



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAROLINE YMCA PRESCHOOL 2019-2020

STUDENT ENROLLMENT FORM

The Rappahannock YMCA preschool is concerned about the growth and development of your child. This 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 YMCA 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 of each month. 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.



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There will be a teacher and an assistant for the class. There will be two Preschool orientations on Wednesday, August 21st: 10-11:30am and 6-7:30pm. If you have any questions, please contact Kelli Coleman at kcoleman@family-ymca.org.

PRESCHOOL INFORMATION 2019-2020

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

Class	Hours	Days	Member Cost	Non-Member Cost
3-4 Year Old, 3 Day	9:00am-12:00pm	Mon, Wed, Fri	\$125	\$145
Preschool Swim (4 Years Old)	11:30-12:00pm	Wednesday	\$25	\$25

****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

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

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Physical (must be within the last year)	
<input type="checkbox"/> Shot Record	<input type="checkbox"/> Date	
<input type="checkbox"/> Time	<input type="checkbox"/> Registration Fee	
<input type="checkbox"/> Draft Form		
		<input type="text"/> 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 Caroline 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 (4 years and older only)

My child, _____, has my permission to participate in the class swimming activities and lessons. *There is an additional \$25 fee for this program.*

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. 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: Caroline Family YMCA 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: _____



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