

Ipswich Family YMCA

Early Learning Center

2012-2013 School Year



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Child's Face Sheet/Enrollment Form

Ipswich Family YMCA
2012 Registration Information

Child's name _____ Primary Language _____
 Home Address _____ Telephone _____
 City _____ Date of Birth _____
 Place of Birth _____ Ethnicity _____
 Eye Color _____ Hair Color _____ Skin Color _____
 Sex _____ Height _____ Weight _____
 Identifying Marks _____

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

Allergies _____

CHILD CARE INFORMATION

Select the type and days of child care needed: **Minimum of 2 full days (T/Th) or 3 half days (M/W/F)**

Schedule:

____ Full Day Care ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday
 ____ Half Day Care ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

PARENT/GUARDIAN INFORMATION

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

X _____

Parent/Guardian Signature

X _____

Date

For Office Use Only: Date of Enrollment _____ Age at Admission _____



Background Developmental History

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: _____

DEVELOPMENTAL HISTORY

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

Does the child have any speech difficulties? _____

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

Language spoken at home _____

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: _____

Favorite foods: _____

Foods refused: _____

TOILETING HABITS

Are bowel movements regular? _____ How many per day? _____

What is used at home? Potty-chair? _____ 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? _____

SLEEPING HABITS

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

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.



Background Developmental History Continued

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. _____

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

Notes to teachers:

X _____
Parent/Guardian Signature

X _____
Date



Authorization and Consent

Child's Name: _____

Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid, 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 Ipswich Family YMCA to transport my child to the _____ Hospital (or nearest hospital) and to secure for my child the necessary medical treatment. I understand the staff members in the day care center are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

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

Emergency Contact Information

If parents cannot be contacted, notify the following people

Name _____

Name _____

Address _____

Address _____

Relationship to child _____

Relationship to child _____

Daytime phone _____

Daytime phone _____

Others in family _____

Others in family _____

Child may be released to this person? Yes No

Child may be released to this person? Yes No

X _____
Parent/Guardian Signature

X _____
Date



Individual Health Plan

Must be completed by Physician for children with Physician diagnosed allergies and/or medical conditions only.

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? _____

NOTES:

X _____
Physician Signature

X _____
Date

X _____
Parent/Guardian Signature

X _____
Date



Permission & Release Forms

SWIMMING PERMISSION SLIP

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

X _____
Parent/Guardian Signature

x _____
Date

UNAUTHORIZED ACTIVITIES CONSENT FORM

I, _____, give my child, _____ permission to participate in the following activities:

- Fundraising Publicity Media Interviews
- Photographs for Advertisements/Brochure Internet- Y Website/ Y Facebook
- Photographs for internal use only (hanging pictures on the wall, newsletters)

I understand that the activities listed above that are not related to child care will require separate written consent from me.

X _____
Parent/Guardian Signature

X _____
Date

WALKING PERMISSION

I, _____, give my child _____ permission to walk and/or riding toys with teachers from the Ipswich Family YMCA Center within a mile of our center.

X _____
Parent/Guardian Signature

X _____
Date



Permission & Release Forms

Ipswich Family YMCA
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TOPICAL MEDICATIONS

Child's Name: _____

Date of Birth: _____

I give the YMCA staff members permission to apply the following topical ointments to my child as directed.

Please check all that apply:

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

Directions: _____

X _____
Parent/Guardian Signature

X _____
Date

.....

BUS TRANSPORTATION

I, _____, give my child _____ permission to ride the Ipswich Family YMCA School Bus with teachers from the Early Learning Center to the Ipswich Family YMCA on Mondays and Thursdays for swim and or gym.

X _____
Parent/Guardian Signature

X _____
Date

.....

ENRICHMENT & OFFSITE ACTIVITIES

I, _____, give my child _____ permission to participate in the following activities in the **Ipswich Family YMCA**.

- Playground YMCA Gymnasium Yoga Classes Rotary Park
- Low Ropes Sports Classes Outdoor Trails Other

X _____
Parent/Guardian Signature

X _____
Date



Childcare Fee Schedule

Fees: Preschool

2 Full days: \$120/week (T/Th)

3 Full Day: \$160/week

4 Full Days: \$195/week

5 Full Days: \$225/week

3 Half Days: \$110/week (M/W/F)

4 Half Days: \$140/week

5 Half Days: \$170/week

- Private (parent/guardian will be paying tuition)
- Access ___% Awarded (please provide copy of card)
- Voucher
- Basic
- Supportive

Late Fees:

\$40.00

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.

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

The YMCA cannot deduct days missed from your weekly fee. Your fee pays for direct operating costs, such as staff, snacks, 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.

- On holidays that the YMCA is closed, payment is expected.
- All families must pay their weekly fee, regardless of attendance (there are no credits for absences due to illness, vacation, etc)
- I understand that if I chose EPAY, all fees will be drafted weekly.
- If I fail to pay my weekly fee, I may be given a two week notice that will terminate my child care services.

If there is a return on my payment from bank or credit card, I understand I will be charged a \$10 fee. Accounts more than two week behind may be sent to a collections agency.

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.

I have chosen to use the following payment method:

- Epay (weekly draft)
- Monthly payments to be made the 1st of the month

X
Parent Signature

X
Date