES

By signing below, the member acknowledges that s/he has received a copy of the Rappahannock Area YMCA, Inc.'s Electronic Fund Transfer Policy, and agrees to abide by it for all Electronic Fund Transfers requested from their account on behalf of the Rappahannock Area YMCA, Inc. Payment for program fees by Electronic Fun Transfer is subject to approval by the Department Head in charge of the program and the Finance Department.

I would like to pay the following program fees by Electronic Fund Transfer (EFT).

Program Name: Preschool

Drafts will be completed on the 1st of each month

Name of Bank: \_\_\_\_\_ (voided check must be attached)

Routing/Transit Number: \_\_\_\_\_

Please Circle:          Visa                  Mastercard

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Fund Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking institution.

Member's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_