



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEARN GROW THRIVE

**Education & Leadership**

**2018-2019**

**Preschool**

**Enrollment Packet**

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**RIVERFRONT YMCA**  
**544 BROAD BLVD**  
**CUYAHOGA FALLS, OH 44221**  
**(330) 923-9622**

[akronymca.org](http://akronymca.org)

The Y strives to make programs and membership available to all. Financial assistance may be available to those who qualify.



**YMCA Preschool  
Enrollment Packet**

Admission Date (first day attending) \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Child's Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

How you would like your child's name to appear on name tag/learn to write \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent e-mail address (will be used for important information only) \_\_\_\_\_

**Authorized Persons to Pick Up Child**

**Persons authorized to pick up my child:**

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Description \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Description \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Description \_\_\_\_\_

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--Please note: if there are any custody issues involved with your child, you must provide the center directors with full court papers including who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

**Class Attending** (Please check the class you wish to enroll your child)

\_\_\_\_\_ **T, TH morning**  
 - Swim Combo  
 - 8:45- 11:30  
 - 3 and 4 year olds

\_\_\_\_\_ **M, W, F morning**  
 - Swim combo  
 - 8:45-11:30  
 - 4 and 5 year olds

\_\_\_\_\_ **M, T, W, TH, F morning**  
 - Swim/Gymnastics Combo  
 - 9:00-12:00  
 - Child **MUST** be entering Kindergarten the following school year

\_\_\_\_\_ **T, TH morning**  
 - Gymnastics Combo  
 - 9:00-11:45  
 - 3 and 4 year olds

--Please note that a class may be cancelled due to low enrollment. If this occurs, you will be notified and we will work with you to choose a different class.

**Monthly Rates**

Class	YMCA Member Monthly Rate	Program Member Monthly Rate
2 days/week	\$110	\$130
3 days/week	\$140	\$160
5 days/week	\$180	\$210
Registration Fee	\$40	

**Payment Information**

Monthly Payment Amount: \_\_\_\_\_

Please draft payment on the \_\_\_\_\_ day of the month (must choose a date between the 1<sup>st</sup> and the 15<sup>th</sup>)

Account:  Use account on file ending in \_\_\_\_\_ (verify at front desk)

Provide account info at front desk

\$40 Registration fee:

Check is attached

Cash is attached

Draft from account ending in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

Person responsible for tuition: \_\_\_\_\_

Are you or another parent/guardian currently an employee of the YMCA?  Yes  No

If yes, what is his/her name? \_\_\_\_\_

## Child/Family Information Form

In an effort to understand your child and to meet his/her needs, we would like you to complete the following:

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

Who is in the child's immediate family? \_\_\_\_\_

Who lives at home with your child? (pets included) \_\_\_\_\_

What is the primary language spoken in your child's home? \_\_\_\_\_

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? \_\_\_\_\_

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet) \_\_\_\_\_

Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.) \_\_\_\_\_

Has your child had a previous care arrangement? If so, what kind? (Center based, in home, with family, with parents, etc.) \_\_\_\_\_

Are there personality and behavior characteristics that would be useful to know about your child? (shy, energetic, sensitive, etc.) \_\_\_\_\_

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? \_\_\_\_\_

What routines/actions or items do you use to comfort your child? \_\_\_\_\_

What causes your child to feel angry or frustrated? \_\_\_\_\_

What methods do you use to respond to your child's negative behavior? \_\_\_\_\_

What are your child's sleep habits? (difficult to wake up, uses a comfort item to fall asleep, etc.) \_\_\_\_\_

Does your child need assistance when using the toilet? If so, how? \_\_\_\_\_

What time(s), and for how long, does your child usually nap? \_\_\_\_\_

What might you and/or your child be anxious about as he/she starts in this program? \_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

What other information would be helpful for the staff caring for your child to know? \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  Yes  No

If you answered yes, please indicate which number(s) above to include on the list  Work #  Cell #  Home #  Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name		Relationship to Child		
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  Yes  No

If you answered yes, please indicate which number(s) above to include on the list  Work #  Cell #  Home #  Email

Where can you be reached while your child is in this program/home?

**Emergency Contacts:** Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Name		Name		
City		State	City	
State		State		
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City		State	Telephone Number	

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.



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

Please read carefully and respond to the following permission forms:

### Photograph Consent

I **give** my permission to have my child \_\_\_\_\_ to be in photographs, slides or videotapes for promotion of the YMCA, as well as photos on the class website.

I **do not give** permission for my child \_\_\_\_\_ to be photographed for promotion of the YMCA.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Child Drop-Off Policy/Pick-Up Policy

\*When you enroll your child(ren) at any YMCA Preschool, it is to be understood that our policy is for you to bring your child(ren) into the Center each morning and let one of the staff members know that your child(ren) has arrived.

\*We are not legally responsible for your child(ren) when they are dropped off outside the building. We are especially concerned about this with bad weather.

\*As a parent or guardian, I am aware that the YMCA staff is not responsible for my child unless I bring my child(ren) into the classroom when arriving each morning.

\*I understand that state law requires me to sign my child in and out each day.

\*I also understand that state law requires that I notify staff that my child is leaving for the day.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Permission for Routine Walks

As part of our curriculum, and weather permitting, we routinely include outdoor walks into our schedule. I **give** permission for my child \_\_\_\_\_ to accompany his/her group on routine walks through the school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Permission for Gymnastics

I give permission for my child, \_\_\_\_\_, to participate in the gymnastics portion of his/her YMCA preschool class.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Child's name \_\_\_\_\_

## 2018-2019 Center Policies Agreement

Please read the policies carefully and **initial** in each box.

- I understand there is a **\$40.00 nonrefundable registration fee** per child due upon registration.
- I understand that preschool tuition is due by the 15<sup>th</sup> day of the month **via auto draft**. I can choose any day between the 1<sup>st</sup> and the 15<sup>th</sup> of the month for the tuition to be drafted from my account.
- I understand that if my preschool tuition falls two weeks behind I will be asked to withdraw my child until payment is made.
- I understand that outstanding balances of \$100.00 or more that are past 30 days in arrears will be turned over to collections.
- I understand that if I have any outstanding balance at any facility within the Akron Area YMCA Association I am unable to register for any programs or membership until balance is paid.
- I understand that there will be a \$10 fee assessed for any and every returned payment.
- I understand that state licensing requires a **Child's Medical Statement**, which must be signed by a physician, to be on file with the YMCA Preschool within 30 days of the first day of school.
- I understand that staff will contact Summit County Children Services if my child remains at the Center one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.
- I understand that if I withdraw my child from the preschool program, I will be responsible for the current month's tuition. If my child attends one or more days during the month, I am responsible to pay that month's tuition in-full. The director must be notified of the child's withdrawal.
- I understand that state licensing requires that all forms in this registration packet must be **completely filled out** and turned in prior to the child's admission to the program.
- I have read the YMCA Preschool Registration Packet and agree to all terms therein for my child to receive child care.
- I understand that I forfeit the privilege of preschool at the Center if all policies are not followed.
- I understand that my child must be fully potty trained and able to use the restroom by his or herself without assistance.

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

Date \_\_\_\_\_

Want to access and manage your account online?  
Call the YMCA and ask for Hayley to get started!

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
<b>Signature</b> of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

<b>Exceptions to Immunization requirements pursuant to 5104.014 ORC</b> (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).          			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
<b>Optional Recommended Assessments/Screenings</b>			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			