

# Duneland Family YMCA

## Preschool Registration Packet

Expected Start Date: \_\_\_ / \_\_\_ / \_\_\_

### Child Information(P1)

First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_  
 Address: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Nickname/Preferred Name: \_\_\_\_\_ Gender:  Male  Female

### Additional Participants

	First Name	M.I.	Last Name	D.O.B.	Gender
P2				/ /	M / F
P3				/ /	M / F
P4				/ /	M / F

### Parent/Guardian Information

#### Mother/Guardian

First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
  
(same as above) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Father/Guardian

First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
  
(same as above) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_



# Duneland Family YMCA

## Preschool Tuition Policy

To ensure quality and efficient programming, parents must adhere to the following policies:

### Payment Due

Payments are to be paid in advance of childcare. The payment of the child's care each week is due Friday prior to the child's attending each week. If you cancel services with our facility you are required to give a written one-week notice with payment for services rendered.

### When My Child is Sick or Absent

I understand that the Duneland Family YMCA Early Childhood Development Center reserves my child a slot every week with my weekly childcare tuition payment. Therefore, I am required to pay the tuition every week, regardless of my child's attendance. At the end of the year my child will be awarded credits for up to 5 sick days and 5 vacation days, which will be applied automatically to my account. I understand that I must be enrolled for either 4 full days or 5 full days to receive vacation and/or sick day credits.

**\*\*Note: SCHOLARSHIP RECIPIENTS DO NOT RECEIVE CREDITS FOR SICK/VACATION DAYS.**

### Late Pick-Up Fee

A fee of \$1.00 per minute will be assessed for each minute that your child is in our care after 6:30pm. This fee is due on the next week's invoice.

**\*\*Note: SCHOLARSHIP RECIPIENTS ARE NOT VOID OF THIS FEE**

The tuition fee for my child is \$\_\_\_\_\_ per week. I understand and agree to the terms of this policy. Failure to comply will result in the withdrawal of my child from the Duneland Family YMCA Early Childhood Development Program.

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Print Child's Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



## Authorized Pick-Ups (APU)

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Work Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Work Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Work Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Work Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_

(same as APU 1)

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Work Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_

(same as APU 2)

## Medical Information

Medical & Allergies			
	Allergies	Medications	Health Concerns
P1			
P2			
P3			
P4			

### Medical Contact

Title:      Doctor                  Dentist

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Work Phone: ( ) - \_\_\_\_\_

Title:      Doctor                  Dentist

First Name: \_\_\_\_\_

N/A Last Name: \_\_\_\_\_

Work Phone: ( ) - \_\_\_\_\_

# YMCA OF THE USA

## Child Abuse Prevention Training

### Form 4 – Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child(ren) at the YMCA or a program site unless a YMCA staff or volunteer is there to receive and supervise my child.

\*Note: Most YMCA's have a policy that define the specific age.

I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or relatives must be listed with the YMCA and of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that 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 may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\*Note: It may be appropriate for the YMCA to insert fees or other policy statements that need emphasis at this point.

I have received a copy of the YMCA Youth Program Handbook and Parent Policies and Procedures and will keep it for future reference.

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(Parent Signature)

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(Date)



# Duneland Family YMCA

## Preschool Permission Slip

Child(ren)'s Full Name: P1: \_\_\_\_\_ P2: \_\_\_\_\_  
(Please Print) (Please Print)

P3: \_\_\_\_\_ P4: \_\_\_\_\_  
(Please Print) (Please Print)

### Brochure Photo

The Duneland Family YMCA is in constant creation of a brochure for area merchants to display in their businesses and hand out to inquiring potential customers. Please indicate whether or not your child may participate in photos for the brochure as well as photos for the local newspapers.

The Duneland Family YMCA

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

use photograph(s) of my child(ren) for advertising outlets.

### Movie

My child(ren)

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

have my permission to watch a "G" rated movie, i.e. Aladdin while in attendance at the Duneland Family YMCA registered child care program(s).

### News Letter

My child(ren)

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

be photographed for the Duneland Family YMCA Preschool News Letter.

### Field Trip

My child(ren)

Walking Trip				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bus Trip				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

have my permission to go on walking and/or bus field trips while in attendance at the Duneland Family YMCA registered child care program(s).

### Pool or Water Activities

My child(ren)

Pool				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Activities				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

have my permission to participate in pool activities while in attendance at the Duneland Family YMCA registered child care program(s).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



# Duneland Family YMCA

## Parent Notice/Ending Statement

### Parent's Notice

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I understand that the Duneland Family YMCA Registered Child Care Program is not licensed under the laws of Indiana. However, I understand that this child care ministry complies with the State of Indiana rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure the nutritional and health needs of my child are met while my child is enrolled with the child care ministry.

This notice does not absolve a child care ministry from liability for injury to your child while they are at the childcare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.

I also understand that at no time is a YMCA employee permitted to transport my child unless it is in an approved mode of transportation established by the YMCA and the Department of Transportation.

### Ending Statement

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The Duneland Family YMCA Child Care Program is a state registered child care facility by the State of Indiana. We aspire to provide the highest quality care possible by meeting all requirements of a registered child care ministry. The policies outlined in the Parent's Handbook allow us to maintain high standards in providing a safe, healthy, and productive child care center.

My signature confirms that I have read and understand the policies and procedures written in the Duneland Family YMCA Registered Child Care Program Handbook issued to me on \_\_\_\_\_. I agree to follow all policies and procedures written in this parent handbook. (date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Driver's License Number)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Date)

**\*\*For Administrative Office Use Only\*\***