



# NORWICH FAMILY NURSERY & PREK REGISTRATION FORM 2021

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 GENDER \_\_\_\_\_ GRADE ENTERING (SEPTEMBER 2021) \_\_\_\_\_ Preschool Program

Child's Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ M or F  
 Parent/Guardian Names: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_  
 Has your child been enrolled in a previous nursery or preschool program before?  
 \_\_\_\_\_ If yes, where/when? \_\_\_\_\_

<b>Nursery 3/4 year old class:</b>	<b>\$30 Registration Fee</b>
____ Monday-Friday 8:30-11am	\$190/month + Membership
____ M/W/F 8:30-11am	\$115/month + Membership
____ Tu/Thurs. 8:30-11am	\$80/month + Membership
<b>YPK/4 year old Class requested:</b>	<b>\$30 Registration Fee</b>
____ Monday—Friday 12:15-3:00 pm	\$190/month + Membership
<b>UPK/4 year old Class requested:</b>	
____ Monday-Friday 12:15-3:00 pm	Must have a Membership

OFFICE USE ONLY:  
 Date Received: \_\_\_\_\_ Paid: Y N Staff \_\_\_\_\_  
 Registered: Y N Director \_\_\_\_\_  
 Daycare Card \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Shot Records \_\_\_\_\_ Y Membership \_\_\_\_\_

Notes:  
 Withdrawn Date: \_\_\_\_\_ Director \_\_\_\_\_



**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Gender: **M** **F** Birthdate: \_\_/\_\_/\_\_

Age: \_\_\_\_\_ Grade (entering September 2021) \_\_\_\_\_ School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN 1 INFORMATION**

Relation to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Address same as child**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Cell**       **Home**       **Other**

Secondary Phone: \_\_\_\_\_

**Cell**       **Home**       **Other**

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**PARENT/GUARDIAN 2 INFORMATION**

Relation to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Address same as child**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Cell**       **Home**       **Other**

Secondary Phone: \_\_\_\_\_

**Cell**       **Home**       **Other**

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD**

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following to be contacted and act on my behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*Any addition of authorized person to pick up child must be in writing to the YMCA.

Person not authorized to pick up my child: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Legal documentation must be on file in order to enforce this authorization.

Office Use:  Legal documentation received (date) \_\_\_\_\_.



**HEALTH INFORMATION:**

**\*YOU MUST ATTACH A COPY OF IMMUNIZATION RECORD AND INSURANCE CARDS.**

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE FILL OUT THIS SECTION COMPLETELY-PLACE A CHECKMARK WHERE IT APPLIES.**

**\*MISINFORMATION CAN BE REASON FOR NON-ACCEPTANCE INTO THE PROGRAM.\***

**HEALTH**

Asthma \_\_\_\_\_

Convulsions \_\_\_\_\_

Emotional/

**ALLERGIES**

Hay Fever \_\_\_\_\_

Diabetes \_\_\_\_\_

Hearing \_\_\_\_\_

Psychological \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Special Diet \_\_\_\_\_

Vision \_\_\_\_\_

Learning Disabilities \_\_\_\_\_

Insect \_\_\_\_\_

Physical \_\_\_\_\_

Illness \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Medication \_\_\_\_\_

Restraints \_\_\_\_\_

Injury \_\_\_\_\_

Operations \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Explain any above as necessary \_\_\_\_\_

Has your child had any operations or serious injuries? \_\_\_\_\_

Has your child had any chronic or reoccurring illnesses? \_\_\_\_\_

Is there anything else you feel we need to know in order to meet your child's needs? \_\_\_\_\_

*\*Depending on your child's needs, a meeting with the program director may be required prior to attending.*

**MEDICATION INFORMATION (Attach physician's orders.)**

Is this child currently taking prescribed or over-the-counter medication?  Yes  No

If yes, complete the Prescription and/or Over-The-Counter Medication Information on the next page.

**PRESCRIPTION MEDICATION INFORMATION**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Storage Instructions: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Directions for Administration: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

Prescribers License: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATION INFORMATION**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Storage Instructions: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Directions for Administration: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

Prescribers License: \_\_\_\_\_

**PLEASE NOTE: Y CAMP and specific NORWICH YMCA Childcare Programs are the only programs that the YMCA is allowed to ADMINISTER any medication to a child. As such, I authorize the YMCA staff to administer the medication listed below to my child. I understand that Over-the-Counter medication must be in the original container.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT STATEMENT OF UNDERSTANDING

- I understand that if there are any changes in attendance, changing or adding new programs, it is my responsibility to contact the appropriate YMCA staff to make the necessary changes for billing and program participation.
- I must notify the YMCA staff immediately of any changes on any enrollment and medical forms.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program at least two hours in advance or I will be charged for the day.
- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of medical treatment and care.
- Medication may only be administered with specific written instructions (Child Care Medical Form), a physician's note, and must be in original container. NOTE: Y CAMP and specific childcare programs are THE ONLY PROGRAMS IN WHICH WE ARE AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD.
- The information provided on all enrollment and medical forms is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- The YMCA's responsibility for my child begins when the child has reached the program and is checked in with a YMCA staff member.
- It is my responsibility to arrange for my child to be picked up from the YMCA by the scheduled end time of the program. If one hour has passed from the program closing time and all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to babysit or transport children at anytime outside of the YMCA program.
- The YMCA staff is mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- Program payments are due at the time of registration. Payment is due no later than the 15<sup>th</sup> of the month. There will be a \$20.00 fee for any returned checks.

### Please check each additional box you agree with:

- My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
- My child may participate in water activities as scheduled and under direct supervision of YMCA staff.
- My child's swimming ability is:  Afraid of Water       Some Lessons       Confident in deep water
- The YMCA has my permission to use photographs of my child in promotional materials such as social media, ads or newspaper releases. I will not be informed or reimbursed for such photographs.

**My signature acknowledges my understanding of and agreement to the above information.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# BEHAVIOR MANAGEMENT POLICY



## Rules

It is the goal of Norwich Family YMCA Child Care Program to provide a fun, safe, and secure environment for all participants. The YMCA teaches the core values of **caring, honesty, respect, and responsibility**. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

## Behavior Guidelines

- Participants are responsible for their actions.
- We respect each other.
- Honesty will be the basis for all interactions and relationships.
- We will care for ourselves and those around us.

## Items that are NOT Allowed in program

Video Games      Cell Phones      Tablets      Glass Bottles      Weapons (or anything representative)

**The YMCA reserves the right to search a child's backpack.**

**When a participant doesn't follow the behavior guidelines, we will take the following steps:**

- Teachers will redirect the child to a more appropriate behavior.
- The child will be reminded of the behavior guidelines and YMCA rules.
- If the behavior persists, the parent will be notified.
- The staff will document the situation. The written document will include what the behavior problem is, what provoked the problem, and the correction action taken.
- The director will speak with parent, so they can determine the appropriate consequences.
- If the problem continues to disrupt the program, Director may suspend the child from the program.
- If a child's behavior at any time threatens the immediate safety of self, other students or staff, the parent will be notified and expected to pick up the child immediately.

**The following behaviors are not acceptable and will result in suspension of the child:**

- Endangering the health and safety of campers or staff
- Stealing or damaging YMCA property
- Continual disruption of the program
- Fighting
- Acting in a lewd manner
- Refusing to follow behavior guidelines or YMCA rules

**I understand the above rules and will follow them.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_