FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Ashland, Ohio
PRESCHOOL REGISTRATION
2026/2027 School Year

Welcome to the YMCA Preschool! **THIS PROGRAM IS FOR 3-5 YEAR OLDS WHO ARE POTTY TRAINED.** 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 up to date membership or Membership for All eligibility. The registration fee is $25, please return packet with a check or cash to be placed in the Child Development Director's mailbox to be processed. The registration fee is non-refundable. If you plan to do scheduled payments the fee may be scheduled, and it will be set to be paid one week after registration is processed. If you attend 12 months a year and are a current family you do not need to pay the registration fee. *The front desk will not process your registration, this needs to be done by the Child Development Director to be following state regulations properly*. After completion of the registration materials, the administrator will review your paperwork and the registration process will be finalized at that time. You will **receive a welcome letter** and updates by way of **email** about important dates and materials, so please be sure to include an email address for communication. Welcome emails will not be sent until or after June 15th, once Summer Camp is underway. Most communication will be through email so please check often while attending our program. If you have any questions, please feel free to contact Christie Krumlaw. We are so excited for our new year to begin and look forward to meeting all our families! In September or your date of registration completion, you will receive an Ages and Stages Questionnaire to complete and return on the next 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.
Once this packet has been completed and processed, if you decide not to attend our Preschool, a $25 unenrollment fee will be charged if no attendance has occurred.

Any packets turned in the week of August 17th-21st will not be processed until the week of August 24th.

Most sincerely,

Christie Krumlaw

Christie Krumlaw
Ashland YMCA Child Development Director
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 $45 for members charge and advance notice is needed. If you show up the day of, without previous arrangements, it will cost an additional $20.

YMCA of Ashland, Ohio Preschool Calendar

Specific dates will be given at the beginning of the school year and be listed on the Google Calendar

September

Open house will be the Tuesday after Labor Day
First day of school will be the Wednesday after Labor Day

October

Mid month- No school but ADC provided

November

Thanksgiving Break NO School
Care Provided ADC Families on days other than days listed below
Center Closed Thursday and Friday for Thanksgiving

December

Christmas Break NO School
Care Provided for ADC except for Christmas Eve, Christmas day, New Year's Eve and New Year's Day

January

Center closed the first weekday after New Year's for deep cleaning
MLK Day NO School
Care provided for ADC Families

February

President's Day NO school
Care Provided for ADC Families

March/April

Spring Break
Care Provided during break for ADC families
Center Closed- Good Friday

May

Last Day of School the Friday before Memorial Day
Care provided for ADC families transitioning into Summer Camp for the time between Preschool and Summer Camp

****ADC= All Day Care**

If Ashland City Schools have an Early Release the Preschool will run as usual.
We will follow Ashland City Schools Delay and Cancellations. Please check your email, our Facebook page and/or Homeroom page for updates due to weather.
There may be other days off each month that will be communicated in the newsletters and our Google Calendar.
You will be signed up for the google calendar upon registration.

Child Development Shirt

Every year you may purchase a matching t-shirt to wear on special occasions here at the Preschool. The shirts are $12.00 each and cover the cost of the shirt and printing. Please send in the form below with a check (payable to YMCA of Ashland, Ohio) or cash (exact amount). **THIS IS NOT REQUIRED** to purchase, just something we offer. This is only an option until the school year starts in September. After that we may have a few sizes but cannot guarantee we will have your child's size.

YMCA Child Development Shirt

Child's Name_____

Shirt Size: CXS_____CS_____CM_____CL_____AS_____AM_____AL_____AXL_____Other_____

Administrator Use Only:

___Enclosed $12.00 for the cost of the shirt per shirt ordered

___Please schedule the payment with the account information given in this packet

YMCA of Ashland, Ohio Preschool Registration

School year enrolling_**2026/2027**_

Will your child attend kindergarten in the **2027/2028** school year? ___YES ___NO

(must be 5 by the first day of school in your district)

Your child will attend _____Elementary in _____school district when they enter kindergarten

Child's ***Full*** Name_____

(FIRST, MIDDLE AND LAST)

Birthdate_____ Age of child on 1st day of school_____

Address_____

City _____ Zip_____ Email Address_____

Mother/Guardian_____ Phone_____

Father/Guardian_____ Phone_____

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

___Please schedule my registration fee with the account information listed in this packet

Days and Times:

Mon_____Tues_____Wed_____Thur_____Fri_____

IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT

PRICING IS PER MONTH

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

	Member	Guest	Total
5 all day (Mon-Fri)	$645	$800	
4 all day (Mon-Thu)	$545	$700	
3 all day (Mon, Wed, Fri)	$445	$635	
2 all day (Tue, Thu)	$415	$575	

FULL DAY PRESCHOOL 8:30am-3pm

	Member	Guest	Total
5 day (Mon-Fri)	$535	$630	
4 day (Mon-Thu)	$455	$545	
3 day (Mon, Wed, Fri)	$390	$480	
2 day (Tue, Thu)	$345	$415	

Will your child require a nap on the days they attend _____yes _____no (please check one)

HALF DAY PRESCHOOL 8:30am-11am

	Member	Guest	Total
5 day AM (Mon-Fri)	$330	$480	
4 day AM (Mon-Thu)	$290	$400	
3 day AM (Mon,Wed,Fri)	$265	$370	
2 day AM (Tue,Thu)	$245	$340	

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. ******There will be a $10.00 discount if payments are scheduled instead of paid monthly by check, cash or card**There is a 3% fee for payments that use a card- this is avoided with a checking account number and routing number**

Parent Signature _____ Date_____

Ohio Department of Children and Youth

Child Enrollment Form for Early Care and Education Programs

Parents: Complete this form it its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First day at program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number
Parent #1 Address ☐ Same as child's	City State Zip
Parent #1 Email Address	Parent #1 Cell Number
Parent #1 Work/School Name	Parent #1 Work/School Phone Number

Check here if not applicable ☐

Parent #2 Name	Parent #2 Phone Number
Parent #2 Address ☐ Same as child's	City State Zip
Parent #2 Email Address	Parent #2 Cell Number
Parent #2 Work/School Name	Parent #2 Work/School Phone Number

Check here if not applicable ☐

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number	Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address	Optional Emergency Contact #2 Other number or email address
My child may be released to this emergency contact ☐ Yes ☐ NO	My child may be released to this emergency contact ☐ Yes ☐ NO

Child's Name	Date of Birth

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide Health Care Plan, documentation from a licensed physician, or an electronic equivalent)

☐ NO

Information on my child's development: (personal, behavior, patterns, habits and individual needs,etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services from an outside provider at the program:

☐ Yes

☐ NO

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency service will determine the facility to which my child will be transported.

☐ **The program DOES NOT have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish the following action to be taken:

Signature

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook)

Parent Signature	Date

Program Acknowledgement of Completion: By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator Signature	Date

Parent/Guardian Initials	Date of Review	Administrator Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator Initials	Date of Review

Please provide the most current copy of your child's immunization record with this form or sign the exemption form (ask Director for an exemption form if this is your intention).

Family Information Sheet

Child's Name_____Nickname_____

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 any foods that your child should not be fed? (allergies, culture, religion based)
Describe your child's personality and behavior
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 need assistance using the toilet? How do they let you know when they need to use the toilet? (words, gestures, signs)
Any other information about your child you feel will be helpful to us?

Parent Signature	Date

Family Needs Survey for Step up to Quality

We want to support any needs you or your family may have. The information you provide on this for is CONFIDENTIAL
Please circle Y (Yes) or N (No) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child/Children's Name(s):	**Caretaker's Name**:	Date Completed:

	TOPICS	Briefly List CONCERN
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Information on growth and development.	
Y N	Guiding and supporting a child's behavior.	
Y N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y N	Obtaining toys or activities to use to help any child in your home.	
Y N	Preparing your child for kindergarten.	
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Health insurance and/or access to regular medical care, dental care or medications.	
Y N	Medical or health supplies or supports that anyone in your family needs.	
Y N	Accessing immunizations.	
Y N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y N	Concerns with depression, anger, anxiety, or mental health needs.	
Y N	Concerns with alcohol, drug or addiction problems.	
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Help paying for childcare.	
Y N	Help finding housing or safe housing.	
Y N	Help paying your mortgage or rent.	
Y N	Help with food expenses.	
Y N	Finding household items such as furniture, clothing, or school supplies.	
Y N	Access to transportation or transportation expenses.	
Y N	Attending school (such as GED, Certifications or college degrees)	
Y N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:

Parent Signature:	Date:
Administrator or Designee Signature:	Date:

FOR STAFF USE:

Resources provided to the family:
Administrator or Designee Signature and Date:
Referrals provided to the family:
Administrator or Designee Signature and Date:

Financial Agreement

I agree to pay the YMCA of Ashland, Ohio 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 of each month, and a late fee of $20 will be assessed after the 10th of that month.

JFS Families only: 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 5 days behind on entries, I agree that I will self-pay for the time that has been used at the rate of $45/day. _____Parent initials

Assessment Permission and Authorization

The children will be assessed at least three times throughout the school year for academic gains and developmental assessments will be gathered using Ages and Stages Questionnaire, TS Gold and other methods a minimum of twice 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 initials

Swimming, Gymnastics and Walking Field Trip Permission

Child's Name _____DOB: _____

Please check all that apply:

_____My child has my permission to participate in the YMCA swimming program that will take place in the West Pool in the main building. The center will always have two supervising staff and a certified lifeguard on duty.

_____ 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.

There will not be extra staff above the licensing requirements.

My child is a:

____Swimmer

____Non-swimmer

**While swimming with the preschool, the child will wear Coast Guard approved water safety device regardless of what is checked here. **

*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_____

**Swimming and gymnastics will occur one at a time between the months of October and Apri

YMCA of Ashland, Ohio Preschool
Emergency Pickup Information

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

Child's Name _____

Parent who should be contacted **FIRST:**

(name of parent) _____ (phone number) _____

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

(name of contact) _____ (phone number) _____

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

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parents 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.soundtrack 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, soundtrack 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.

Printed Name (of child): _____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: _____

Sign above portion only if you give permission to use your child's picture on the YMCA website, social media or advertisement

Homeroom Page Photo Release

The YMCA of Ashland, Ohio Preschool shares photographs of classes and participants on our gethomeroom.com website to show families what we do all day. We would like your permission to use photographs of our day on our restricted page. Only authorized people indicated by the administration can see the posts. If you do not grant permission, please indicate this below.

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

_____Parent initials

OR

I **DO NOT** grant permission, and the YMCA may not use my photos on gethomeroom.com
_____Parent initials

Support Identification

To provide a supportive learning environment and promote positive behaviors, support and accommodation enable children to reach their fullest potential in a safe environment. We have identified several types of strategies that may be helpful to participants. The introduction of these strategies may impact our staff to child ratio and the well-being of all the children in attendance.

Documenting and reviewing supports identified by the parents/caregivers as they enroll their child in the program it is determined if a safe and effective learning environment can be provided, decisions will be made on the appropriate placement for each child who desires to enroll in the YMCA program.

Child's Name _____

_____needs no support 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
_____Communication Supports
_____Natural Supports
_____Transition Supports
_____Health Supports
_____Instructional Supports
_____Social 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

*__Must be documented by a professional in written form prior to attendance and implementation. Please see below for support explanation.__

_____Parent initials

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 support 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.

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. (Please circle the appropriate **category**, **amount of days and membership status.**)

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

Amount Paid_____ on the _____of each month (if no date is given it will be taken on the first of every month)

Checking_____ Bank Name_____

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

Account #_____ Routing #_____

Credit Card_____ Mastercard____ Visa____ Discover____ Other____

Account #_____

Expiration Date____/_____ CVV_____(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 YMCA of Ashland, Ohio Preschool using Scheduled Payment as the method of payment, I am committing to a nine-month period 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____**

****There is a 3% charge for card payments.**