

Welcome to the YMCA Preschool



We build strong kids, strong families, strong communities.

Included in this packet are the following:

- **Medical Requirements**
- **Parent Contract**
- **Financial Contract**
- **Medical/Emergency Release**
- **Swim Program**
- **Picture Release Form**
- **Emergency Contact/Release Information**

REMINDERS

- ***Physical exams and immunizations must be submitted prior to enrollment**
 - ***Lunch including a drink**
 - ***On swim days please have your child wear swim suit (either Weds. Or Thursday)**
 - ***No toys from home unless Show and Tell day**
 - ***Bring a small blanket and pillow for nap**
 - ***Call the center if your child will be absent or late**
 - ***Bring an extra set of clothes**
- ***Any questions please feel free to call the center at (978) 454-7825 ext. 23**

Date of admission: _____

Age at admission: _____

Child's Face Sheet

Child's Name _____ Date of Birth ____/____/____

Home Telephone: () _____ - _____

Home Address _____ City _____ State _____ Zip _____

Primary Language _____

Eye Color _____ Hair Color _____ Weight _____ Height _____

Skin Color _____ Sex: M F

Identifying Marks _____

Allergies: _____

Parent/Guardian Information

Parent/GuardianName: _____ Parent/GuardianName: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone:() _____ Home Phone: () _____

Cell phone:() _____ Cell Phone: () _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Telephone:() _____ Business Phone: () _____

Hours at Work: _____ Hours at Work: _____

If parents cannot be reached in an emergency please list two people that can be contacted.

Name _____

Name _____

Address _____

Address _____

Relationship to child _____

Relationship to Child _____

Cell/daytime Telephone (____) _____

Cell/daytime Telephone (____) _____

Parent Signature

Date:

Developmental History and Background Information

*Regulations for licensed child care facilities require this information to be on file to address the needs of children while in their care.

Child's Name _____ DOB ____/____/____

Developmental History

Age began sitting? _____ Crawling? _____ Walking? _____ Talking? _____

Any speech difficulties? _____

Special words used to describe child's needs:

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities:

Allergies (asthma, hay fever, insect bites, medicine, food reactions)

Regular Medication taken: _____

Eating Habits:

Special characteristics or difficulties: _____

Favorite Foods: _____

Foods Refused: _____

Child Eats with: Hands _____ Fork _____ Spoon _____

Toilet Habits:

How does your child indicate their bathroom needs? (include special words) _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

Sleeping Habits

Does your child become tired or nap during the day? (include when and how long?) _____

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

Describe any special characteristics or needs at nap time. (i.e. stuffed animal, special blanket, story, mood, etc.)

Social Relationships

How would you describe your child? _____

Previous experience with other children/daycare _____

Reaction to strangers: _____ Ability to play alone: _____

Favorite toys or activities: _____

Any fears: (i.e. dark, animals, etc.) _____

Behavior Management or discipline at home: _____

Describe your child's schedule on a typical day: _____

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

Is there any other important information you would like us to know about your child?

Parents Signature



Swim Program

The swim program is run in cooperation with the Aquatics Department under the direction of Laura Darling. The children swim for ½ hr. per week on either Wednesday or Thursday. There are 1-2 instructors in the pool at a time with the children and the classroom teacher remains on the pool deck with the class. A lifeguard is on duty at all times. The children who unable to swim without a flotation are required to wear a bubble. The children work on their PIKE, EEL, and RAY requirements under the National YMCA guidelines.

I give permission for my child _____ to participate in the Greater Lowell YMCA swim program.

Parent/Guardian Signature

Date

Picture Release Form

I hereby give permission to the Greater Lowell Family YMCA or local newspaper to photograph my child _____, and to put the finished slides/photographs in local newspapers or presentations of the YMCA programs to be used for public information and YMCA promotion.

Parent/Guardian Signature

Date

Gym Program

The YMCA Preschool provides ½ hour of our gym program. Activities and equipment are provided by the YPreschool and the Sports & Youth Director of the YMCA. Activities include but are not limited to parachutes, bouncing balls, hula hoops, obstacle courses, basketball, soccer, and other creative games and activities. This program emphasizes gross motor development, self-esteem, team building, cooperation and coordination.

I give permission for my child _____, to participate in the Greater Lowell Family YMCA Preschool Gym Program.

Parent Signature

Date

Greater Lowell YMCA Preschool Medical Requirements

Dear Parent/Guardian,

The Office for Children regulations state that each child admitted to the Preschool **MUST** have the following medical record:

1. A written statement from a physician or Mass Health Form which indicates that the child has had a complete physical examination within one year prior to admission. The physical examination will be valid for one year from the date the child was examined and shall be renewed annually thereafter.
2. Children under the age of six years old **MUST** have a statement signed by a physician or an employee of a health care agency stating that the child has been screened for lead poisoning, or obtain one within a month of admission to the program.
3. A physician's certificate that your child has been successfully immunized against diphtheria, tetanus, perussis, poliomyelitis, and measles in accordance with the current Department of Public Health's recommended schedule.

These medical papers are due three days prior to the child entering the preschool program. If your child is due for a physical during the school year, ask the Director for a new Mass Health Form to be filled out at that time.

Please note the new regulations regarding the lead poisoning screening and have this done at the time of the child's physical or before they begin the program.

I have read the above medical requirements and understand my child cannot begin the Preschool Program until all the above requirements have been met.

Child's Name _____
(Please Print)

Signature of Parent/Guardian _____ Date _____

Greater Lowell Family YMCA Preschool Program Emergency Information

Child's Name _____ DOB _____

Home Address _____

Home Phone () _____

Instructions to Reach Parent/Guardian

1. _____
(Name, Address, Business Phone, Cell Phone, Home Phone)

2. _____
(Name Address, Business Phone, Cell Phone, Home Phone)

3. _____
(Name, Address, Business Phone, Cell Phone, Home Phone)

Emergency Contact (in case Parent/Guardian cannot be reached)

*I hereby authorize for my child to be released to the following persons:

1. _____
(Name, Address, Business Phone, Cell Phone, Home Phone)

2. _____
(Name, Address, Business Phone, Cell Phone, Home Phone)

3. _____
(Name, Address, Business Phone, Cell Phone, Home Phone)

Pediatrician

Doctor: _____ Address/Phone _____

Medical Treatment:

I hereby give permission to YMCA Preschool to administer basic first aid and/or CPR to my

child _____. If necessary transport my child to the nearest medical facility or

_____ when I cannot be reached or when delay would be dangerous to my child's

health.

Insurance Information (optional):

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

Parent Signature

Date

Greater Lowell Family YMCA Preschool Program Parent Contract

In order to provide a safe and structured program, we ask that you become familiar with and adhere to our policies. The following is a highlight of the policies that are most critical to our program.

Drop-Off and Pick-Up Policy

- Parents/guardians must walk their child into the room and sign in each morning.
- Parents must sign in and sign out their children at drop off and pick up times. This is a state law and must be followed. Children **will not** be released to any person that is not on the pick up list, unless otherwise noticed by the parent or guardian.
- If child is picked up after our closing time of 6 p.m. the parent will be charged a **late fee of \$1.00 a minute**. It is extremely important that your child is picked up by closing time.

Vacations

- Two weeks vacation time is given per school year (September-August)
- An advance notice in writing must be made to the Preschool Director if your child will be out and you would like to use your vacation time.
- Please note vacation days cannot be taken separately.

Payments

- First week's tuition payment must be made before your child begins the program.
- **Tuition is due one week in advance on Friday.**
- Tuition can be paid; weekly, bi-weekly, or monthly. Please be sure to let the Preschool Director know how you will be making your payments.
- The YMCA Preschool Program reserves the right to terminate a child from the program due to failure to pay their outstanding balance.
- Tuition payments are due based on the number of days your child is registered for, regardless whether they attended preschool or not, including holidays and snow days.

Miscellaneous

- Your child must have an extra set of clothes in their cubbies (shirt, pants, underwear, socks)
- During rest time your child may have a special sleeping toy, small pillow, and blanket. It must be able to fit in their cubbies and labeled with their name. Their blanket and pillow must be taken home with them on Fridays.
- All toys and valuables must be left at home except for your child's show and tell day.
- The YMCA will not be responsible for any lost, stolen, or broken items from home.

Please be sure to check out our Parent Board on a Weekly Basis for new things going on!!!!

I have read understand the YMCA Preschool Handbook and Rules and agree to adhere to all of the above stated policies.

Parent Signature

Date