

Merrimack Valley YMCA
2009– 2010 Group Day Care Registration Form

(Do not tear pages out of this registration packet.)

Andover/ North Andover Branch

Lawrence Branch

Methuen Branch

Child's Name: _____ Gender: _____ Age at Admission: _____

Home Phone #: _____ Date of Birth: ____/____/____ Place of Birth: _____

Family E-Mail Address: _____ Social Security #: _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Information

Name: _____

Relationship: _____

Home Address: _____

Home Phone #: _____

Cell Phone/Beeper: _____

Employer: _____

Occupation: _____

Employer City: _____

Work Phone #: _____

Work Hours: _____

Name: _____

Relationship: _____

Home Address: _____

Home Phone #: _____

Cell Phone/Beeper: _____

Employer: _____

Occupation: _____

Employer City: _____

Work Phone #: _____

Work Hours: _____

Emergency Contacts (EC) & Alternate Pick up Person (APP): You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or for some reason you could not pick up your child & were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for positive identification from anyone unfamiliar to us.

#1 Contact Name: _____

Relationship: _____

Address: _____

Phone #: _____ EC ___ APP ___

#3 Contact Name: _____

Relationship: _____

Address: _____

Phone #: _____ EC ___ APP ___

#2 Contact Name: _____

Relationship: _____

Address: _____

Phone #: _____ EC ___ APP ___

#4 Contact Name: _____

Relationship: _____

Address: _____

Phone #: _____ EC ___ APP ___

The following people are **NEVER** allowed to pick up my child (If this is a custody issue, you must provide the Child Care Director a copy of court documents.):

1. _____ 2. _____

Medical Information

Child's Physician: _____ Phone #: _____

Physician's Address: _____

Child's Dentist: _____ Phone #: _____

Dentist's Address: _____

Health Insurance Carrier: _____ Policy #: _____

List chronic conditions, dietary restrictions, or medications: _____

List any allergies, reactions, and treatment: _____

Identifying Information:

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks: _____ Primary Language: _____

I give my permission to the YMCA to publish my child's name and photograph in YMCA brochures, newspapers or other publications.

_____ Yes _____ No (If Yes, Initial _____)

I give my permission for my child to attend instructional classes and /or recreational swims at the _____ YMCA.

_____ Yes _____ No (If Yes, Initial _____)

Transportation Plan

My child will arrive at the program with a parent or his/her designee and will depart from the program with a parent or his/her designee. Teachers will ask for a photo identification card until they become familiar with person(s) picking up.

Any other transportation request must be stated in writing and maintained in the child's file or the above plan must be implemented. This transportation information is valid for the entire school year unless we are notified otherwise by the parent/guardian in writing. **I agree to pay a late pick up fee of \$1.00 per child each minute after the program ends. I understand that if I do not pick up 30 minutes after pick up time, emergency contacts will be called.**

Signature of Parent/Guardian: _____ Date: _____

Emergency Authorization

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide first aid treatment to my child, _____, when necessary and in the event of a more serious illness or injury; I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: _____ Date: _____

2009-2010 YMCA Developmental History Form

Child's Name: _____

List any physical limitations or special situations your child has: _____

List any allergies or food intolerance that your child may have: _____

Does your child take medication(s) regularly? Yes No

If yes, please list the name of the drug, how often they receive this medication and what time it is to be given. (Please check the parent handbook regarding our policy on dispensing medication during program hours.):

List all Holidays, celebrations and occasions that your family celebrates: _____

List your child's special interests and hobbies: _____

Favorite physical activities: _____

Favorite Game/Toy: _____ Favorite TV Show: _____

Favorite Snack: _____ Favorite Book: _____

Does your child enjoy musical activities? Yes No

Does your child primarily use his/her right or left hand? Right Hand Left Hand No Preference Yet

By nature is your child:

Aggressive Shy Serious Friendly Withdrawn Easy Going

How do you reassure your child when he/she is upset? _____

Does your child nap? Yes No

How does your child get along with other children? _____

Does your child prefer to play alone or with other children? _____

Do you feel your child will adjust easily? Yes No If no, why? _____

Does your child demand a lot of attention? _____

Is your child the only child in your family? Yes No If no, do they all reside in your home? Yes No

Please list siblings & ages: _____

How does your child show:

Happiness _____

Anger _____

Disappointment _____

What do you find is the best way to effectively deal with inappropriate behaviors? _____

Who does the disciplining in your family? _____

At what age was your child toilet trained? _____ Does your child have accidents? ____ Yes ____ No

What special words does your child use to describe bathroom needs? _____

Is your child frightened by:

____ Animals ____ Loud Noises ____ New Situations ____ Storms Other _____

Has your child attended swimming lessons? ____ Yes ____ No If yes, was it at this YMCA ____ Yes ____ No

Does your child like or dislike the water? ____ Like Water ____ Dislike Water

What are your goals for your child while in this program? _____

Are there any situations or circumstances involving your child that the staff should be informed of? _____

Would you, as a volunteer, be willing to do any of the following:

- ____ Share a talent or your profession
- ____ Reading stories
- ____ Take classroom pet home during Holidays
- ____ Participate in YMCA ROFY Phone A Thon
- ____ Teacher's Helper
- ____ Other _____

(The above information will help us better understand your child's need.)

Additional Comments

For Office Use Only

Admission Date: ____/____/____ Physical Date: ____/____/____ Age at Admission: _____

Membership Type: _____ Membership #: _____

YMCA Program/Classroom: _____

Director's Signature: _____ Date: _____

**Merrimack Valley YMCA
Andover/North Andover Branch**

**Preschool Enrichment Program
Miscellaneous Policies
2009-2010**

The Preschool Enrichment Program reserves the right to dismiss any child whose actions or behavior interferes with the safety and or enjoyment of planned activities.

1. I agree to pay a \$50.00 non-refundable, non-transferable registration fee per child per school year that my child is registered in the Preschool Enrichment Program.
2. I have read and understand the Handbook of the YMCA Preschool Enrichment Program and agree to abide by the policies and cooperate with the staff to help ensure a positive school year for my child.
3. I understand that my child is able to participate in the YMCA Preschool Enrichment Program and will abide by the program rules.
4. I give permission to the Merrimack Valley YMCA to have and use photographs, slides, and videos of my child as needed for YMCA records and for public relation programs.
5. I understand that the Preschool Enrichment Program ends at Noon for the ½ day program, 3:00pm for the full day program, and 6:00pm for the extended day program. I agree to pick up my child by the time the program ends based on my registration and I understand that I will be charged \$1 per child for each minute that I am late.
6. I understand that tuition is due on the 25th of every month for the following month. I understand that a late fee of \$25 will be charged to my child's account and that continual late or non-payment of tuition will put my child's slot in the program in jeopardy. A \$25 return check will be incurred for any check returned by the bank for any reason.
7. I understand that the Preschool Program runs according to the Andover/North Andover Public School Calendars. Therefore, there is no program on holidays or during vacation weeks. Preschool calendars are given out at the beginning of the school year. If the Andover/North Andover Public School cancels for any reason than the Preschool Enrichment Program will also be cancelled.
8. I understand that any changes in registration after the first day the program begins must be made in writing two (2) weeks in advance to the book keeper. I understand that all changes are not effective until approved by the Child Care Director and that I am responsible for all tuition fees until the change becomes effective. I agree to pay a \$10.00 change charge for each change made to enrollment after initial registration.
9. I give permission for my child to attend YMCA instructional and recreational swims. I understand that during swim time my child will be under the direction of the YMCA certified lifeguard staff. The preschool staff will remain on the pool deck during swim lessons. I also understand that swimming is a part of the Preschool Enrichment Program and that if my child is well enough to attend school then my child will be expected to attend swim lessons.
10. I give permission for my child's name and address to be published in a Preschool Class Directory to be distributed only to families enrolled in the Preschool Enrichment Program.
11. Upon program completion or withdrawal from the program, if my account is not current I understand that the Merrimack Valley YMCA will turn my account over to a debt collection agency.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Social Security #: _____ Parent/Guardian Date of Birth: ____/____/____