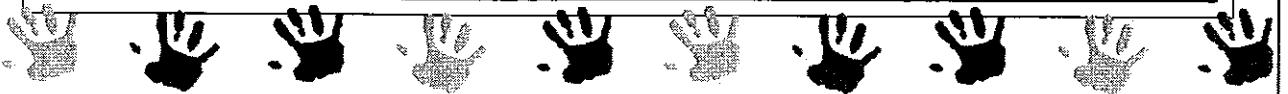


Y PRESCHOOL REGISTRATION



First Name: _____ Last : _____ Middle Initial: _____

Preferred First Name: _____ Gender M or F

Mailing Address: _____ Apt.#: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Date of Birth: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

DROP OFF AND PICK UP POLICY

- ⇒ It will be assumed that the parents listed above will be able to pick up the children unless otherwise noted on the **NOT ALLOWED TO PICK UP line below.**
- ⇒ **Drop off** should occur between 8:15-8:30 am for morning classes, or 12:00-12:15 pm for afternoon classes. Whomever drops off the child must sign verifying that they are now Under preschool supervision for the day.
- ⇒ Pick up will run 12:00-12:15pm for the Kindergarten Readiness Class, 11:00-11:15 am for other morning classes, and 2:45-3:00 pm for afternoon. Only those listed below with and ID, as well as the parents, will be able to take children from camp at the end of the day.
NO EXCEPTIONS.
- ⇒ Those on the **DO NOT PICK UP** list will be allowed **absolutely no contact** with the child. The parent will be notified immediately should they attempt to remove the child from camp.

These people **MAY** pick up my child: _____

These people **CANNOT** pick up my child: _____



MEDICAL INFORMATION

1. Does your child have asthma? Yes please continue to question 2.
 No skip question 2 and proceed to 3.
2. Does your child have an inhaler? Yes, my child has an inhaler and will bring it to camp.
 No, my child does not require an inhaler.
 * * * * *
3. Is your child allergic to ANYTHING? Yes, my child is allergic to _____
 _____ . Proceed to question 4.
 No, my child is not allergic to anything. Skip question 4.
4. Does your child have an epi pen for his/her allergy?
 Yes, my child has an epi pen and will bring it to camp.
 No, my child does not require an epi pen.
 * * * * *

Child's Doctor's Name: _____ Phone Number: _____

If the YMCA should have to transport my child to a hospital for any reason, I would prefer that they take him/her to _____ Hospital. (ex: Harrison County, Floyd Memorial)

EMERGENCY CONTACTS

⇒ In the event of an emergency we will always contact the parents first; however, if we are not able to reach either parent we will contact the following people.

Name: _____ Name: _____
 Relationship to Child: _____ Relationship to Child: _____
 Home Phone: _____ Home Phone: _____
 Alternate Phone: _____ Alternate Phone: _____

FOR OFFICE USE ONLY

Date: ____/____/____ Class Enrolling: _____ AM or PM (if applicable)

Today's Payment Method: Check -# _____ Cash Credit Card AMEX VISA MC DISC

Open Doors Yes or No % = _____ Amount Paid Today _____

Date: _____ Staff Name: _____



PRESCHOOL PAYMENT AUTHORIZATION AGREEMENT

**Payments will be drawn automatically on the 1st of each month.
Please select which option below best suits you.**

Payment Options:

I am already a member that is billed monthly, so I will not be providing billing and would like to use the account that the YMCA already has saved to pay for my child's preschool class. I realize all Y Preschool payments will be drawn on the first day of each month, unlike my membership which draws on the 15th.

* * * * *

I am not a member, or am a member who pays annually, and not billed monthly; therefore, I have provided **billing information on the BLUE BILLING SHEET to allow the YMCA to schedule payments** for the the balance to be drawn on the 1st of each month of Y Preschool.

YMCA Preschool Monthly Draft Agreement

It is my complete understanding that if I wish to terminate or change my child's preschool class in any way, I must give written notice to the YMCA by the 20th of any month week to stop payment or drop from the class. The YMCA Board of Directors may, at their discretion, adjust the monthly rate of Y Preschool applicable to my category of enrollment. Should any monthly preschool payment not be honored by my credit card or my bank, for any reason, I realize that I am still responsible for that payment plus a \$20 service charge applied at the YMCA. This is in addition to any service fee my credit card company or bank may apply.

In consideration of my participation in the activities of the YMCA of Harrison County, and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions and claims of negligence that I or my heirs, executors, trustees, agents, employees, representatives, successors, assignees and affiliates for death, injury loss, and any and all damages that my child may sustain and/or suffer in connection with any participation. I also agree to indemnify the YMCA of Harrison County for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from participation in this program. I am legally competent, and allow my child to freely participate in this activity and know the risk. The YMCA of Harrison County reserves the right to, at any time, check it's program participants, members, and non-members who may enter the facility against a listing of registered sex offenders. Any person that appears on the registered sex offender list will no longer be allowed entry to the YMCA and class participants will be removed from class immediately by the YMCA of Harrison County. Participation in preschool may also be terminated at the sole discretion of the YMCA or any of its authorized agents for failure of any guardians and/or participants to live up to the standards and commitments of being involved in Preschool Programs of the YMCA of Harrison County. I have received a copy and read the Y Preschool Agreement and by signing, I have read and agree to the above statement as well as the Code of Conduct on the back, and authorize the YMCA of Harrison County to initiate credit card or bank draft payment to my account on the first day of each month.

Printed Name:

Drivers License Number

Household Representative Signature

Date

Y PRESCHOOL CODE OF CONDUCT



The YMCA is committed to providing a safe and welcoming environment for all members, program participants, and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs. We expect persons using the YMCA of Harrison County to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Code of Conduct outlines prohibited action, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in programs.

- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive, or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling, or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person.
- Theft or behavior that results in the destruction or loss of property.

Preschool has a three strikes policy regarding discipline. However, the YMCA is determined to be a fun and safe environment for all its participants; therefore, if any of the above acts are committed, according to the severity of the problem, preschool management reserves the right to dismiss children from preschool immediately if necessary. Any child dismissed from preschool completely may not attend any preschool activities for the remainder of the calendar year.

Video recorders, cameras, or any other visual recording devices are not allowed within the YMCA without the express written consent of the Executive Director. Some cell phones now have the capacity to take pictures. To protect the members and guests from unauthorized photos, the YMCA has developed a policy of limiting the use of cell phones to the front lobby. Use of cell phones through the rest of the facility is prohibited, and may lead to suspension or termination of YMCA privileges. Anyone caught taking pictures of another person without their permission or knowledge will be prosecuted to the fullest extent of the law by the YMCA and may lead to the termination of services. In addition, electronics of any kind are prohibited at preschool. If these items are brought to class they will be confiscated and returned to the parent at the end of the day.

YMCA of Harrison County staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. Teachers, assistants, and the Child Care Director are always available to talk to parents and/or students if necessary. Please let preschool staff know if you would like to talk to someone and a meeting can be arranged as soon as possible for all parties involved.

I understand that any violation of this Code of Conduct by anyone picking up or dropping off my child, as well as my child, may result in termination of membership, preschool participation and/or visiting privileges to the YMCA of Harrison County.

HISTORY OF IMMUNIZATIONS & TEST (indicate month/day/year)

	1	2	3	4	5
DTP/DT/Td					

	1	2	3	4	5
TOPV					

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2	3	4
Hib				

Intradermal TB Test:	_____	
	(date)	(result)

NOTE: To be considered adequately immunized a child of age twenty-four months should have received four DTP inoculation, three trivalent oral polio feedings, and one inoculation against measles, mumps, and rubella and at least 3 H. vaccinations. An intradermal tuberculin skin test must also have been performed and read.

Name of Physician Completing Form: _____ Phone Number _____
 (Please Print)

Physician's Signature _____

ADDITIONAL NOTES AND INSTRUCTIONS

