



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019

**King George YMCA Preschool
Application for Admission**

The start dates for preschool are September 4th and 5th

All spaces need to be completed in entirety. N/A if not applicable

Check one	Four Year Old/ 5 Day Class Monday-Friday 9:30-1:00	HEALTH FORM (PHYSICAL/IMMUNIZATION FORM) MUST BE COMPLETED BY YOUR CHILD'S DOCTOR. Birth Certificate _____ Physical _____ (must be within the last year) Shot Record _____
	Four Year Old/ 3 Day Class Tues., Wed., Thurs. 9:30-1:00	
	Three Year Old/ 3 Day Class Mon., Wed., Fri. 9:30-12:30	
	Three Year Old/ 2 Day Class Tues., Thurs. 9:30-12:30	

STUDENT INFORMATION

Last	First	Middle	Nickname
Gender	Home Phone	Birthdate:	T-Shirt Size:
Street Address	City	State	Zip Code
Enrollment Date	Physician's Name	Physician's Phone	
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation:			
Chronic physical problems and pertinent developmental information and any special accommodations needed?			
Preschool Experience: Has your child ever been enrolled at another center? Yes___ No___ If yes, name of center: _____ Dates enrolled: _____			

Parent(s)/Guardian Information

Father	Place Employed	Business Phone	Cell Phone
Home Address	Email Address		
Mother	Place Employed	Business Phone	Cell Phone
Home Address	Email Address		

Emergency Contacts

In case of emergency and parents cannot be reached, please contact:
 (Licensing requires two different contacts than the information listed for parents. **(They must have different addresses.)** *Relationship to child = grandparent/neighbor/ family friend

Name	Phone	Relationship to child:
Street Address	City/State	Zip Code
Name	Phone	Relationship to child:
Street Address	City/State	Zip Code

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 a child.

Emergency Authorization

I authorize the Rappahannock YMCA to obtain immediate medical care if an emergency occurs when I cannot be reached.

Parent Signature _____

Date _____

Insurance Company _____ Phone _____

Insurance # _____

Illness and Communicable Diseases

The YMCA will notify the parent when a child becomes ill and the parent will arrange to have the child picked up as soon as possible. I agree to notify the YMCA within 24 hours if my child or a member of the family is diagnosed with a communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

Parent Signature _____ Date _____

Student Name _____

PERMISSION SLIPS/PARENT STATEMENT OF UNDERSTANDING

Please check yes or no to the following:	YES	NO
I give the YMCA permission to video or photograph children for YMCA purposes. (ex. Class projects)		
I give the YMCA permission to post photographs of my child to the KG Family YMCA Facebook page.		
I give the YMCA permission to submit class photographs to local newspapers. (ex. Graduation)		
I give the YMCA permission to share photos of my child participating in the Dr. Yum Food Adventure with The Dr. Yum Project to be used in their newsletter and marketing materials.		
I hereby give my permission for my child to participate in YMCA swimming activities and lessons. (5 day class only)		
Child's Swimming Level (beginner, intermediate, advanced) (5 day only)		

Field Trips

I authorize my child, _____, to participate in field trips with the YMCA Pre-school. I understand that I am responsible to provide/arrange transportation to and from preschool field trips. I understand that teachers are not allowed to transport students in their own vehicles.

Parent Signature _____ Date: _____

Preschool Handbook and Orientation

I have received the preschool handbook. I have also read the front cover of this registration packet and understand that preschool orientation will be scheduled prior to the first day of class. If I decide not attend this orientation, it is my responsibility to attain the information from the teacher or the preschool manager.

Parent Signature _____ Date: _____

Student Name _____