

We build strong kids, strong families, strong communities.

Y'S BEGINNINGS
Toddler • Adult-Tot • Pre-School
18 Parkside Drive, Suffern, NY 10901

2010/2011

Today's Date _____
Start Date September 2010

Child's Name _____ Nickname _____

Parent's/Guardian's Name _____

Street _____ Town _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Sex _____ Age _____ Date of Birth _____

***EMERGENCY CONTACT: (other than parents/guardians)**

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

Child's Physician _____ Telephone # _____

Does child have any food or medication allergies? Please list each one (if none, please state none):

PRE-SCHOOL REGISTRATION:

LOCATION PREFERRED: SUFFERN _____ SLOATSBURG _____

Times - a.m. session 9:00 – 11:30 - p.m. session 12:30 – 3:00 (SLOATSBURG P.M. 12:15-2:45)

(It may be necessary to stagger 2 a.m. & p.m. class arrival/dismissal times by 5 minutes in the Suffern location;
Times will be assigned by class at the beginning of the School Year).

3 Year olds - MWF a.m. _____ p.m. _____ T/TH a.m. _____ p.m. _____ 5-Days a.m. _____ p.m. _____

4 Year olds - MWF a.m. _____ p.m. _____ 5-Days a.m. _____ p.m. _____ Applying for UPK _____

TODDLER REGISTRATION:

SUFFERN LOCATION: Times - a.m. session 9:15 – 11:15 - p.m. session 12:30 – 2:30

Toddler - M/W a.m. _____ p.m. _____ Just 3's T/TH a.m. _____ p.m. _____

Adult & Tot - Fridays a.m. 9:30 – 11:00 _____ or p.m. 12:30 – 2:00 _____

To Register, please return this Registration Form, along with a Deposit of One Month's Tuition and a \$50 Processing Fee {**BOTH ARE NON-REFUNDABLE – PLEASE SEE PAGE 4 (PROGRAM PAYMENT STATEMENT)}, a copy of your Child's Birth Certificate, and a Current Immunization Record. If we already have the Birth Certificate and Current Immunization Record on file, please inform us at registration.

An \$80.00 Annual Rockland County YMCA Membership is required of all individuals to participate in any YMCA Program. All Y's Beginnings students must pay this non-refundable fee by September 1, 2010 to begin school in September.

Mother/Guardian _____ Occupation _____

Business Address _____ Bus. Phone _____

Father/Guardian _____ Occupation _____

Business Address _____ Bus. Phone _____

Are parents living together? Yes _____ No _____

List other members of household, siblings, grandparents, etc.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any physical or emotional conditions that might affect his/her participation in our activities?
Ex: Asthma, Fears, etc.

History of ear infections? Yes _____ No _____ How often? _____

Any childhood developmental delays? _____

Any other information we should be aware of? _____

Previous group experience? _____

Activities child enjoys with parents _____

Activities child enjoys with siblings _____

Describe child's favorite activities and/or toys _____

Does child have opportunity to play with other children? _____

At what age did your child sit up? _____

At what age did your child walk? _____

At what age did your child start to use single words? _____

Is your child speaking in sentences yet? _____

Has anything occurred recently in the family that has been upsetting to your child? _____

Would you be interested in joining the Y's Beginnings Pre-School & Toddler Parent's Committee? Yes _____ No _____

Y'S BEGINNINGS SPECIAL PERMISSION SHEET

CLASS LIST:

I give Y'S BEGINNINGS permission to list my child's address, telephone number and parent's names on a list, which is distributed to their class.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPH PERMISSION:

Photographs of children participating in the Y'S BEGINNINGS programs may be taken occasionally. These photographs may appear in newspapers, magazines, brochures, or other publicity materials. Your permission for photographs including your child, to be used without compensation, is part of this agreement.

Parent/Guardian Signature _____ Date _____

FIELD TRIP PERMISSION FOR PRE-SCHOOLERS:

I GIVE MY CHILD PERMISSION TO ATTEND ALL FIELD TRIPS SPONSORED BY THE Y'S BEGINNINGS PRE-SCHOOL. (Parents will be notified of the place, date, and times prior to each trip.)

NOTE: Child's parents provide transportation to and from field trip locations.

Parent/Guardian Signature _____ Date _____

FIRST AID PERMISSION:

All staff are CPR and First Aid certified. In the event that I or others listed are not available, I give my permission to the caregiver to provide first aid for my child and to take the appropriate measures including contacting the emergency medical services (EMS) system and arrange transport to the nearest medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent/Guardian Signature _____ Date _____

THE ADA LAW STATES NO INDIVIDUAL CAN BE DENIED EDUCATIONAL PRIVILEGES DUE TO A DISABILITY. I UNDERSTAND, IF NEEDED, THE Y'S BEGINNINGS TODDLER & PRE-SCHOOL MAY OBTAIN INFORMATION FROM THE SPECIAL NEEDS COUNSELOR/CONSULTANT OF THE CHILDCARE RESOURCES OF ROCKLAND TO ASSIST IN BETTER SERVING MY CHILD. THIS CONSULTANT WILL OBSERVE AND OFFER EXPERTISE IN IDENTIFYING ANY SPEECH/LANGUAGE DISORDERS, HEARING IMPAIRMENTS, BEHAVIORAL DISORDERS AND DEVELOPMENTAL DELAYS.

Parent/Guardian Signature _____ Date _____

Y'S BEGINNINGS YMCA TODDLER & PRE-SCHOOL
PROGRAM PAYMENT STATEMENT

***PLEASE NOTE:** For your convenience, the yearly fee is broken up into 10 easy monthly payments. However, you may make additional payments or pay in full if you so desire.

All payments are due the 1st of each month; Starting August 1st for 10 months. No bills will be sent.

Checks should be made payable to the **YMCA**. Please note your child's full name & program on the check.

Credit card payments can be made in person, or you may establish a monthly credit card charge. Please ask for an authorization form.

MAIL ALL PAYMENTS OR PAY IN PERSON TO:

**ROCKLAND COUNTY YMCA
91 WASHINGTON AVENUE
SUFFERN, NY 10901**

ANY PAYMENT INQUIRIES CALL (845) 357-4404.

SUFFERN LOCATION: 18 PARKSIDE DRIVE - - TODDLER & PRE-SCHOOL

ADULT/TOT	\$ 500/yearly	\$ 50.00/monthly - (1 day a week)	
2 DAYS A WEEK	\$1,950/yearly	\$195.00/monthly	**SECOND CHILD IN
3 DAYS A WEEK	\$2,450/yearly	\$245.00/monthly	PROGRAM WILL RECEIVE
5 DAYS A WEEK	\$3,350/yearly	\$335.00/monthly	A 10% DISCOUNT.

SLOATSBURG LOCATION: SLOATSBURG ELEMENTARY SCHOOL - - PRE-SCHOOL

2 DAYS A WEEK	\$1,900/yearly	\$190.00/monthly
3 DAYS A WEEK	\$2,400/yearly	\$240.00/monthly
5 DAYS A WEEK	\$3,300/yearly	\$330.00/monthly

****FINANCIAL ASSISTANCE IS AVAILABLE. PLEASE REQUEST AN APPLICATION FOR ELIGIBILITY.**

I HEREBY AGREE TO PAY:

A non-refundable deposit of one month's tuition, and a non-refundable \$50 processing fee are both due at the time of registration. The yearly tuition fee for the 2010-2011 school year is \$ _____. I agree to pay \$ _____ monthly by the 1st of each month, beginning on August 1st and ending May 1st (Total of 10 payments). The deposit will be credited to the May 2011 payment. A fee of \$10.00 will be charged for **all** late payments. There will be a \$40.00 charge for any check that is returned by the bank. No monthly notices are sent and no monthly payments are accepted at the school.

****Only if you are accepted into and attend a Y's Beginnings UPK Program will your deposit be refunded.**
Please note, the processing fee is not refundable. **

An \$80.00 Annual Rockland County YMCA Membership is required of all individuals to participate in any YMCA Program. All Y's Beginnings Students must pay this Non-Refundable Fee by September 1, 2010 to begin school in September.

I UNDERSTAND THAT: Tuition is based on enrollment and not attendance. Therefore, fees are due and payable even if my child is absent from school regardless of the reason for absence. The YMCA reserves the right to suspend services if payments fall more than **one** month behind.

I UNDERSTAND THE YMCA Board policy that accident insurance is not provided by the YMCA for participants in our programs. It is recommended that parents and children obtain their own insurance.

I AGREE AND UNDERSTAND THAT I MUST NOTIFY THE YMCA AT LEAST TWO WEEKS IN ADVANCE OF THE DATE I PLAN TO WITHDRAW MY CHILD. IF I FAIL TO DO SO, I AGREE TO PAY THE FULL TUITION FEE. THERE IS A \$15.00 BOOKKEEPING FEE ON ANY REFUND.

SIGNATURE _____

DATE _____

Parent or Guardian

CHILD INFORMATION SHEET

Child's Name

Address

City State Zip

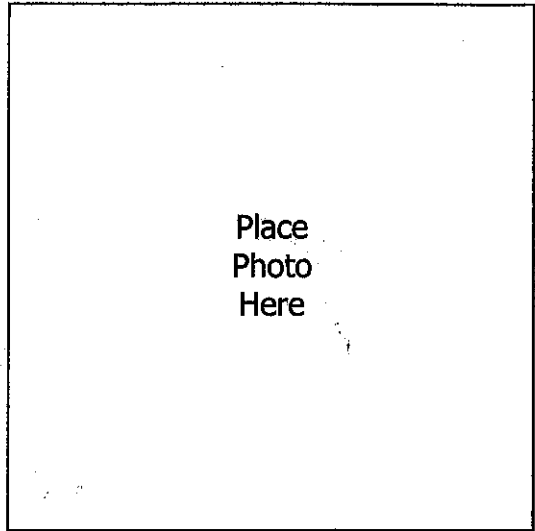
Home Phone Number

Sex Height Weight

Hair Color Eye Color Race Date of Birth

Mother/Guardian Name Business Number Cell Phone Number

Father/Guardian Name Business Number Cell Phone Number



MEDICAL INFORMATION

Allergies

Medication

Blood Type Insurance Carrier Insurance Number

Child's Physician Physician's Phone Number

MEDICAL RELEASE

I _____ the legal guardian of _____,
(signature and date)

authorize medical/dental treatment in case of emergency.

EMERGENCY CONTACTS

(other than parents/guardians)

Name

Home Phone Number Business Phone Number Cell Phone Number

Name

Home Phone Number Business Phone Number Cell Phone Number

Y'S BEGINNINGS CHILD RELEASE AND CAR POOL FORM

BASIC POLICY: It is the policy of the YMCA to release children only to parents. However, we will release your child into the custody of those persons that you have authorized who are 18-years or older. Other family members, such as grandparents, siblings, etc. and all childcare providers should be included on this list if they may also pick up. If you form a car pool, you must include *each* participating person (don't forget to list all other fathers and childcare providers who may also occasionally drive for the car pool). Please be sure to include your Emergency Contact Person.

NOTE: We will not allow a child to leave with any person not on this list unless you have provided a separate signed note. Identification and the child's password will be requested.

Absolutely NO telephone requests will be accepted.

The following people have authorization to pick up _____ from the Y's Beginnings
Toddler & Pre-School Program. (Child's Name)

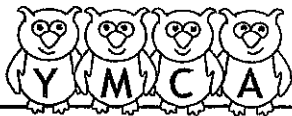
AUTHORIZED PERSON	RELATIONSHIP TO CHILD	TELEPHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

***Any Unauthorized Person: _____

CHILD'S RELEASE PASSWORD

It is understood that once a child is released into the custody of one of the above, the YMCA no longer has any responsibility for the child. You may add or delete from the list at anytime.

Parent/Guardian Signature _____ Date _____



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Y'S BEGINNINGS
Toddler • Adult-Tot • Pre-School

18 PARKSIDE DRIVE
SUFFERN, NEW YORK 10901
(845) 357-3223
FAX (845) 357-6960

Medical Report of Child

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Name	Date of Birth	Date of Exam
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IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization and complete and sign medical exemption statement on back of form.

Include All Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations

Type	Date / /
Type	Date / /
Type	Date / /

TESTS

Date / /	Tuberculin Test		Tine Mantoux		Date / /
	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	Tine <input type="checkbox"/>	Mantoux <input type="checkbox"/>	
	Results		Specify		

If positive, attach physician's statement documenting treatment and follow-up.

Attach statement of lead screening.

HEALTH SPECIFICS	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there allergies? (Specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is medication regularly taken? (Specify drug and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a special diet required? (Specify diet and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any hearing, visual or dental conditions requiring special attention?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any medical or developmental conditions requiring special attention?	

SUMMARY OF PHYSICAL EXAM (Including special recommendations to Day Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)/he is free from contagious communicable disease Yes No and is able to participate in day care Yes No

Signature of Examiner	Address
Name (please print)	City, State, Zip
Title	Phone / /
	Date