



**West Suburban YMCA
Preschool Center for Youth Development
Registration Packet 2023-2024 School Year**

Registration Form

Child's Name:	Child's Date of Birth:
Child's Gender:	Anticipated Start Date:
Parent/Guardian Name:	Phone Number:
Address:	Email:
Parent/Guardian Name:	Phone Number:
Address:	Email:

General Registration Information Please circle desired days		
Please note: Children enrolling for 5 full days will have first preference		
Schedule Options	Full Day Program 7:45 a.m. to 5:00 p.m.	Weekly Tuition Rates
5 Day	Monday through Friday	\$469 a week
3 Day	Monday/Wednesday/Friday	\$340 a week
2 Day	Tuesday and Thursday	\$234 a week

Does your child have a sibling enrolled in a West Suburban YMCA Child Care Program? Yes No

Does your child have a current WSYMCA membership? (Required) Yes No

Does your child have an IEP (Individualized Education Plan) or an IFSP (Individual Family Service Plan) Yes

My child will attend Kindergarten in September_(please provide the year)

I wish to enroll my child in the Preschool Center for Child Development for: _____ days per week

I would like my child to start on_(day and date)

Please check if these apply:

_____ I have a MA voucher

_____ I will be requesting financial assistance

Registration Fee: A **non-refundable** deposit of one week's tuition is required at the time of registration.

Registration Information to be completed:

1. Your child must have a current Youth or Family Membership at the West Suburban YMCA throughout enrollment in the program.
2. A completed Preschool Center for Youth Development Application.
3. A recent physical dated no later than 12 months from the date of enrollment. Evidence of lead tests and current immunizations. Please note that this documentation is required by the Department of Early Education and Care through the State of Massachusetts and your child may not start in the program until this documentation is obtained. This documentation will be stored in your child's confidential file.
4. A non-refundable deposit of one week's tuition is required at time of registration.
5. Any child that has a special health care need including an allergy needs to have allergy action plan or medical action plan completed is required at time of registration. All medications should be provided before the child is able to attend the program.
6. If applicable, Medication Consent forms, custody agreements, court orders, restraining orders are required at the time of registration.
7. If your child has an IEP or an IFSP a copy of the IEP or IFSP is required at the time of registration and a meeting with the Preschool Director is required before being admitted into the program.
8. If we are unable to accommodate your child, s/he will be placed on our waitlist. If a space opens in the program, you will be contacted.
9. All enrollment and registration forms need to be completed yearly.

West Suburban YMCA Membership: All children participating in the Preschool Center for Youth Development are required to have an active WSYMCA youth or family membership. This membership must remain current as long as your child is participating in the Preschool Center for Youth Development program.

Cancellation/Drop /Changes to Schedule Policy: When enrolling in the West Suburban YMCA Preschool Center for Youth Development it is our expectation that you are enrolling for a minimum of twelve months. We understand that there are sometimes unforeseen circumstances that you will have to withdraw your child from the program; in this case we require a two-week advanced written notice. You will be required to pay tuition for these two weeks. **There is a two-week advanced written notice for any changes to your child's schedule. When withdrawing from the Preschool Center for Youth Development families are responsible for terminating their child's youth or family membership at the WSYMCA welcome desk if desired.**

Billing Policies: Tuition is paid weekly and paid the Monday prior to participation in the program. If tuition is not paid by Monday of the week prior to participating in the program your child will not be able to participate until tuition is paid. The West Suburban YMCA reserves the right to suspend any child if payment is more than fourteen (14) days late. Parents will be notified by mail and/or email and by a "hand delivered" letter if such action is to be taken and the balance may be sent to collections. All children will be welcome to participate in the program when the balance is paid in full, and space is available. Please be aware that if your child is suspended from the program, his/her space will become available to other children on the waitlist. I understand that changes to my child's schedule must be made in writing at least two weeks in advance. I understand that my child may not be enrolled in the Preschool Center for Youth Development while having any outstanding balance at the West Suburban YMCA. All Preschool Center for Youth Development tuition rates are reviewed yearly, and new rates start in September. **Families are responsible for keeping their vouchers current and will be required to pay the full tuition fee if the voucher expires.**

Financial Aid: Financial Aid is available to families accepted into the program. Applications can be requested from the Preschool Director or found on our website <http://www.wsymca.org> If you are eligible to receive financial aid, a letter stating your award will be sent within 7 days of receiving all required information. Please be aware that if you submit an incomplete application or do not provide all required documentation, your application will not be processed and the amount of your award, if any, may be affected. **Families must re-apply for financial aid each year.**

Parent Signature: _____

Date: _____



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Child Information Sheet

Child Information:

Child's Name: _____ Date of Birth: _____

Child's Nickname (if applicable): _____ Age at Admission: _____

Child's Home Address: _____

Gender: _____ Height: _____ Weight: _____

Skin Color: _____ Eye Color: _____ Hair color: _____

Identifying Marks: _____

Primary Language: _____ Secondary Language: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Primary Language: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Business Name/Address: _____

Work Phone Number: _____ Work Hours: _____

Parent/Guardian Signature: _____ Date: _____



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First Aid and Emergency Medical Care Consent Form

Child Name: _____ Date of Birth: _____

I hereby authorized staff of the West Suburban YMCA to administer First Aid and CPR to my child as needed and/or take my child to Newton-Wellesley Hospital, or the nearest hospital, for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature: _____ Date: _____

Parent Contact Information

Name of Parent/Guardian: _____

Address and Phone Number: _____

Name of Parent/Guardian: _____

Address and Phone Number: _____

Child's Allergies or Medical Concerns: _____

Medications: _____

Emergency Medical/Dietary Information/Religious Restrictions: _____

Behavioral Issues/Concerns: _____

Other Emergency Health Concerns: _____

Insurance Information:

Child's Name: _____ Date of Birth: _____

Address: _____

Medical Insurance Company: _____ Policy Number: _____

Other Coverage (Include Dental): _____

Child's Physician: _____

Phone Number: _____ Address: _____

Child's Dentist: _____

Phone Number: _____ Address: _____



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EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

How to reach parents/guardians (Please list the parent/guardian you want us to contact first in an emergency.):

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

Parent/Guardian Name: _____

Primary Phone Number: _____ Other Phone Number: _____

Please list three (3) additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that the persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program.

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Pick-Up Authorization: Please list below individuals who are authorized to pick up your child from the program but would not be contacted in case of an emergency (i.e. neighbor, coach, etc.). These names must be different from those listed above.

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Biological parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. **A license or other proof of identification must be shown at pick up time.** If you wish to change, add or delete any of these authorizations, you must do so in writing. Children will only be released from the program to individuals/organizations for which the parent has provided written authorization. The West Suburban YMCA Preschool Center for Youth Development **closes promptly at 5:00PM. Picking up after 5:00PM will require a late pick up fee. Chronic lateness could jeopardize your child's participation in the program and could result in program suspension or termination.**

Parent Signature: _____ Date: _____



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Authorization and Consent Form

Please write your initials next to each statement.

_____ I give consent to enroll my child in the West Suburban YMCA Preschool Center for Child Development and will abide by the rules and regulations of the program. In addition, I will submit and update all required forms and medical reports on an annual basis or as changes occur.

_____ I agree to pay fees according to schedules.

_____ I give consent for my child to take part in excursions or field trips under proper supervision on West Suburban YMCA property and in the community (nature walks, outdoor games, etc). Field trips that require transportation other than walking will require advance notification and a parent/guardian permission slip is required.

_____ The West Suburban YMCA reserves the right to take pictures/video of its participants for security measures as well as brochures/publications/web site and other marketing purposes.

_____ Please note: Most program space is under surveillance 24/7 for security purpose only.

_____ Families are strongly encouraged to participate in all fundraising efforts.

_____ I acknowledge receipt of the Parent Handbook which contains our statement of non-discrimination and purpose, philosophy, current fee schedule, YMCA organizational information, statement of parental rights, plan for behavioral management, yearly schedule, open door policy, health and illness policies and other pertinent information about our program.

_____ I understand that parents can visit the program any time their child is in care.

_____ I understand that the Preschool Center for Youth Development closes promptly at 5:00 p.m. and that the late fee of \$10 for anytime within the first ten (10) minutes and \$1 per minute afterward will be added to my weekly bill. **Chronic lateness could jeopardize my child's participation in the program and could result in program suspension or termination.**

_____ I understand that the West Suburban YMCA preschool is a **PEANUT FREE and NUT FREE environment**. I understand that peanut and tree nut products can cause life-threatening reactions in children who have tree nut/peanut allergies and I will refrain from sending snacks or lunches that contain either tree nut or peanut products to the preschool program. (Please note that Nutella contains hazelnuts and cannot be used).

_____ I understand that occasionally there will be observers from local college classes, consultants and other preschool programs in my child's classroom. I give permission to have my child observed.

_____ I give permission for educators to apply sunscreen and insect repellent (provided by parents) to my child as needed.

_____ I give permission for educators to have access to my child's health information on file.

_____ I give permission for my child to take part in weekly swim times with his or her class. I understand that teachers and a lifeguard will be present to assist the children and to ensure their safety.

_____ I understand that, to comply with the Department of Early Education and Care regulations, I will provide a toothbrush and toothpaste for my child. If I cannot provide one, I will inform the Preschool Director and one will be provided by the school.

Optional: I wish to opt out of the practice of tooth brushing while at school. _____ Yes _____ No

Parent Signature: _____

Date: _____



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Preschool Developmental History and Background Information

Please answer the following questions regarding your child's development. This information is required by the Department of Early Education and Care to be on file. The information you provide will assist us in caring for your child. Thank you.

Child's Name: _____ Date of Birth: _____

Developmental History:

At what age did your child begin: _____ sitting _____ crawling _____ walking _____ talking

Does your child have any speech concerns? _____

What special words does your child use to describe needs: _____

Is your child right or left handed? _____

Does your child dress him or herself? _____

Health Information:

Serious illness or hospitalizations? _____

Allergy Concerns: _____

Medical Concerns: _____

Please note that if your child has any allergy or medical concerns, an Individual Health Care Plan (IHCP) is required.

Social Relationships:

How would you describe your child? _____

Has your child had any previous group care experiences? _____

Does your child know other children in this program? _____

How does your child typically respond to new experiences? _____

Does your child have any special toys and/or activities? _____

How does your child express his or her emotions? _____

Does your child have any fears (i.e. dark, animals, etc.)? _____

How do you comfort your child? _____

How does your child comfort his or herself? _____

How do you discipline your child? _____

Have there been any major events or changes in your family in the past year (i.e. moving, deaths, divorce, birth)? _____

What would you like your child to gain from this child care experience? _____

Eating Habits:

Does your child have any food allergies? _____

Describe your child's general attitude toward eating: _____

Does your child have any favorite foods? _____

Does he or she refuse any foods? _____

Does your child feed him or herself? _____

Toileting:

Does your child indicate when he or she needs to use the bathroom? _____

What word is used for urination? _____ Bowel Movement? _____

Is your child reluctant to use the bathroom? _____

Does your child have accidents? _____

Does your child wet the bed at nap or nighttime? _____

Does he or she wear a diaper/pullup at nap or nighttime? _____

Sleeping Habits:

Does your child take naps? If so, when? _____

When does your child go to bed at night? _____ Wake in the morning? _____

Describe your child's bedtime needs and/or routine. _____

Child's Daily Schedule:

Please describe your child's schedule on a typical day. Include mealtimes, screen time, independent and group activities, etc. Please provide approximate times for each activity and routine.

Additional Information:

Please list any additional information you would like to share with us about your child. _____

Parent Signature: _____

Date: _____



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Transportation/Release to and from Program Plan

Child's Name: _____ Date of Birth: _____

Arrival	Departure
<p>My child will arrive to the West Suburban YMCA program by:</p> <p>_____ Parent/Guardian/Family Drop Off</p> <p>_____ Other</p> <p>Please specify if other: _____</p>	<p>My child will depart from the West Suburban YMCA program by:</p> <p>_____ Parent/Guardian/Family Authorized Release Pick-up</p> <p>_____ Other</p> <p>Please specify if other: _____</p>
<p>Arrival Time:</p>	<p>Departure Time:</p>

Parent Signature: _____ Date: _____



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Individualized Health Care Plan (IHCP)

This plan must be renewed annually or when child's allergy or medical conditions change.

Child's Name: _____ Date of Birth: _____

Please check all that apply:

Plan was created by:

- Parent
Doctor or Licensed Practitioner
Program's Health Care Consultant
Older school age child (9+ years of age)
Other:

Plan is maintained by:

- Director
Assistant Director
Child's Educator
Other:

Child's Name: _____ Date: _____

Any changes to the child's Health Care Plan? Yes (Indicate Changes Below)
No (updated physician & parent/guardian signature required)

Name of chronic health care condition: _____

Description of chronic health care condition: _____

Symptoms: _____

Medical Treatment necessary while at the program: _____

Potential side effects of treatment: _____

Potential consequences if treatment is not administered: _____

Name of educators who received training addressing child's medical condition: _____

Person who trained the educator (child's physician, child's parent, program's health care consultant, etc.) _____

Name of Licensed Health Care Practitioner (please print): _____

Signature of Licensed Health Care Practitioner: _____ Date: _____

Parent/Guardian Consent: _____ Date: _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan (IHCP) permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without direct supervision of an educator. The educator is aware of the consents and requirements of the child's Individual Health Care Plan (IHCP) specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan (IHCP) provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of Child: _____ Date of birth: _____ Back-up medication received? Yes No

Parent/Guardian Consent: _____ Date: _____



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Department of Early Education and Care Medication Consent Form

Child's Name: _____ Date of Birth: _____

Name of Medication: _____

Please ✓ one of the following: _____ Prescription _____ Oral/Non-Prescription
_____ Unanticipated Non-Prescription for mild symptoms
_____ Topical Non-Prescription (applied to open wounds/broken skin)

_____ My child has previously taken this medication.

_____ My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his or her Individual Health Care Plan (IHCP).

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____ Reasons for Medication: _____

Possible Side effects: _____

Directions for storage: _____

Name of Licensed Health Care Practitioner (please print): _____

Signature of Licensed Health Care Practitioner: _____

Phone Number of Health Care Practitioner: _____ Date: _____

I, _____ (parent/guardian), give permission to
(Please print name)

authorize educator(s) to administer medication to my children as indicated above.

Parent/Guardian Signature: _____ Date: _____

Please note, for topical, non-prescription NOT applied to open wound/broken skin (Parent signature only)