



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROSNER 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, sharing and participating in group activities, and to promote a genuine love for learning and lastly to help create a good self-image. We want to make your child's first experience a memorable one.

Each month, 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 by the 1st of each month. A \$10.00 late fee will be added after the first. 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 receive a welcome packet over the summer with important information about your child's class, payments, and parent orientation. If you have any questions please call Pat Ramos at 540 735 9622 x2042 or you can send an email to pramos@family-ymca.org.





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PRESCHOOL INFORMATION 2018-2019

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

| Class and Age Requirements | 1st Day of School | Hours | Days | Member Cost | Non Member Cost |
|---|-------------------|--------------|---------------|-------------|-----------------|
| 3 year old Preschool Must be 3 years of age by 9/30/18 | August 21st | 9:30 - 12:30 | Tue and Thu | \$140 | \$195 |
| 3 year old Preschool Must be 3 years of age by 9/30/18 | August 20th | 9:15-12:15 | Mon, Wed, Fri | \$175 | \$230 |
| 4 year old Pre-K Must be 4 years of age by 9/30/18 | August 21st | 9:30-12:30 | Tue, Wed, Thu | \$175 | \$230 |
| 4 year old Pre-K Must be 4 years of age by 9/30/18 | August 20th | 9:00-3:00 | Mon-Fri | \$410 | \$495 |
| 4 year old Pre-K Must be 4 years of age by 9/30/18 | August 21st | 9:00-12:00 | Tue-Fri | \$215 | \$275 |
| 5 year old Jr. Kindergarten Must be 5 years of age by 12/31/18 | August 20th | 9:30-1:30 | Mon-Fri | \$290 | \$340 |

**PRICES ARE PER MONTH

To register your child, please fill out the registration form and attach the registration fee to your paperwork. We also require a copy of your child's birth certificate, most recent physical, and a copy of their most recent immunization records. Please hand this to the front desk 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.



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PRESCHOOL APPLICATION FOR ADMISSION

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

| | | |
|--|---------------|------------|
| <input type="checkbox"/> Three Year Preschool | Tue & Thu | 9:30-12:30 |
| <input type="checkbox"/> Three Year Preschool | Mon, Wed, Fri | 9:15-12:15 |
| <input type="checkbox"/> Four Year Pre-K | Tue, Wed, Thu | 9:30-12:30 |
| <input type="checkbox"/> Four Year Pre-K | Tue—Fri | 9:00-12:00 |
| <input type="checkbox"/> Four Year Pre-K | Mon—Fri | 9:00-3:00 |
| <input type="checkbox"/> Five Year Jr Kindergarten | Mon—Fri | 9:30-1:30 |

**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 | Male or Female |
| Street Address | City/State | Zip Code |
| Enrollment Date | Date of Birth | Age |
| Has your child ever been enrolled at another preschool or child care center? If so, what was the name of the school/center? | | |
| 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 /IEP and any special accommodations needed: | | |
| Physician's Name | Physician's Phone | |
| Child's T-Shirt Size | | |



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| Parent 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 | | |
|---|-----------------------|-------|
| <p>In case of emergency and parents cannot be reached, please contact: (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.</p> | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |
| | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |

Authorized Pick-Up

Who is authorized to pick up your child from school? 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.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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Illness

The YMCA will notify the parent when the child becomes ill and that 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 # _____

**THANK YOU FOR CHOOSING THE YMCA
TO FURTHER ENRICH YOUR CHILD'S
WORLD.**





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Communicable Disease

I agree to notify the Ron Rosner YMCA Preschool within 24 hours or the next business day after my child or any member if 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 _____

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 July 30th. 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 AUG. 1ST

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 for the current month's tuition.

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 Ar-
ea YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking in-
stitution.

Member's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____