SIGN UP
PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information and sign below.

I understand that:

1. Children may not be dropped off at the Early Learning Pre-School Program site unless YMCA staff are available to receive and supervise.
2. Children are released from Pre-School Program to authorized individuals only. An authorized individual must be listed on the registration form, be 18 years of age, and present photo identification. A sibling under 18 can pick-up his/her sibling as long as they are listed on the registration form as an authorized person to pick up. Changes in authorization must be provided to the director prior to implementation.
3. To ensure your child's safety, please take an active interest in his or her YMCA experience. Ask your child specific questions about program activities and staff relationships.
4. YMCA staff are prohibited from babysitting or transporting children at any time outside of the Early Learning Pre-School Program program.
5. The YMCA staff do not accept tips and should not provide gifts to children.
6. For the safety of children and staff, the police will be contacted immediately if a person arriving to pick up a child appears to be under the influence of drugs or alcohol or in possession of a weapon.
7. By law the YMCA must report any suspected cases of child abuse or neglect to the appropriate authorities.
8. The YMCA or a professional photographer may take photographs and videos of the child during the course of the year. These may be used for promotional and marketing materials without any compensation to the parent or child.

_____

PARENT OR GUARDIAN SIGNATURE

_____

DATE

EARLY LEARNING PRE-SCHOOL REGISTRATION FORM

CHILD INFO | CHILD 1

Child's Name _____ Preferred Name _____

___ Male ___ Female | Date of Birth ____ / ____ / ____ | Grade _____ Age _____

Address: _____

City/ State/ ZIP _____ Phone Number _____

CHILD INFO | CHILD 2

Child's Name _____ Preferred Name _____

___ Male ___ Female | Date of Birth ____ / ____ / ____ | Grade _____ Age _____

Address: _____

City/ State/ ZIP _____ Phone Number _____

CHILD INFO | CHILD 3

Child's Name _____ Preferred Name _____

___ Male ___ Female | Date of Birth ____ / ____ / ____ | Grade _____ Age _____

Address: _____

City/ State/ ZIP _____ Phone Number _____

CHILD INFO | CHILD 4

Child's Name _____ Preferred Name _____

___ Male ___ Female | Date of Birth ____ / ____ / ____ | Grade _____ Age _____

Address: _____

City/ State/ ZIP _____ Phone Number _____

NAME OF CHILD ATTENDING	SELECT EARLY LEARNING PRE-SCHOOL CLASS	PRICE
	☐ 3 - 4 YEAR OLDS ☐ 4 - 5 YEAR OLDS	3 - 4 YEAR OLDS | $80 4 - 5 YEAR OLDS | $100
	☐ 3 - 4 YEAR OLDS ☐ 4 - 5 YEAR OLDS	3 - 4 YEAR OLDS | $80 4 - 5 YEAR OLDS | $100
	☐ 3 - 4 YEAR OLDS ☐ 4 - 5 YEAR OLDS	3 - 4 YEAR OLDS | $80 4 - 5 YEAR OLDS | $100
	☐ 3 - 4 YEAR OLDS ☐ 4 - 5 YEAR OLDS	3 - 4 YEAR OLDS | $80 4 - 5 YEAR OLDS | $100

FAMILY INFORMATION

Parent/ Guardian Name _____

Date of Birth _____

Address Same As Child _____ YES _____ NO (If "NO" please provide address below)

Address_____

City /State/ Zip _____

Primary Phone _____ Work Phone _____

Email: _____

Emergency Contacts Name _____

Emergency Contacts Number _____

Authorized to pick up child? _____ YES _____ NO

Address Same As Child _____ YES _____ NO (If "NO" please provide address below)

Address _____

City /State/ Zip _____

AUTHORIZED FOR PICKUP

Children will not be released to anyone other than authorized persons with proper identification

Other Persons authorized to pick up child or to call in emergency

Name _____ Primary Phone _____

Other _____ Sibling _____ Yes _____ No

Name _____ Primary Phone _____

Other _____ Sibling _____ Yes _____ No

Name _____ Primary Phone _____

Other _____ Sibling _____ Yes _____ No

Name _____ Primary Phone _____

Other _____ Sibling _____ Yes _____ No

HEALTH HISTORY

Doctors Name _____ Phone _____

Dentists name _____ Phone _____

Allergies (list all food, medication, and other allergies) _____

_____

_____

_____

_____

_____

Does your child have additional needs emotionally, physically or cognitively? _____

_____

_____

_____

Is your child currently under a doctors care? _____ Yes _____ No

Does your child have any fears? _____

_____

_____

Is there any medication your child is taking on a regular basis to maintain good health?

_____

_____

_____

Is there anything else we should know about your child that will make their experience better? (habits, mannerisms, activities, etc.) _____

_____

_____

_____

How did you hear about the Early Learning Pre-School Program _____

_____

_____

_____

_____

_____

_____

PAYMENT INFORMATION

Name _____

Financial Assistance? _____ YES _____ NO

Employee Discount? _____ YES _____ NO

Address_____

City /State/ Zip _____

Bank Name _____

Bank Transit # _____

Bank Account # _____ Checking _____ or Savings _____

Credit Card Type: _____ Visa _____ Discover _____ Mastercard

Credit Card Number _____

I hereby authorize the Kosciusko Community YMCA to electronically draft my monthly Early Learning Pre-School program fee on the 10th of each month that the program is in session. April and May 2020 will be prorated to reflect weeks not in session. A $15 registration fee will be charged when the application is processed. I must keep the YMCA informed of any changes to address or account information. Changes or cancellations must be made in writing, please contact Stacey Anderson at sanderson@kcymca.org. All returned drafts will automatically be sent through a second time. The YMCA chargers a $25 return fee on all unpaid drafts. I will be responsible for any changes by the YMCA and my bank.

Signature _____ Date _____