



**West Suburban YMCA
Live Y'ers Preschool
Preschool Center for Youth Development
Registration Packet**

This is a 12 month program and enrollment is ongoing until the program is full.

Child's Name:	Program Start Date:	
Gender:	Date of Birth:	
Parent/Guardian's Name:	Telephone number:	
Address:	Zip Code	Email:
Parent/Guardian's Name:	Telephone number:	
Address:	Zip Code	Email

General Registration Information Please circle desired days
Please note: Children enrolling for 5 full days will have first preference

		Full Day Program 7:00 a.m. to 6:00 p.m.
5 Day	Monday through Friday	\$398 a week
3 Day	Monday/Wednesday/Friday	\$289 a week
2 Day	Tuesday and Thursday	\$199 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 deposit of one week's tuition is required at time of registration. **This deposit is non-refundable.**

Registration Information:

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 a lead test 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 deposit of one week's tuition is required at time of registration, non-refundable.
5. Any child that has a special health care need including an allergy needs to have an Individualized Health Care Plan (IHCP), and is required at time of registration.
6. If applicable, Medication Consent forms, custody agreements, court orders, restraining orders are required at time of registration.
7. If your child has an IEP or an IFSP a copy of current IEP or IFSP is required at 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 are 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: _____



276 Church Street • Newton, MA 02458 • (P) 617-244-6050
(F) 617-964-8472 • www.westsuburbanymca.org

West Suburban YMCA

APPLICATION FOR MEMBERSHIP

First: _____ M.I. ____ Last: _____

Preferred Name: _____ Biological Sex: _____ Preferred Gender Pronoun: _____

Phone: _____ Other Phone: _____

Local Address: _____ Birth Date: _____

City _____ State ____ Zip _____ Email: _____

Employer/School: _____

Were you referred by a West Suburban YMCA Member? Name: _____ ID: _____

Family Membership Information

Name (Last if different)	Preferred Gender	Birthdate	Relationship	Employer/Occupation

- Membership Type:** _____ Youth (ages 0 – 17; \$20/month) _____ Young Adult (ages 18 – 25; \$40/month)
 _____ Young Professional (ages 26 – 35; \$52/month) _____ Adult (ages 36 – 64; \$63/month)
 _____ Senior (ages 65 – 79; \$61/month) _____ Super Senior (ages 80+; \$57/month)
 _____ Couple (2 adults only; \$99/month) _____ Senior Couple (2 adults, 65+ only; \$96/month)
 _____ One Adult Family (includes kids ≤25; \$92/month) _____ Family (2 adults; includes kids ≤25; \$112/month)

IN CASE OF EMERGENCY Please Notify:

Name: _____	Relationship _____	Phone _____
Name: _____	Relationship _____	Phone _____

How did you learn about the WSYM

Email/Web _____	Postcard _____	Chamber of Commerce _____	No Joining Fee _____
Family/Friend _____	Newspaper _____	Other _____	

Giving Back: I would like to donate via Bank Draft to help support children and families in my community: \$5____ \$10____ Other \$ _____

Member's Signature: _____ Date: ____/____/____

Parent/Guardian's Signature: _____ Date: ____/____/____

(Required if member is under the age of 18)

STAFF ONLY

Total Due \$ _____	Payment Type: Card Cash Check (# _____)	Membership Type _____	Member ID _____	Form of ID(type) _____
Trust and Verify Y or N	Fit Connect Y or N	Raptor Y or N	Enrolled By _____	Date: _____
Corporate Affiliation: _____			Verified By _____	Date: _____

CONDITIONS OF MEMBERSHIP
West Suburban YMCA Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities participation, and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Monthly Membership Policies: PLEASE CHECK OFF

- 30-day Money Back Guarantee: If you are not satisfied with your membership experience within the first 30 days of joining, we will refund your prorated amount paid at sign up. Reason(s) for cancellation must be submitted in writing to the Director of Membership within the first 30 days of membership and an in-person or phone conversation must occur before cancellation will take effect.
- I agree that my bank/credit card statement will be my receipt for my membership payments. Monthly drafts will begin on the 15th of the month following my sign-up date. A prorated amount must be paid to begin membership.
- I understand that the YMCA may, at their discretion, adjust the monthly rate applicable to my category of membership; I understand that I will be sent written notice at the most recent address I have provided to the YMCA at least 30 days prior to any change.
- I understand and agree that it is my responsibility to keep my address current with the West Suburban YMCA.
- Should my bank/credit card company, for any reason, not honor a monthly membership draft, I understand that I am still responsible for that payment plus a \$20 service charge. This is in addition to any service fee my bank or Credit Card Company may impose.
- I understand that two or more consecutive months of outstanding dues payments can result in termination of membership.
- I understand and agree it is my responsibility to send written notification of any changes to my bank/credit card account.
- To freeze my account requires a seven-day written notice. One freeze per calendar year is allowed for at least one month up to no more than three months. Monthly payment drafts resume on the next 15th day of the month.
- I agree that the West Suburban YMCA may use photographs and video of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, security, advertising, and web content.
- I understand that applying to be a member of the West Suburban YMCA will subject me to sex offender screening and possible denial or revocation of membership privileges.
- I understand that memberships are non-refundable and non-transferable.
- I understand that my membership is perpetual and that my membership will remain in effect until I carry out the procedures, noted on the previous page, necessary for termination.

Terms and Conditions

CANCELATION POLICY: Please Initial

I understand that this agreement does not automatically cancel. I understand that I must give written notice of termination at least 15 days before the next automatic draft date to further billing. (member/guardian initial here)

CONSUMER RIGHTS TO CANCELAITON

You may cancel this contract without any penalty or further obligation by causing a written notice of your cancellation to be delivered in person or postmarked by certified or registered United States mail within three (3) business days of the date of this contract initiation or the date of your receipt to the address specified in the contract.

- I have read and understood the above requirements for termination and the member code of conduct. (member/guardian initial here)
- I have read and comply with the release and waiver of liability, the indemnity agreement and membership policies. (member/guardian initial here)
- (If prorated amount was subsidized with Trust and Verify) I understand that I must submit a complete Financial Aid application within two weeks of today's date or else my monthly rate will revert to the unsubsidized amount. (member/guardian initial he

Child's Name: _____

**West Suburban YMCA
Enrollment Forms**

CHILD INFORMATION

Child's Name (please include full name)		Nickname	
Date of Birth	Gender	Age	Phone
Home Address		City	Zip Code

DESCRIPTION OF CHILD (Required by the MA Department of Early Education and Care)

Eye Color	Hair Color	Skin Color
Primary Language	Secondary Language	Ethnic Origin
Height	Weight	Identifying Marks

Parent/Guardian Information

Parent/Guardian Name		Parent/Guardian Name	
Relationship to Child	Primary Language	Relationship to Child	Primary Language
Home Address, City, Zip Code		Home Address, City, Zip Code	
Cell Phone Number	Home Phone Number	Cell Phone Number	Home Phone Number
Email Address	Occupation	Email Address	Occupation
Business Name, Address, City, Zip Code		Business Name, Address, City, Zip Code	
Work Telephone Number	Work Hours	Work Telephone Number	Work Hours

Parent/Guardian Signature: _____ Date: _____



Child's Name: _____

**West Suburban YMCA
Live Y'ers Preschool
Preschool Center for Youth Development**

Emergency Contacts and Pick-Up Authorization

How to reach parents/guardians (Please list the parent/guardian you would like us to call first in an emergency.)

Name	Best Phone Number to reach you:	Other number
Name	Best Phone Number to reach you:	Other number

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

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

Name	Best Number to Reach them	Relationship
Name	Best Number to Reach them	Relationship
Name	Best Number to Reach them	Relationship

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 emergency. (for example: coach, neighbor, etc.) These names differ from those listed above.

Name	Best Number to Reach them	Relationship
Name	Best Number to Reach them	Relationship
Name	Best Number to Reach them	Relationship

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 Preschool Center for Youth Development **closes promptly at 6:00 p.m. picking up after 6:00 p.m. 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/Guardian Signature _____ Date: _____



Child's Name: _____

**West Suburban YMCA
Live Y'ers Preschool
Preschool Center for Youth Development**

Authorization and Consent Form

Please write your initials next to each statement.

____ I give consent to enroll my child in the 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 scheduled.

____ I give consent for my child to take part in excursions or field trips under proper supervision on 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 sick care 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 6:00 p.m. and that the late fee of \$10 for any time within the first ten (10) minutes and \$1 per minute afterward will be added to my weekly bill. **Chronic lateness could jeopardize your 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 nut products can cause life-threatening reactions in children who have nut/peanut allergies and I will refrain from sending snacks or lunches that contain either 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 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 and date: _____



West Suburban YMCA
Live Y'ers Preschool Program
Preschool Center for Youth Development

Preschool Developmental History

Child's Name: _____ Date of Birth: _____

Please answer the following questions regarding your child's development. The information you provide will assist us in caring for your child. Thank you.

DEVELOPMENTAL HISTORY

At what age did your child begin sitting? Walking?	Crawling? 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?	
Can your child dress him or herself?	

SOCIAL RELATIONSHIPS

How would you describe your child?
Has your child had any previous group care experience?
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/her emotions?
Does your child have any fears? (The dark, animals, etc.)
How do you comfort your child?
How does your child comfort him/herself? (Thumb-sucking, nail biting, etc.)

How do you discipline your child?

Have there been any major events/changes in your family life in the past year? (moving, deaths, divorce, births)

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

EATING HABITS

Does your child have any food allergies? If there is a food allergy an individual Health Care Plan (IHCP) is required.

Describe your child's general attitude toward eating.

Does your child have any favorite foods?

Does he or she refuse certain foods?

Does your child feed him/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 ever reluctant to use the bathroom?

Does your child have accidents?

Does your child wet the bed at nap or nighttime?

Does he/she wear a diaper for nap or nighttime?

Child's Name: _____

SLEEPING HABITS

Does your child take naps?	From:	To:
When does he/she go to bed at night?	Wake in the morning?	
Describe your child's bedtime needs and/or routine. (Story, dolls, etc.)		

CHILD'S DAILY SCHEDULE

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

ADDITIONAL INFORMATION

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

Parent/guardian signature: _____ Date: _____



Child's Name: _____

West Suburban YMCA
Live Y'ers Preschool Program
Preschool Center for Youth Development

Transportation/Release to and from Program Plan

Required by the Commonwealth of Massachusetts
Department of Early Education and Care

Child's Name: _____

<i>ARRIVAL</i>	<i>DEPARTURE</i>
<p>My child will arrive at the YMCA program by:</p> <p>_____ Parent/Family/Guardian Drop-Off</p> <p>_____ Other</p> <p>Please Specify: _____</p>	<p>My child will depart the YMCA program by:</p> <p>_____ Parent/Authorized Release Pick-Up</p> <p>_____ Other</p> <p>Please Specify: _____</p>
<p>Arrival Time: _____</p>	<p>Departure Time: _____</p>

Parent Guardian Signature: _____ Date: _____



Child's Name: _____

**West Suburban YMCA
Live Y'ers Preschool Program
Preschool Center for Youth Development**

Child's Medical Information Form

Child's Name: _____ Date of Birth: _____

Medical History			Please write "NONE" if there are none		
Allergies	Reaction	Treatment			
Special Disabilities/Needs/Chronic Health Conditions		Current Medications			
			Yes	No	
		Home	-----	_____	
		Program	_____	_____	
Emergency Medical/Dietary Information/Religious Restrictions					
Behavioral Issues					
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	Address	
Child's Dentist	Phone	Address	

Medical Treatment Consent

I hereby authorize 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 nearest hospital for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

**West Suburban YMCA
Live Y'ers Preschool Program
Preschool Center for Youth Development**

Medical Form

*This form must be completed by the child's physician and updated annually, A copy of the doctor's physical form will suffice.

Child's Name		Child's Address			
Gender	Date of Birth	Examination Date			

IMMUNIZATION RECORDS

Immunizations:	Date	Date	Date	Date	Date	Date
DTP/DTP Booster						
Hepatitis B						
HIB						
MMR						
Polio/Polio Booster						
Tetanus						
Tuberculin						
Chicken Pox						
Varicella						
Lead (yearly to age 4)						
Other						

MEDICAL HISTORY

Please indicate YES or NO, giving approximate dates.		
Asthma	Epilepsy	Measles
Bronchitis	Fainting	Mumps
Convulsions	Frequent Colds	Rheumatic Fever
Diabetes	Hearing Problems	Tuberculosis
Ear Infections	Heart Disease	Other
Allergies/Health Conditions (If none, write NONE)	Reaction	Treatment
Current Medications/Treatments (If none, write NONE)		
List operations, broken bones or other serious injuries. Please include dates. (If none, write NONE)		
List any disabilities, chronic medical or dietary conditions which require restrictions, special consideration or care by the child care/camp provider. (If none, write NONE)		
List any concerns about the child's behavior and/or emotional well-being. (If none, write NONE)		

Parent/Guardian Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

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: _____

Name of Child:	Date:
Any change to the child's Health Care Plan? <div style="display: flex; justify-content: space-between;"> YES (indicate changes below) NO (updated physician/parental signature required) </div>	
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 that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner (Please print) _____

Licensed Health Care Practitioner authorization: _____ 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 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 contents and requirements of the child's Individual Health Care Plan 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 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's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____



Child's Name: _____

West Suburban YMCA
Live Y'ers Preschool/Preschool Center for Youth Development
Commonwealth of Massachusetts
Department of Early Education and Care

Medication Consent Form 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please \checkmark one of the following: Prescription _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Tropical Non-Prescription (applied to open wound/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/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner: _____

Child's Health Care Practitioner _____ Date: _____

I, _____, (parent or guardian) gives
Print name

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

Parent/Guardian Signature: _____ Date: _____

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