



**Child's Face Sheet**  
**CHILD INFORMATION FORMS**

Lynch/ van Otterloo YMCA  
2011

Child's name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Ethnicity \_\_\_\_\_

**Child's Identifying Information** (required by the Department of Early Education and Care regulations or provide photo)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_  
Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Identifying Marks \_\_\_\_\_  
Allergies \_\_\_\_\_  
\_\_\_\_\_

**CHILD CARE INFORMATION**

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Cell phone number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Hours at work \_\_\_\_\_ to \_\_\_\_\_  
Preferred Contact \_\_\_ cell \_\_\_ home \_\_\_ work \_\_\_ email  
The best time to reach me is \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Cell phone number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Hours at work \_\_\_\_\_ to \_\_\_\_\_  
Preferred Contact \_\_\_ cell \_\_\_ home \_\_\_ work \_\_\_ email  
The best time to reach me is \_\_\_\_\_

***If parents cannot be contacted, notify the following people***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
Others in family \_\_\_\_\_  
Child's Physician/Clinic \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
Others in family \_\_\_\_\_

**My child may be released to this person? Yes / No**

**My child may be released to this person? Yes / No**

X \_\_\_\_\_  
**Parent/Guardian Signature**

X \_\_\_\_\_  
**Date**



## Developmental History and Background Information

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

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**\* Note: Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.**

### DEVELOPMENTAL HISTORY

At what age did the child begin sitting? \_\_\_\_\_ Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_ Talking? \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl \_\_\_\_\_ Walk with support? \_\_\_\_\_

Does the child have any speech difficulties? \_\_\_\_\_

Does the child use any special words to describe his/her needs? \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \* When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \* When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### HEALTH

Were there any complications at birth? \_\_\_\_\_

Serious illness and/or hospitalizations? \_\_\_\_\_

Special physical conditions, disabilities? \_\_\_\_\_

Allergies, i.e. asthma, hay fever, insect bites, medicine, food reactions, etc.? \_\_\_\_\_

Regular medications \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\*Is your child fed held in lap? \_\_\_\_\_ High Chair? \_\_\_\_\_

\*Does your child eat with a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### TOILETING HABITS

\*Is there frequent occurrence of diaper rash? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

What is used at home? Pottychair? \_\_\_\_\_ Special Child Seat? \_\_\_\_\_ Other \_\_\_\_\_

How does your child indicate bathroom needs? Include special words: \_\_\_\_\_

Is the child ever reluctant to use the bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

**Developmental History and Background Information (cont.)**

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does the child become tired or nap during the day? If yes, please indicate when and for how long the child naps. \_\_\_\_\_

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*Please note: the American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position with your caregiver.*

When does your child go to bed at night? \_\_\_\_\_ And get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_

Reaction to strangers \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

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

**DAILY SCHEDULE:** Please describe your child's schedule on a typical day. \* For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_

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Is there anything else that you would like us to know about your child? \_\_\_\_\_

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X \_\_\_\_\_  
*Parent/Guardian Signature*

X \_\_\_\_\_  
*Date*



**Authorization and Consent**

Lynch/van Otterloo YMCA  
2011

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the staff in the Early Learning Program who are trained in the basics of first aid to administer first aid to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the **Lynch/van Otterloo YMCA** to transport my child to the North Shore Children's Hospital (or nearest hospital) and to secure for my child the necessary medical treatment

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Subscribers DOB: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

X \_\_\_\_\_  
*Parent/Guardian Signature*

X \_\_\_\_\_  
*Date*



**Individual Health Plan**  
**\*Must be completed by physician for children with allergy and/or medical condition only**

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list child's allergy/medical condition: \_\_\_\_\_  
 \_\_\_\_\_

What are the symptoms your child experiences when he/she comes into contact with the allergen/is becoming ill?  
 \_\_\_\_\_  
 \_\_\_\_\_

What should the YMCA do immediately once they have been in contact with the allergen/if symptoms are observed?  
 \_\_\_\_\_  
 \_\_\_\_\_

If the YMCA is dispensing medication, what is the reason for the medication? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What consequences occur if the treatment/medication is not given? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are the possible side effects from this medication? \_\_\_\_\_  
 \_\_\_\_\_

What accommodations does the program need to make for this child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date



# Early Learning Center Fee Schedule

Lynch/van Otterloo YMCA  
2011

Child's Name \_\_\_\_\_ School/Site: \_\_\_\_\_

Please check any financial assistance you have been awarded that applies:

### Tuition Rates:

Toddler/Transitional Preschool					Preschool					Transitional Kindergarten				
# of Days	8:30-12:30	8:30-3:00	8:30-4:30	8:30-6:00	# of Days	8:30-12:30	8:30-3:00	8:30-4:30	8:30-6:00	# of Days	8:30-12:30	8:30-3:00	8:30-4:30	8:30-6:00
1day*	\$40	\$50	\$60	\$70	1day*	\$40	\$50	\$60	\$70	1day*	\$40	\$50	\$60	\$70
2day	\$86	\$121	\$144	\$158	2day	\$80	\$107	\$133	\$152	2day	\$86	\$121	\$144	\$158
3day	\$120	\$164	\$195	\$216	3day	\$107	\$153	\$179	\$206	3day	\$120	\$164	\$195	\$216
4day	\$144	\$185	\$228	\$255	4day	\$133	\$173	\$222	\$247	4day	\$144	\$185	\$228	\$255
5 day	\$168	\$222	\$265	\$295	5 day	\$160	\$215	\$255	\$290	5 day	\$168	\$222	\$265	\$295

- 1 day option is for add-on purposes only.
- Please note a \$7.00/day fee is assessed for early drop off, which is between 7:30-8:30am.

### Fee Policy: All payments are due the Friday prior to the week of services.

Tuition is calculated on a yearly basis and then divided into 40 equal weekly payments. It is paid starting in September at the start of the school year and ending in June at the end of the school year. Please note February and April vacations are not factored into the 40 week tuition plan. A separate registration is required for attendance during the school vacation weeks.

The YMCA cannot deduct days missed from your weekly fee. Your fee pays for direct operating costs, such as staff, materials, and transportation. All of these must be available for your child. When you enroll, you are reserving the time, space, staffing, and provisions for your child whether the child attends or not.

### Families have three payment options:

- E-Pay - fill out a form and tuition is automatically drafted weekly on Fridays from a checking, savings or credit card, for each of the 40 weeks and vacation weeks if you register for those.
- Checks/Cash/Credit Card - handed in Friday prior to the week of service, you can also pay ahead if you prefer. Please place payments in the brown box outside the Early Learning office.
- Online - sign up with member services to pay your bill each week from your computer online.

### Late tuition payments:

- A \$25 late charge will be added to all accounts that are more than 14 days late. A \$10.00 service fee will be charged on all returned checks or credit card declined.
- The YMCA reserves the right to send an account to collections
- If you are on E-Pay, the YMCA reserves the right to charge a \$10 service fee for automatic payments that are declined.

### Additional Fees:

- **Extended Hours:** You may extend your child's hours on a space available basis. Options are as follows: 12:30 - 3:00 \$25; 12:30 - 4:30 \$35; 12:30 - 6:00 \$45; 3:00- 4:30 \$10; 3:00-6:00 \$30; 4:30- 6:00 \$15
- You may add a day to your child's schedule, also on a space available basis, for the one day fee.

**Field Trip Fee:** Preschool and Transitional Kindergarten classes will enhance curriculum by taking periodic field trips. All fees will be announced in advance prior to trips.

### Please check any financial assistance you have been awarded that applies:

- Access \_\_\_\_% Awarded (please provide copy of award letter)
- Voucher
- Basic
- Supportive

*Note: EEC Sliding Fee Scale, Child Care Circuit Vouchers and ACCESS Consumers have full day programs calculated in their rates, therefore families pay their predetermined weekly fee regardless of attendance. Weekly fees are reassessed every six months (voucher) or annually for basic/access or whenever there is a change in family size or income.*

I have read and understand the YMCA's fee schedule. I understand that payment for the program is due the Friday before services are rendered. If I fail to pay my weekly fee, I understand I may be given a two week notice and lose my child care services.

X  
\_\_\_\_\_  
Parent Signature

X  
\_\_\_\_\_  
Date



**Permission and Release  
Forms**

Lynch/van Otterloo YMCA  
2011

**SWIMMING PERMISSION SLIP**

(Transitional Preschool, Preschool and Transitional Kindergarten Children ONLY)

I, \_\_\_\_\_, give my child \_\_\_\_\_,  
permission to go swimming at the Lynch/van Otterloo YMCA on his/her scheduled days. I understand that my  
son/daughter will be supervised by the Early Learning staff, as well as a certified lifeguard. I understand that the  
activities listed above that are not related to Early Learning will require separate written consent from me.

X \_\_\_\_\_  
*Parent/Guardian Signature*

x \_\_\_\_\_  
*Date*

**PHOTOGRAPH CONSENT FORM**

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_,  
to be photographed while attending the YMCA Early Learning Program and for those photographs to appear in YMCA  
promotional material or Center Newsletters.

X \_\_\_\_\_  
*Parent/Guardian Signature*

X \_\_\_\_\_  
*Date*

**TOPICAL MEDICATIONS**

Child's Name: \_\_\_\_\_

I give the YMCA staff members permission to apply the following topical ointments to my child as directed. I  
understand that these must be provided by the parent and labeled with the child's name.  
Please check all that apply:

- Diaper cream       Petroleum jelly (Vaseline)       Moisturizers
- Antibiotic Ointment       Sunscreen 15 SPF or greater       Bug Spray

Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
*Parent/Guardian Signature*

X \_\_\_\_\_  
*Date*

**Permission and Release Forms continued...**

**ENRICHMENT & OFFSITE ACTIVITIES**

I, \_\_\_\_\_ give my child \_\_\_\_\_, permission to participate in the following activities in the Lynch/van Otterloo YMCA

- Playground       YMCA Gym     Yoga Classes     YMCA Ballet Classes     YMCA Gymnastics Center
- YMCA Rock Wall     YMCA Gymnastics Center     YMCA Gym Sports Programs     Music and Movement Classes
- Neighborhood walks     Marblehead & Swampscott Libraries     Lafayette Nursing Home

X  
\_\_\_\_\_  
*Parent/Guardian Signature*

X  
\_\_\_\_\_  
*Date*

**TOOTH BRUSHING POLICY**

The YMCA of the North Shore, which includes the Lynch/van Otterloo YMCA, in accordance with the Department of Early Education (EEC), offers the opportunity for children to brush their teeth if they are in the program for more than four (4) hours or whenever they consumer a meal while in the program. Parents/guardians are to read the following policy and complete the form below.

1. Parents/Guardians must complete the ***Tooth Brushing Policy*** form. The form will be placed in their child’s file. Parents/Guardians may change the status of the form at anytime.
2. Parents/Guardians will receive a copy of the program’s ***Tooth Brushing Procedures***. These procedures will also be posted through out the program area.
3. The program will provide materials for tooth brushing. Children may bring their own tooth brush and tooth paste if they so desire.
4. The program will not store personal tooth brushes or tooth paste. The program will only store toothbrushes and toothpaste that we have supplied.
5. Tooth Brushing in the Child Care Program will be conducted **one time** during the morning program.

- Yes, I have read the policy and would like my child to brush his/her teeth at the YMCA
- No, I have read the policy and would NOT like my child to brush his/her teeth at the YMCA

X  
\_\_\_\_\_  
*Parent/Guardian Signature*

X  
\_\_\_\_\_  
*Date*

**PARENT HANDBOOK RECEIPT**

I have received and reviewed the Lynch/van Otterloo Parent Handbook. The handbook can also be found on the Lynch/van Otterloo YMCA Early Learning webpage at <http://www.northshoreymca.org>. I understand and agree to abide by the policies that have been established by the YMCA of the North Shore as outlined in the handbook.

X  
\_\_\_\_\_  
*Parent/Guardian Signature*

X  
\_\_\_\_\_  
*Date*