



YMCA Preschool Registration 2017-2018

Kishwaukee Family YMCA

Child's Name:	Date of Birth: ___/___/___ Gender: Male or Female	Age:	Class for Fall 2017:
Child's Address:	City/State/Zip:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Internet (Facebook, Twitter, etc) <input type="checkbox"/> Family/Friend Referral:			

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Primary Parent/Guardian Name:	Date of Birth: ___/___/___ Gender: Male or Female	Cell#: Home#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Employer:	Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO May the Y release to non custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Work#:		
Email Address:		

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Secondary Parent/Guardian Name:	Date of Birth: ___/___/___ Gender: Male or Female	Cell#: Home#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Employer:	Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Work#:		
Email Address:		

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	

Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Relationship to Child:
Name:	Phone#:	Relationship to Child:
Name:	Phone#:	Relationship to Child:



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Please check the box you would like your child enrolled in.

*Classes in order of age.

Students must be of age by September 1, 2016	
<input type="checkbox"/>	Tue/Thu Tadpoles, 9:00-10:30am (ages 2½ to 3½) Mem \$55/mo.; Non-mem \$110/mo.
<input type="checkbox"/>	Mon/Wed/Fri Caterpillars, 9:00-10:30am (ages 3-4) Mem \$65/mo.; Non-mem \$130 <input type="checkbox"/> ADD Music, Swimming, & Sports, 10:30am-12:00pm (additional fee- Mem \$65/mo.; Non-mem \$130/mo.)
<input type="checkbox"/>	Tue/Thu Leap Frogs, 9:00-11:00am - WITH Swimming, & Sports, 11:00am-12:00pm (required) (ages 3½-4½) Mem \$100/mo.; Non-mem \$200/mo.
<input type="checkbox"/>	Mon/Wed/Fri Butterflies, 9:00-10:30am - WITH Music, Swimming, & Sports, 10:30am-12:00pm (required) (ages 4-5) Mem \$130/mo.; Non-Mem \$260/mo.

Brief Medical History

Allergies and Special Conditions

Please check all that apply to your child:

- Ear Infections Heart Defect/Disease Convulsions Diabetes (onset)
 Bleeding/Clotting Epilepsy (onset) Tonsillitis Hay Fever
 Insect Allergy Poison Ivy Allergy Seizures Asthma
 Migraines Food Allergy (list below) Skin Rashes
 ADD/ADHD

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

*Please list any medications your child is taking:

*All medications must include a medication form on file, be prescribed by a doctor and delivered to the Preschool Program in its original bottle. We do not administer over the counter medications. Rescue Medications can be carried by with the Participant with the prescribing doctor's written permission.

Emergency Transportation Authorization

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Preferred Hospital: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Signature: _____ **Date:** _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Preschool Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Parent Signature: _____ **Date:** _____



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Admission Agreement

Please initial on the lines below to indicate you have read and agree to each statement.

_____ **Sunscreen:** I give permission for camp staff to apply sunscreen to my child, and agree to apply sunscreen prior to drop off.

_____ **Transportation:** I give permission for my child to go on walking trips and field trips with Preschool Staff. I also give my permission for my child to be transported in an authorized vehicles for events and field trips. Parent/Guardian will be informed of all planned field trips.

_____ **Physical Activities:** I give permission for my child/children to participate in physical activities such as the gym and water activities during program hours at predetermined time. I understand that physical activities are a regular part of the program my child attends.

_____ **Movies:** I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.

_____ **Policies and Procedures:** I have received and have read a copy of the YMCA Preschool Handbook and understand all policies and procedures therein.

_____ **Immunization, Hearing & Vision Screening:** I certify that my child's current immunization records and TB test (if applicable) are current and up to date.

_____ **Hours of Care:** I understand that I will be charged an additional \$1.00 every minute I am late after close of site.

_____ **Custody:** YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. **NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.**

_____ **Photo Release:** The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, social media, promotional or advertising purposes.

_____ **Behavior Policy:** I have read and understand the YMCA Behavior Policy (see parent handbook).

_____ **Cancellations:** I understand that it is my responsibility to notify the YMCA at least two weeks in advance, if I do not notify the YMCA I understand that I will be responsible for paying the full camp fee.

_____ **YMCA Program Closures:** I understand that the YMCA will be closed on select holidays.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Kishwaukee Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date _____



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Payment Agreement

INITIAL	I understand I must pay a \$25 registration fee and first months tuition at time of registration.
INITIAL	I understand I must pay in full at time of registration or by draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and will owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.
INITIAL	I understand payments are due the 1 st of the month through electronic draft. It is my responsibility to notify the YMCA of any changes to my situation or payment plan.
INITIAL	I understand if my payments are past due I may be dis-enrolled from the YMCA Preschool Program.
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program. I will complete a cancellation form at this time. If I fail to give a two week written notice, or contact the Youth Development Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.
INITIAL	I understand if I cancel the YMCA Preschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.

Weekly Draft Account Information

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT

Circle: Visa Master Card American Express Discover

Circle: CREDIT CARD DEBIT CARD PRE-PAID CARD

Last 4 digits of Card Number (Electronic payment must be kept on file):

Exp. Date: _____ / _____

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my Kishwaukee Family YMCA program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE:

Copy of Birth Certificate

Copy of Immunization Records

Initials of Staff Member Registering: _____