



**ASHLAND YMCA PRESCHOOL**

 Welcome to the YMCA Preschool! The registration packet has several important documents that must be completed in full for your child to participate in our program. Be sure to answer each question completely, no matter how repetitive they may seem. **ALL** forms, fees (including outstanding bills) and information **MUST** be complete before your child can be accepted. The completed packet needs to be returned a minimum of 48 hours before the intended start date. If the form does not apply to your child, please put your child's name on it and sign with some indication that it does not pertain to you. To receive the member price, you **MUST** have proof of membership or Partner with Youth eligibility. The registration fee is $25 dollars. The registration fee is non-refundable. After completion of the registration materials, make arrangements with the administrator to review your paperwork and the registration process will be finalized at that time. You will receive updates by way of email about important dates and materials, so please be sure to include an email address for me to send things to. I promise I will not sell your information or give it to anyone without your consent. If you have any questions, please feel free to contact me. I am so excited for our new year to begin and look forward to meeting all of your families! In August or your date of registration completion, you will receive an Ages and Stages Questionnaire to complete and return on the first day of school. If you have any further questions or concerns do not hesitate to reach out, use the phone number or email address listed below.

Most sincerely,

Christie Krumlaw

Christie Krumlaw

Ashland YMCA Preschool Coordinator

ckrumlaw@ashlandy.org

419-289-0626

***PLEASE NOTE:*** The fees for families attending All Day Care account for breaks and snow days, that amount has not been accounted for in the half day or full day preschool prices. If you attend Full Day Preschool and will need care on these days there will be a $30 and advance notice needed. If you show up the day of, without previous arrangements, it will cost an additional $10



**Ashland YMCA Preschool Registration**

School year enrolling\_2021/2022\_

Will your child attend kindergarten in the **2022/2023** school year? \_\_\_YES\_\_\_NO

*(must be 5 by no later than September 30th for Ashland, Black River and Wooster and August 1st for Hillsdale, Mapleton, Ashland Christian, Crestview, Loudonville, and Northwestern, June 1st for St. Ed's)*

Is your child a member of the YMCA\_\_\_YES\_\_\_NO Expiration Date\_\_\_\_\_\_\_\_

Your child will attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school system when they enter kindergarten

Child's ***Full*** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST, MIDDLE AND LAST)

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of child upon enrollment\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone for Alerts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preschool hours are 8:30-11 or 8:30-3. Preschool follows the Ashland City School schedule. To be considered for care over holidays or snow/delay days you must sign up for All Day Care. Full Day Preschool may attend with an additional fee that is stated later in the information.

**\*\*A non-refundable registration fee of $25 must accompany this form. You must have a membership to receive member pricing. \*\***





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

Days and Times:

Mon\_\_\_\_\_\_\_\_\_\_\_Tues\_\_\_\_\_\_\_\_\_\_\_Wed\_\_\_\_\_\_\_\_\_\_Thur\_\_\_\_\_\_\_\_\_\_Fri\_\_\_\_\_\_\_\_\_\_ IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT

**ALL DAY CARE** (includes Preschool)6:30am-6pm

|  |  |  |  |
| --- | --- | --- | --- |
|  | Member | Non-member | Total |
| 5 all day | $535 | $650 |  |
| 4 all day (Mon-Thu) | $445 | $560 |  |
| 3 all day (Mon, Wed, Fri) | $355 | $485 |  |
| 2 all day (Tue, Thu) | $315 | $445 |  |

**FULL DAY PRESCHOOL** 8:30am-3pm

|  |  |  |  |
| --- | --- | --- | --- |
|  | Member | Non-member | Total |
| 5 all day | $425 | $485 |  |
| 4 all day (Mon-Thu) | $355 | $410 |  |
| 3 all day (Mon, Wed, Fri) | $290 | $350 |  |
| 2 all day (Tue, Thu) | $250 | $305 |  |

**Will your child require a nap on the days they attend \_\_\_\_\_\_yes \_\_\_\_\_no (please check one)**

**HALF DAY PRESCHOOL** 8:30am-11am

|  |  |  |  |
| --- | --- | --- | --- |
|  | Member | Non-member | Total |
| 5 day AM/PM Preschool | $240 | $350 |  |
| 4 day AM/PM Preschool | $200 | $275 |  |
| 3 day AM/PM Preschool | $170 | $250 |  |
| 2 day AM/PM Preschool | $150 | $220 |  |

**Total to be paid MONTHLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**

\_\_\_\_\_(Initial) I would like to have my payments paid through **Scheduled Payments** and will file proper paperwork with the Preschool Coordinator. Payments will be taken the first of every month. I DO NOT HAVE TO BE A MEMBER TO USE THIS OPTION.



 **Financial Agreement**

 I agree to pay the Ashland YMCA Preschool the stated amount of tuition indicated for my child's care. Tuition is due September through May. A two week notice of withdrawal is required from preschool. To receive the member rate, I understand that my child must be an active member. Tuition is due monthly by the first week of each month, and a late fee of $20 will be assessed after the 10th of that month. If I am a JFS family I will have all proper paperwork completed before attendance begins and will keep up on my entries to receive these benefits. If I am more than 10 days behind on entries, I agree that I will self-pay for the time that has been used at the rate of $30/day.

\*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

**Swimming, Gymnastics and Walking Field Trip Permission**

**TBD by COVID-19 REGULATIONS AT THAT TIME**

Please check all that apply:

**\_\_\_\_**My child has my permission to participate in the YMCA swimming program. The center will have two supervising staff and a certified life guard on duty at all times.

**\_\_\_\_** My child also has permission to participate in gymnastics lessons and activities. Children will be supervised and assisted during lessons, to maintain a safe and healthy environment.

**\_\_\_\_**The YMCA preschool will go on walking trips, weather permitting, within a two-block radius. Children will be taught safety while on the walking trips, under the supervision of classroom staff. During walking trips children will not be near water more than two feet.

\*Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Parent notes or relevant information regarding these activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not give permission to participate in any of the activities listed above

\*Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment Permission and Authorization**

The children will be assessed at least three times throughout the school year for academic gains and will do developmental assessments using Ages and Stages Questionnaire and other methods a minimum of once a year. I give permission for the teachers to perform such assessments and share the information with us and the school they will attend upon leaving the Ashland YMCA Preschool.

\*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_



**Ashland Family YMCA Preschool**

**Emergency Pickup Information**

Persons authorized to pick up child from school other than custodial parent: Must name AT LEAST one.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent who should be contacted **FIRST** (name of parent) \_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER to be called during the day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact **SECOND**/relationship/phone

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized pick up individuals:

 **Name**  **Relationship** **Phone**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roster Permission**

The State of Ohio requires preschools to have a roster of all children enrolled in preschool. HOWEVER, the only thing I need to have on it is the child’s name. I make a roster of parent’s names, phone, address and email for your convenience. You are welcome to use this info to invite children to play or for party invitations. We do not use it to solicit or harass our families. You can choose what information you wish to share; all or just a few things

Pick what you wish to be listed on roster:

\_\_\_\_\_ Mom’s name \_\_\_\_\_\_ Dad’s name \_\_\_\_\_ Email \_\_\_\_\_Future School System

\_\_\_\_\_ Address \_\_\_\_\_\_ Phone \_\_\_\_\_ Child’s birthday



**Handbook Acknowledgment**

 Parents, after reading the handbook, please sign and return this page to the director. This is due before the child attends the center. Please feel free to ask the director any questions about the policies in the handbook.

 I acknowledge that I have received a copy of the parent handbook for the Ashland Family YMCA Preschool. I agree to follow all policies outlined within.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

\*The handbook is on our website to read. If you would like, a hard copy can be provided upon request.

**Photo Release**

The Ashland YMCA Preschool shares photographs of classes and participants on our gethomeroom.com web-site to show families what we do all day. We would like your permission to use photographs of our day on our website. If you do not grant permission, please indicate this below.

I give the YMCA permission to use photographs of my child/children on the website.

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

 **OR**

I **DO NOT** grant permission and the YMCA may not use my photos on the website.

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





Ashland Family YMCA Preschool

Supply list for the beginning of the year

|  |  |
| --- | --- |
| We **NEED**:Silverware (Spoons especially)5 oz cupsBowlsPaper PlatesNapkins TissuesPaper Towels | If you **WANT**:MarkersDry Erase MarkersColored Pencils PencilsCrayonsGlue Sticks\*\* These items are not necessary but if your child would like to bring school supplies in these are the things we would use. |

**Once the school year begins these supplies will be refilled by the program**

**YMCA PRESCHOOL T-SHIRTS**

Every school year you may purchase matching t-shirts to wear on special days at our school. The shirts are $10.00 and cover the cost of the shirt and the printing. Please send this in with a check for $10.00 made payable to the Ashland YMCA. **This is not required** of the children but we will have days where they will be given the opportunity to wear the shirts as a school. Please write a separate check and give to administration for proper record keeping. **This is only an option to buy until school begins in September.**

----------------------------------cut here------------------------------------

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will need a CXS\_\_\_\_\_\_CS \_\_\_\_\_\_CM\_\_\_\_\_\_CL\_\_\_\_\_\_

For office use only

|  |  |
| --- | --- |
| Payment received date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | T-shirt delivered date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |





Preschool Scheduled Payment Authorization/Agreement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize my bank to make payment to the Ashland YMCA by method indicated below, and post it to my account for my child's care at the Ashland YMCA Preschool. This is for: (please circle the appropriate **category** and **amount of days.**)

|  |  |  |
| --- | --- | --- |
| ALL DAY CARE | 2 DAYS | Member |
| FULL DAY PRESCHOOL | 3 DAYS | Non-member |
| HALF DAY PRESCHOOL | 4 DAYS |  |
|  | 5 DAYS |  |

**Amount Paid**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking\_\_\_\_\_ Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: for checking account authorization, a voided check is needed

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card\_\_\_\_\_ Mastercard\_\_\_\_ Visa\_\_\_\_ Discover\_\_\_\_ Other\_\_\_\_

Expiration Date\_\_\_\_/\_\_\_\_\_(For credit card payments)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to make any change or discontinue the service, I will call or write the above company. A two-week notice is needed to make any changes. Change of payment will not affect other provisions and terms of my contract.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Staff Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

**Scheduled Payment Agreement**

I UNDERSTAND that when enrolling in the Ashland YMCA Preschool using Scheduled Payment as the method of payment, I am committing to a nine-month period of time for the school year, which will be taken out of my checking, savings, or credit card account monthly on the **first of every month**. I also understand that any outstanding payments not received within 60 days will be turned over to RBC Collection agency. Returned items or denied transactions will have a fee of $15.00 charged. **Initials\_\_\_\_**





# YMCA PHOTO/AUDIO VISUAL/NARRative RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

1. video film or footage of me,
2. sound track recordings of me
3. photo reproductions of me
4. any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

1. All works shall belong to YMCA of the USA;
2. The Y has no duty of confidentiality regarding any licensed uses;
3. YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
4. The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

**Signature of parent or legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**Support Identification**

 In an attempt to provide a supportive learning environment and promote positive behaviors, we recognize supports and accommodations enable children to reach their fullest potential in a safe environment. Therefore, we have identified several types of strategies that may be helpful to participants. We also recognize that the introduction of these strategies may impact our staff to child ratio and the well-being of all the children in attendance.

 **For all applicants**, we are documenting and reviewing supports identified by the parents/caregivers as they enroll their child in the program. With this information we determine if we are capable of providing a safe and effective learning environment, we make decisions on whether we are the appropriate placement for each child who desires to enroll in the YMCA program.

\*Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_needs no supports at this time. Please sign below.

\_\_\_\_\_needs the following supports and I have the documentation needed to receive these supports. Please mark appropriate supports and sign below.

\_\_\_\_\_Behavioral Supports \_\_\_\_\_Health Supports

\_\_\_\_\_Communication Supports \_\_\_\_\_Instructional Supports

\_\_\_\_\_Natural Supports \_\_\_\_\_Social Supports

\_\_\_\_\_Transition Supports \_\_\_\_\_Universal and Accessible Physical and Program Design Supports

If you have information on recent assessments in the areas listed below that would help identify appropriate strategies. Please provide documentation and sign below.

\_\_\_\_\_Behavioral Supports \_\_\_\_\_Health Supports

\_\_\_\_\_Communication Supports \_\_\_\_\_Instructional Supports

\_\_\_\_\_Natural Supports \_\_\_\_\_Social Supports

\_\_\_\_\_Transition Supports \_\_\_\_\_Universal and Accessible Physical and Program Design Supports

\***Must be documented by a professional in written form prior to attendance and implementation. Please see next page for support explanation.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Care Giver Signature Date

**Support Definitions**

**Behavioral Supports**- intended to minimize challenging behaviors. These behaviors are intended to communicate and when attempting to eliminate behavior child's frustration may be magnified. Professionals need to pinpoint what is being communicated and what environmental factors are contributing to the behaviors. When it is known what is communicated and contributes to the behavior positive support can be implemented to eliminate the risk of behaviors being displayed.

**Communication Supports**- intended to ensure the child understands thoroughly what is expected. Each intervention must be clear and purposeful in communication through verbal, nonverbal and kinesthetic feedback. Professionals will willingly communicate expectations, requests, and acceptable behavior parameters to create motivating and safe environments. The communication the child receives will assist them in being able to sort out what is important and respond to what they hear.

**Health Supports**- intended to accommodate physiological well-being and function at their maximum capacity. The use of proper diet, rest, pain management and sunlight exposure is managed. Use of quiet spaces to help regain composure as well as medications and physical activity levels will be monitored to support the child.

**Instructional-leadership Supports**- intended to support engagement. Professionals will plan and structure predictable environments to focus on strengths and goals.

**Natural Supports**- intended to be support from a family member whose preferences support the child. Support occurs when there are balanced meals and there are designated areas for appropriate choices.

**Organizational Supports**- intended to be supports given by collaborative team of professionals and care givers. An inclusive plan will be developed to support the child and a zero-tolerance approach will be taken to implement the support.

**Social Supports**- intended to help the child gain social competence, become aware of social expectations, gain information through interactions and exchange feelings during an experience.

**Transition Supports**- intended to help the child transition from one location to another or to another program. This support can also be used to move from one activity to another within the classroom.

**Universal Design and Program Supports**- intended to assist in designing structures for all children regardless of ability. Barriers are minimized and access is maximized by, for example, signs and checklists to cue children. Multiple engagement opportunities are offered to include children with a range of diverse abilities and skills.





Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_

Future School System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will attend Kindergarten in the year 20\_\_

**Child Information List**

\_\_\_\_\_Registration Form & Fee \_\_\_\_ cash\_\_\_\_ check\_\_\_\_ pd date\_\_\_\_\_\_

\_\_\_\_\_Medical Statement Expiration Date\_\_\_\_\_\_\_ Completed by\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Child Enrollment/Health Info & Allergies (pg. 1&2)

\_\_\_\_\_Page 3 & Medical Physical Care Plan

\_\_\_\_\_Family Information Sheet

\_\_\_\_\_Financial Agreement

\_\_\_\_\_Swimming, gymnastics, local walking permission

\_\_\_\_\_Assessment Permission

\_\_\_\_\_Handbook Acknowledgment

\_\_\_\_\_Photo release for Homeroom

\_\_\_\_\_Pick up Information

\_\_\_\_\_Roster Permission

\_\_\_\_\_T-shirt Order

\_\_\_\_\_Scheduled Payment Form

\_\_\_\_\_YMCA Photo Release

\_\_\_\_\_Support Identification

Registration Completed when: (Office Use Only)

\_\_\_\_Physical List

\_\_\_\_Photo Release \_Y / N\_\_ Homeroom \_Y / N\_YMCA

\_\_\_\_Roster

\_\_\_\_Scheduled Payment \_Y / N\_

\_\_\_\_Daxko

\_\_\_\_Medical Alert

\_\_\_\_Attendance

\_\_\_\_Email List





**Family Information For Step Up to Quality**

**PRESCHOOL**

|  |  |  |
| --- | --- | --- |
| Child's Name (Last) | (First)  | Nicknames (if any) |

***By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child***

|  |
| --- |
| Who is in the child's immediate family? |
| Who lives at home with the child? |
| What is the primary language spoken in your child's home? |
| Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, divorce, new home, death or birth of a family member, friend or pet.  |
| Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, etc) |
| Has your child had a previous care arrangement? \_\_Yes \_\_No (if yes circle one: Center based, in home, with family, with parents, other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Are there foods your child dislikes/ likes that we should be aware of? \_\_Yes \_\_No

|  |  |
| --- | --- |
| Likes | Dislkes |

 |
| Are there any foods that your child should not be fed? (allergies, culture, religion based) *Licensing documentation be completed for children with food allergies and/or dietary restrictions \_\_Yes \_\_No* |
| Describe your child's personality and behavior  |
| Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? |
| Other comforting techniques you may use? |
| What can cause your child to be angry or frustrated? How do you respond? |
| What is the discipline policy in your home? |
| Does your child nap? \_\_Yes \_\_No

|  |  |
| --- | --- |
| What is your child's mood upon waking up? | How long does your child nap at home? |
| Does your child have trouble sleeping? | Does your child need something to comfort them while sleeping? |

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| Does your child need assistance using the toilet? How do they let you know when they need to use the toilet? (words, gestures, signs) |
| What might you and/or your child be anxious about as he/she starts in this program? |
| What are you and/or your child excited about as he/she starts in this program? |
| What are your expectations of this program? |
| Any other information that would be helpful for the staff caring for your child to know? |
| Parent Signature | Date |

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