

Dear Parents,

Thank you for choosing the YMCA Preschool for your child! Our program seeks to prepare your child for his/her future. Any child, age three (3) by December 1, to five (5) years of age is welcome.

At the Y, our goal is to provide your child with experience in four different areas, to prepare him/her for his/her school experience.

The first of these areas is **Christian** development. Objectives in this area are:

1. Encouraging faith through prayer, worship and the exploration and discovery of God's word and world.
2. To know that God loves each child deeply.
3. Relating Bible stories to life today.

The second areas is **social**. Objectives in this area are:

1. To accept others as authority figures.
2. To follow directions.
3. To play and associate with other children.
4. To gain confidence in himself/herself.
5. To obey rules.
6. To extend attention span.
7. To develop friendships.
8. To learn peaceful resolution of conflicts

The third area is **academic**. Objectives in this area are:

1. Verbal expression before a group.
2. The ability to listen effectively.
3. The basic concept of number systems.
4. Readiness skills for arithmetic and reading.
5. Basic social studies skills involving knowledge of the world around him/her.

The fourth area is **motor development**. Objectives include

1. Holding and directing of pencils, crayons and brushes.
2. Manipulation of scissors.
3. Gross Motor skills such as running.
4. Basic water skills.

Our classes start the first Monday after Warsaw Central begins, and follows the Warsaw school calendar and school closings (due to weather and unexpected reasons) unless otherwise specified. At the present time, we offer a 4 or 5 day program for our three and four year olds from 8:30-11:20 AM. At the time of registration, we require a completed application, and a \$50 deposit. We are also requiring that you choose your child's days of attendance at this time. No child will be enrolled without all the required pieces.

We are excited to have your child join us at the YMCA. Please fill out the enclosed application and return it, along with the deposit and a copy of your child's immunization record, to the front desk. Please call us if you have any questions.

Sincerely,

The YMCA Preschool Team

## **IMPORTANT INFORMATION:**

**ATTENDANCE:** If for any reason your child cannot attend his/her preschool class or is going to be late, please call your child's teacher or the YMCA at 786-2880 and leave a message.

**BIRTHDAYS:** Birthdays are celebrated as close to your child's birthday as possible. If you would like, you may sign up to bring a snack for your child's birthday or send a take home treat. Please let your child's teacher know when you would like us to celebrate, so we can make your child's day special! Summer birthdays will be celebrated in May or early June.

**BOOK CLUB:** The YMCA participates in the Scholastic Book Club. Once a month you will receive an order form of books at below cost that can be ordered for your child. You are under no obligation to participate.

**CHANGES IN INFORMATION OR PICK-UP:** Our policy is that ALL changes in address, phone number, emergency contact or pick-up must be made in writing. This is for the protection of your child. We will NOT release your child to anyone who is not on our pick-up list without written consent.

**CLOTHING:** "Play is a child's work". Preschool is a place for safe and comfortable play clothes and sneakers. We will go outside when weather permits. In the winter, please remember to send sneakers or shoes if your child wears boots.

**FIELD TRIPS:** Parents will be notified in advance of scheduled field trips.

**ILLNESS:** If your child has been sick or has had a fever during the night before or the morning of school, please keep your child home. For the protection of all students, please do not send your child to school if your child has any of the following:

- Fever
- Staph or strep infection under treatment for less than 24 hours
- Severe croup or cough
- Contagious disease or head lice
- Conjunctivitis (pink eye) under treatment for less than 24 hours
- Covid-19 symptoms or exposure
- Stomach Bug

To return to class, child must be free of symptoms for 24 hours. For Covid, please follow separate Covid protocol. This helps promote a healthy classroom.

**POTTY TRAINING SKILLS:** Children enrolled in Preschool must at least be in the process of potty training.

**SCHOOL CLOSURES and VACATIONS:** Our Preschool follows the Warsaw Central School calendar. When the weather is bad our closure policy is as follows: When Warsaw closes school due to weather, we are also closed. If Warsaw has a ONE hour delay, we will begin school one hour later than usual. If Warsaw has a TWO hour delay, we will be closed for the day.

**SNACKS:** Each month there will be a new snack calendar outside our door. Please sign up to provide a snack for the class.

**SUPPLIES:** You will receive a list of supplies needed from your child's teacher before school starts.

**SWIMMING:** Swimming is an important part of the YMCA Preschool programs. Swim lessons start in October.

**TOYS FROM HOME:** Please discourage your child from bringing toys from home to school. No guns, war toys or violent action figures should ever be brought to school.

## YMCA Tuition Policy

The yearly tuition for YMCA is outlined below per child for our three-year-old program and our four-year-old program. For your convenience, we offer 2 payment options. You may choose to have your monthly payment automatically withdrawn from your checking or savings account or you may pay in full upon registering.

1. Payment of full year's tuition, made by cash, check or credit card. Please note that we **only** accept MasterCard and Visa.
2. Automatic Monthly Deduction. If this option is chosen, *The Electronic Funds Transfer Authorization Form* must be completed. The transfer date is the 15<sup>th</sup> of each month. If choosing this option, a deposit of one month's tuition is required at registration. Automatic drafts will be September 2021 through June 2022.

This policy holds regardless of the number of days your child may be absent or away on vacation per month.

The YMCA offers scholarship assistance for families in need of assistance for their child to attend preschool. Scholarship assistance applications are available at the front desk. Scholarship assistance is granted based on the available resources of the YMCA.

Checks should be made out to: The YMCA

Days	Current 2021-2022 Participants Full Year Tuition: Member/Non Members One Payment Option  **ONLY IF REGISTERED BY APRIL 12 <sup>th</sup> **	Current 2021-2022 Participants Monthly Tuition: Member/ Non Member Auto Deduction Option  **ONLY IF REGISTERED BY APRIL 12 <sup>th</sup> **	Full Year Tuition: Member/Non Members One Payment Option	Monthly Tuition: Member/ Non Member Auto Deduction Option
4 Days	\$2100/\$2300	\$210/\$230	\$2200/\$2400	\$220/\$240
5 Days	\$2200/\$2400	\$220/\$240	\$2300/2500	\$230/\$250

The YMCA reserves the right to terminate a child's enrollment if it is in the best interest of the child or the school. Parents who enroll their child after September will be required to pay their child's first month of tuition and the deposit, upon admission.

***Electronic Funds Transfer Authorization Form***

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The YMCA is pleased to offer Electronic Funds Transfer for payments of several Youth Programs. To enroll in the YMCA electronic funds transfer program, please complete the following information and return it with your other registration materials.

Participant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program Fee: \_\_\_\_\_

Initial Payment: \_\_\_\_\_

Total Balance Due: \_\_\_\_\_

Date of first draft: 9/15/2022

Monthly Draft Amount: \_\_\_\_\_

Date of last draft: 06/15/2023

**Electronic Funds Transfer Authorization**

I authorize my financial institution to honor pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fees:

I understand that:

- My account will be debited on or after the **15th** day of each month based on the bank draft schedule above. Funds will be withdrawn from my bank account on a continuing basis and will cease on the date as stated in the bank draft schedule above. I further agree to provide the GLOW YMCA written notice, 14 days prior to the draft date, of any changes or any intent to cancel program participation. ***Changes or cancellations cannot be made by telephone.***
- I understand and agree that if any payment does not clear my bank account, I will pay a \$30.00 service fee. If I do not reimburse the GLOW YMCA in full by the next pre-authorized withdrawal, I understand that program participation will be denied unless special arrangements are made.

\_\_\_\_\_  
Account Holder signature

\_\_\_\_\_  
Date

Attach voided check from the appropriate bank account here

**YMCA PRESCHOOL REGISTRATION FORM**

Registration Date \_\_\_/\_\_\_/\_\_\_

Class: 3 year old \_\_\_\_\_ 4 year old \_\_\_\_\_

Days: Monday\_\_ Tuesday\_\_ Wednesday\_\_ Thursday\_\_ Friday\_\_

Full Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male or Female (circle one)

Home Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's name \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment (if any) \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

Father's name \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment (if any) \_\_\_\_\_

Work phone \_\_\_\_\_

Email \_\_\_\_\_

**Alternative Contact/Authorized Pick-Up:**

Please provide the names of people we can contact in the event we cannot reach you.

Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?
Name:	Home Phone:	Alternate Phone:	Relationship to child:	<input type="checkbox"/> Emergency Contact?	<input type="checkbox"/> Pick-up Authorization?

Are there other children in the family?

Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Age \_\_\_\_\_  
 Age \_\_\_\_\_  
 Age \_\_\_\_\_  
 Age \_\_\_\_\_

Does anyone else live in your household?

Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_

Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_

Babysitters Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Will your child be going directly to this person's home after school? \_\_\_\_\_

Babysitter's address: \_\_\_\_\_  
 \_\_\_\_\_

Please fill out this questionnaire and help us get to know your child.

1. Child's Name \_\_\_\_\_
2. Child's Nickname, if any \_\_\_\_\_
3. What hobbies or special interests does your child have?  
\_\_\_\_\_
4. Favorite TV Show? \_\_\_\_\_
5. Is your child inclined to lead or follow? \_\_\_\_\_
6. Can your child follow simple directions? \_\_\_\_\_
7. Does your child make new friends easily? \_\_\_\_\_
8. Have you recently moved? \_\_\_\_\_ Do you plan on moving soon? \_\_\_\_\_
9. What type of discipline do you use at home? \_\_\_\_\_
10. What fears, if any, does your child have? \_\_\_\_\_
11. How does your child express anger/frustration? \_\_\_\_\_
12. If your child is upset, what is the best way to help them? \_\_\_\_\_
13. Does your child like to swim? \_\_\_\_\_
14. Is your child able to care for him/herself completely in the bathroom? \_\_\_\_\_
15. Does your child have any responsibilities at home? If yes, please name them  
\_\_\_\_\_
16. Is your child  
right or left handed? \_\_\_\_\_
17. Does your child know how to use scissors? \_\_\_\_\_
18. Do you have any concerns regarding your child's speech or development?  
\_\_\_\_\_
19. Anything else we should know:

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**Child Health Form**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

\_\_\_\_\_

**Please be sure to include your child's vital medical information.**

Does your child have any chronic illnesses that require medication or specific precautions, such as asthma or allergies? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any surgeries or hospitalizations that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any speech or developmental screenings? If so, what did they show?

\_\_\_\_\_

Does your child require any significant adaptations to our classroom that would benefit his/her learning? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**\*\* All immunizations must be up to date. Please attach a copy of your child's immunization records to your application.**

In the event of a medical emergency, if the YMCA is unable to reach me or my emergency contacts, I give the YMCA permission to provide appropriate medical help to my child.

\_\_\_\_\_  
Parents Signature



**PARENT/GUARDIAN AGREEMENT**

I understand:

- I must notify the YMCA staff immediately of any changes on this form.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring transportation, medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. I am responsible for the cost of all medical treatment and care.
- Participants in programs at the GLOW YMCA assume all risks of injury arising out of his/her presence in a YMCA program.
- Use of the YMCA's equipment and facilities, and participants in activities at the YMCA, on field trips and outdoors whether on its premises or at another location, and for myself and my heirs and assigns, hereby waive, release and agree to hold free from all its claims for damage, the YMCA and its officers, directors, members, employees or agents.
- My child is physically capable of participating in the Preschool Program.
- I have provided the YMCA with complete and accurate information to properly care for my child's needs.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- 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.
- Administration of medicine (Example: Epi Pen) during the Preschool Programs is strictly prohibited unless prior arrangement is agreed upon between the Parent and Preschool Director.
- YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have read the YMCA Preschool Parent Handbook and agree to the policies and procedures stated within the handbook.
- My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
- The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, or newspaper releases. I will not be informed or reimbursed for such photographs.
- The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.

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MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_