

CHILD CARE INFORMATION – FULL DAY PRESCHOOL

(To be completed by the Parent/Guardian)

Starting Date _____

CHILD/FAMILY INFORMATION

PLEASE PRINT CLEARLY

Child's Name _____ Male Female Date of Birth ___/___/___ Age _____

Home Address _____ Town _____ State _____ Zip _____

Home Phone () _____

In case of emergency, which parent/guardian listed below should we contact first? Mother Father

Mother/Guardian Name _____ Father/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work () _____ Ext _____ Work () _____ Ext _____

Cell Phone () _____ Cell Phone () _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

REGISTRATION INFORMATION FOR YMCA PRESCHOOL

My child will attend: Mon – Fri (\$709/mo) Mon/Wed/Fri (\$462/mo) Tu/Th (\$323/mo)

3 Year Old Class 4 Year Old Class

Note-All Preschool options are for a Full Day: 7am-6pm

EMERGENCY INFORMATION

In case of emergency, and the YMCA staff is unable to reach the parent/guardian listed above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA. **Please note: The State of Connecticut requires that at least one emergency contact in addition to parents/guardian be listed for each child.**

Name _____ Relationship to child _____

Home Phone () _____ Cell Phone () _____

CHILD PICK-UP AUTHORIZATION

The following people are authorized to pick my child from the program.

In the event of a custodial agreement in which one parent is not allowed to pick-up a child in our program on certain days, or at all, a completed copy of the divorce decree or a the court order must be provided to us for our records.

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Work Phone () _____ Work Phone () _____ Work Phone () _____

Home Phone () _____ Home Phone () _____ Home Phone () _____

Relationship _____ Relationship _____ Relationship _____

SPECIAL INFORMATION YES NO

Is there any special information concerning your child? (i.e. medications, allergies, or special needs)

PAYMENT RESPONSIBILITY INFORMATION – FULL DAY PRESCHOOL

(To be completed by Parent/Guardian) (PLEASE PRINT CLEARLY)

Billing Name: _____ Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION INFORMATION FOR YMCA PRESCHOOL (please check all that apply)

- My child will attend: Mon – Fri (\$709/mo) Mon/Wed/Fri (\$462/mo) Tues/Thur (\$323/mo)
- 3 Year Old Class 4 Year Old Class

My child will start the program on: _____ Date: _____

Are you applying for YMCA Financial Assistance? Yes No

- Please note that if you are applying for financial assistance you must fill out the financial assistance form and return the completed form with this application.

PAYMENT OPTIONS

- I will pay by check/cash on the 15th of the month *or*
- Please bill the following account on the 15th of each month: Master Card Visa Discover

Card Number _____

Card Expiration Date: _____ 3 Digit Security Code- _____ (on back of card)

Cardholder's Name: _____ (PRINT)

Cardholder's Signature: _____ Date: _____

-----*For administrative use only, will be kept confidential*-----

OPTIONAL The YMCA is required to report membership and program participant's information to the United Way and various government agencies in support of annual funds, grant, and community service requests. This information is not reported on an individual basis. Please answer both sections.

RACIAL STATUS

- African American
- Asian American
- Caucasian
- Hispanic
- Native American
- Other

ANNUAL HOUSEHOLD INCOME

- Less than \$10,000
- \$10,000 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 +

I have another child participating in a YMCA Child Care Program Yes No

If yes, their name is: _____ and they are in _____ program

FOR OFFICE USE ONLY

Program start date: _____ Notes: _____

Program Fee: _____ Program Schedule: 5 Days M-F 3 Days M/W/F 2 Days T/Th

CHILD CARE INFORMATION- FULL DAY PRESCHOOL

Child's Name _____

(To be completed by the Parent/Guardian)

MEDICAL/EMERGENCY CONTACTS

Child's Doctor _____ Phone () _____

Child's Dentist _____ Phone () _____

Insurance Carrier: _____ Policy# _____

***Any child taking medication to be dispensed by our YMCA staff needs to have an Administration of Medication form filled out by their child's physician.*

CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Does your child relate well to peers and siblings? _____

Are there any pets at home? _____ Names _____

Does your child have any speech/ hearing difficulties? _____

If yes, please explain _____

Do accidents occur under stress in new situations? _____

Does your child have any particular fears? _____

Has your child ever attended a daycare facility before? _____

How does your child feel about attending daycare? _____

PARENT/GUARDIAN AGREEMENT

I give my permission for my child to participate in all activities planned by the Cheshire Community YMCA. I also give the YMCA permission to take/ use photographs, slides, moving pictures, or videotapes of the person named on this application. I understand that monthly fees/site locations are subject to change.

I certify that the information given to the YMCA is accurate. I realize that I am responsible for updating the YMCA staff and school staff of any changes to my child's file or schedule. I also understand that I must have an updated medical form for my child within the last two years on file at the Cheshire Community YMCA.

I have read and understand the policies in the Parent handbook.

I understand that YMCA staff may survey my child for the purpose of United Way funding

The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in Childcare program at the YMCA. I further waive, release, absolve, and indemnify the Southington – Cheshire Community YMCA Directors, office, or employees for injuries or accidents occurring while participating in YMCA programs.

In the event of a serious illness or injury to my child's he/she will be taken by ambulance to the nearest medical facility, as decided by emergency personnel. I give the YMCA staff permission to give immediate first aid and/ or secure emergency medical services to my child as necessary

Parents/Guardian Signature: _____ Date: _____

Email Address: _____