



MetroWest YMCA
We build strong kids,
strong families, strong communities.

Child's Enrollment Form

Child's Name: _____ **Date of Original Admission:** _____
Home Address: _____ Eye Color: _____ Skin Color: _____
_____ Hair Color: _____ Height: _____
Telephone: _____ Sex: _____ Weight: _____
Date of Birth: _____ Age at Admission: _____
Race: _____ Primary Language: _____
Identifying Marks: _____

Parent/Guardian Information:

Parent/Guardian 1 Name: _____	Parent/Guardian 2 Name: _____
Relationship to child: _____	Relationship to child: _____
Parent/Guardian 1 date of birth: _____	Parent/Guardian 2 date of birth: _____
Home Address: _____	Home Address: _____
_____	_____
Home Telephone: _____	Home Telephone: _____
Work Name: _____	Work Name: _____
Work Address: _____	Work Address: _____
_____	_____
Work Telephone: _____	Work Telephone: _____
Hours at Work: _____	Hours at Work: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____

Child's Schedule

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Signature: _____ **Date:** _____

First Aid and Emergency Medical Care Consent Form

Child's name _____ Date of birth _____

Parent/Guardian 1 name _____ Evening phone _____

Daytime phone _____ Cell phone _____

Parent/Guardian 2 name _____ Evening phone _____

Daytime phone _____ Cell phone _____

I authorize staff in the MetroWest YMCA who are trained in the basics of first aid to give my child first aid/CPR 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 program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's physician name _____ Phone number _____

Address _____

Health insurance provider _____ Policy # _____

Child's allergies _____

Chronic medical conditions* _____

(If child has any chronic medical conditions diagnosed by a licensed health care practitioner, an Individual Health Care Plan is required. Please see Director for more information.)*

Required treatment including medication for chronic medical condition _____

Emergency Contacts other than Parents/Guardians (In order to be contacted)

1. Name _____ Relationship to child _____

Address _____ Phone _____

Do you give permission for child to be released to this person? ___ Yes ___ No

Do you give permission for your child's medical records to be released to this person? ___ Yes ___ No

2. Name _____ Relationship to child _____

Address _____ Phone _____

Do you give permission for child to be released to this person? ___ Yes ___ No

Do you give permission for your child's medical records to be released to this person? ___ Yes ___ No

3. Name _____ Relationship to child _____

Address _____ Phone _____

Do you give permission for child to be released to this person? ___ Yes ___ No

Do you give permission for your child's medical records to be released to this person? ___ Yes ___ No

Parent/Guardian signature _____ Date _____

Developmental History and Background Information Form

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** _____

How would you describe your child? _____

What would you like your child to gain from this early education and care experience? _____

Tell us about who is in your child's family. _____

What, if any, religion(s) are practiced in your child's home(s)? _____

Language(s) spoken at home: _____

Developmental History

Age began sitting _____ crawling _____ walking _____ talking _____

Does your child have any speech difficulties? _____

Does your child use words to communicate his/her needs? _____

Special words to describe needs _____

Does your child use pacifier or suck thumb? _____ When? _____

Has your child received professional support for developmental skills such as Early Intervention, OT, or PT?

____ If yes, describe: _____

Toddlers only:

* Is your child fed held in lap? Highchair? _____

* Does your child eat with spoon? Fork? Hands? _____

* Are disposable or cloth diapers used? _____

* Is there a frequent occurrence of diaper rash? _____

* Do you use: oil, powder, lotion, other? _____

Does your child sleep in a crib or bed? _____

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Please list any allergies such as asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Toilet Habits

Is your child potty trained? _____ If not, has toilet training been attempted? _____

Please describe any particular toileting procedure to be used for your child at the center _____

What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

Social Relationships

List any previous experience with other children/child 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? _____

Daily Schedule: Please describe your child's schedule on a typical day. Please include sleep habits such as when your child wakes up in the morning, goes to bed at night and naps.

Describe any special characteristics or needs to help sleep (stuffed animal, story, mood on walking etc)

Do you have any concerns about your child? _____

Is there anything else that we should know about your child? _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Authorizations, Policies, and Procedures

Tuition & Billing Policy

I understand that tuition is due by the 1st of the month in which care is provided, and no later than the 5th of every month. A late fee of \$15.00 is charged when payments are not received by the 5th. In addition, a \$15 fee will be charged when a check is returned due to insufficient funds. The MetroWest YMCA reserves the right to require families with a history of returned checks to provide other forms of payment. Children with overdue balances may be terminated from the program and not allowed to sign up for any new MetroWest YMCA programs until their balance has been paid in full.

Signed _____

Date _____

Pictures/Publication

I give the MetroWest YMCA permission to take pictures/videos of my child while involved in the daily activities in the Early Childhood Center. I understand that these photographs may be used for media purposes or in the MetroWest YMCA newsletters, brochures, website, and other promotional publications.

Signed _____

Date _____

Late Pick-Up after 6:00PM

I understand that pick-up time is by 6:00PM. I agree to pay a late fee of \$10.00 within the first 10 minutes and \$5.00 for each 5 minute interval afterwards to compensate the teachers staying with my child past the center's 6:00PM closing time.

Signed _____

Date _____

Illness/Medications

I understand that my child shall be kept home with the following symptoms: fever, vomiting, diarrhea within a 24-hour period, conjunctivitis and other contagious diseases. I understand that no medication will be administered to my child without written consent and instructions from the doctor and/or parent.

Signed _____

Date _____

Transportation

It is my responsibility to provide safe transportation for my child to and from the Early Childhood Center. I must walk with my child into and out of the classroom, complete the sign-in/sign-out form, and make sure the educators know that I have dropped off or picked up my child.

Signed _____

Date _____

Walking Field Trips

I give permission for my child to take walks around YMCA property and nearby stores with the MetroWest YMCA Early Childhood staff.

Signed _____

Date _____

MetroWest YMCA Partners With Youth

As part of the MetroWest YMCA's commitment to build strong kids, strong families, and strong communities, it has created the Partners With Youth Campaign to raise funding for financial assistance to help people in the MetroWest communities have access to YMCA programs and services such as early childhood education, summer camp, swimming classes or memberships. I understand that my child may contribute art work created in the Early Childhood Center or participate in other activity discussed with the Parent Advisory Council to help raise funds for the Partners with Youth. At no time will children directly solicit funds.

Signed _____

Date _____

Parent Handbook/Parent Rights and Responsibilities

I received, read, and understand the Parent Rights and Responsibilities that is found in the Parent/Guardian Handbook. I also understand that I may request an additional copy of the Handbook at any time.

Signed _____

Date _____