



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NORWICH FAMILY YMCA PRESCHOOL REGISTRATION FORM 2020-2021

Child's Name _____

M or F

Birthday _____

Parent's Name _____

Address _____

Email _____ Phone _____

How did you hear about our program? _____

YPK/4 year old Class requested: \$30 Registration Fee

_____ Monday—Friday 12:15-3:00 pm \$190/month + Membership

UPK/4 year old Class requested:

_____ Monday-Friday 12:15-3:00 pm Must have a Membership

OFFICE USE ONLY:

Date Recieved: _____

Paid: **Y N**

Staff _____

Registered: **Y N**

Director _____

Notes:

Withdrawn Date: _____

Director: _____



PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____

Full Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone: _____

Cell Phone: _____ --- _____

Work Phone: _____

Employer: _____

Email: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____

Full Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Email: _____

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 must be in writing to the YMCA

Persons not authorized to pick up my child: _____ Relationship: _____

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



HEALTH INFORMATION:

YOU MUST ATTACH A COPY OF CHILD’S BIRTH CERTIFICATION & IMMUNIZATION RECORD

____ I give permission for my child to apply sunscreen

____ I give permission for my child to apply bug spray

Parent’s Name: _____ Signature: _____

Doctor’s Name: _____ Phone: _____

Dentist’s Name: _____ Phone: _____

Specialist Name: _____ Phone: _____

PLEASE FILL OUT THIS SECTION COMPLETELY-INDICIATE “YES” WHERE IT APPLIES

HEALTH

ALLERGIES

Asthma____

Convulsions____

Emotional/

Hay Fever____

Diabetes____

Hearing____

Psychological____

Poison Ivy____

Special Diet____

Vision____

Learning Disabilities____

Insect____

Physical____

Illness____

ADD/ADHD____

Medication____

Restraints____

Injury____

Operations____

Food____

Other____

Other____

Please explain any above “YES” answers 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 (Please attach physician’s orders)

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

Will the prescribed or over-the-counter medication need to be administered during program hours? Yes No

**If yes, contact the program director to set-up a medication administration plan.*

OFFICE USE: Medical Administration plan is on file as of (date) _____



PARENTAL 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 physicians note, and must be in original container. NOTE: DAY CAMP and Norwich YMCA ASP Site are THE ONLY PROGRAMS IN WHICH WE ARE AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD. All staff administering medication is MAT certified.
- 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. Preschool ends at 3PM. If an 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 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 15th of the month for Preschool. 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: _____



BEHAVIORAL 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:

- Staff 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 action to take.
- 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 other campers 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.

Child's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



PRE-K PROGRAM

Typical Day: 12:15–3:00—Every Afternoon

12:15–12:40 pm	Table Top Centers
12:40–1:10 pm	Calendar & Literature Time
1:10–1:45 pm	Centers, Art Activities
1:45–2:20 pm	Math
2:20–2:45 pm	Kid's Gym, Big Gym
2:50 pm	Snack
3:00 pm	Dismissal

How old does my child have to be to attend Pre-K?

This Pre-K program is for 4–5 year olds. Your child must be four-years-old by November 30th and completely toilet trained.

Does my child qualify for the UPK program through Gibson Elementary School?

The YMCA has collaborated with the Norwich City School District and offers a Universal Pre-K program at the YMCA. This UPK program is available free of charge to the first fifteen Norwich City School District students that register. To qualify for this program your child must be four-years-old by November 30th and live in the Norwich City School District. There are additional slots available for students that live outside the Norwich City School District but there is a monthly tuition fee paid to the YMCA of \$190.00 for these students. All Pre-K students must have a YMCA membership to participate in this program.

What might my child learn while in this class?

Your child will learn social skills such as language development, self confidence and problem solving. Early literacy skills will focus on letter identification, letter sounds, rhyming words, and concepts of print. Students will also learn to recognize and write their first and last name. Early math skills will focus on rote counting, counting with 1:1 correspondence, identifying numbers and shapes, sequencing and doing comparisons. Read alouds connected to concepts that are taught or simply seasonal will be shared and many art activities will be completed for enjoyment and to provide a place for students to learn skills such as cutting, coloring, gluing, etc.

When does my child swim?

Swimming lesson start about a month into the school year. The class will be split up into small groups and your child will have a designated swimming day that will continue for the rest of the year. We will let you know when this has been established.

How much does it cost for my child to be enrolled in this program?

If your child is a resident in the Norwich City School District then the only cost is a YMCA membership for your child of \$146.00 for a year membership, paid in lump sum or in \$12.50 monthly installments. If you are not a resident then the YMCA Pre-K program has a monthly tuition fee of \$190.00 with a non-refundable registration fee of \$30.00 and the requirement for Y membership still applies.

What can I do to prepare my child for school?

Read to your child! Play with your child! Limit their screen time! Begin introducing them to numbers, colors, shapes, letters and their name if you haven't already done so. Your child needs to be able to dress themselves, (especially when we start swimming) and to be able to take shoes off and put them on again.

School Calendar?

The YMCA Nursery School follows the Norwich City School calendar. We are closed when Norwich City Schools are closed. This includes planned vacations and weather closings or delays.