YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

• *Torigian Family YMCA Early Learning Program for Preschoolers*

All bolded questions must be filled out

Child's Name:	**Eye Color:**	**Skin Color:**
Home Address:	**Hair Color:**	**Height:**
Telephone:	**Sex:**	**Weight:**
Date of Admission:	**Age at Admission:**	
Date of Birth:	**Primary Language:**	
Identifying Marks:		
Allergies / special diets:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	**Parent/Guardian Name:**
Date of Birth:	**Date of Birth:**
Email:	**Email:**
Relationship to child:	**Relationship to child:**
Home Address:	**Home Address:**
Home Telephone #:	**Home Telephone #:**
Cell Phone #:	**Cell Phone #:**
Business/Work Name:	**Business/Work Name:**
Business/Work Address:	**Business/Work Address:**
Bus. Telephone #:	**Bus. Telephone #:**
Hours at Work:	**Hours at Work:**

YMCA OF METRO NORTH

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name:_____ Date of Birth:_____

Parent/Guardian Name:_____ Relationship to child:_____

Home Phone:_(____)_____Work Phone__(____)_____Cell/Pager(___)_____

Parent/Guardian Name:_____ Relationship to child:_____

Home Phone:_(____)_____Work Phone__(____)_____Cell/Pager(___)_____

Medical Information

Primary Care Physician:_____ Phone:_____

Address:_____City:_____ Zip:_____

Health Insurance Company_____Policy Holder:_____

Policy Number:_____Instructions:_____

Child's Allergies:_____

Chronic Health Conditions:_____Physical or dietary restrictions:_____

Any other information that will help us better serve your child:_____

Enrollment options: 5 full day, 3 full day (Monday, Wednesday, Friday) or 2 full day (Tuesday, Thursday). *5 day has priority and 2 day space is very limited.

Rates: 5 day $228.00 3 day $175.00 2 day $160.00

MONDAY ☐	TUESDAY ☐	WEDNESDAY ☐	THURSDAY ☐	FRIDAY ☐
to	to	to	to	to

Emergency Contacts (In order to be contacted)

1. Name:_____ Address:_____

   Relationship to Child:_____ Phone #:_(____)_____

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

2. Name:_____ Address:_____

   Relationship to Child:_____ Phone #:_(____)_____

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

3. Name:_____ Address:_____

   Relationship to Child:_____ Phone #:_(____)_____

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

Signature of parent_____ Date_____

YMCA OF METRO NORTH

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AUTHORIZATION AND CONSENT

Please read each policy and initial that you agree or write "NO" if you disagree on the line before each statement. Please be aware that some policies must be initialed that you agree as a condition of enrollment.

- _____ I give my son/daughter permission to attend the Saugus Family YMCA Child Care Program and participate in all program prescribed activities.

- _____ I authorize staff in the child care program that 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 program to transport my child by ambulance to the nearest medical care facility Melrose/Wakefield Hospital and/or to North Shore Children's Hospital at the discretion of the Emergency Medical Personnel. I authorize the program to secure necessary medical treatment for my child in my absence.

- _____ I authorize the program to release my child only to the persons, parents, and guardian listed on the release card/transportation plan. I understand that a form of picture identification must accompany all persons picking up my child. I understand that any additions or subtractions to this list must be in writing to the office.

***Individual Health Care Plans and Medication Consent forms** are **required** for any child who has a chronic medical condition requiring medication while at the program (for example, a nut allergy that requires an epi-pen or asthma that requires an inhaler). Children may not begin or attend the program until these completed forms are received, along with the prescribed medication. All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer's packaging and the prescriber needs to sign the medication Consent Form for over-the-counter medications. One Mediation Consent Form is required *per* medication and one Individual Health Care Plan (IHCP) is required *per* condition. The IHCP must be signed by the doctor (an attached action plan and/or stamp is not sufficient per the Department of Early Education and Care).

If your child uses an emergency medical device such as an Epi-Pen or Inhaler please indicate that we have permission to treat your child in the case of a medical emergency. YES☐ NO☐
If YES, what type of device is needed? Type of device_____
By signing below I understand and agree to the above statements I have initialed. I attest that all of the information I have provided on this form is accurate and up to date and that it is my responsibility to inform the YMCA Child Care Director of **any** changes to the above information.

Parent/Guardian Signature_____ **Date**_____

YMCA OF METRO NORTH

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*I understand that documentation of physical examination (current/within the past year), immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements must be submitted **PRIOR** to my child being allowed to attend the Preschool Program.*
Parent/Guardian initials:_____

Parent/Guardian Authorizations and Consents

Please read each statement or policy and initial that you agree with or understand the statement. If there is a statement you do not agree with please write "NO" in the space instead of initialing. **Please be advised that certain policies and statements must be initialed as agreed as a condition of enrollment.**

- _____ I received a copy of the Parent Handbook during my child's initial enrollment. I also understand that my child, my family representatives, and I are held liable to the policies listed within. I also understand that by law I am allowed to reasonably visit the program at any time that my child is present.

- _____ I agree to pay all fees due to the YMCA for services provided in full and on time. I understand that payment must be made weekly, biweekly, or monthly IN ADVANCE. Falling more than 2 weeks behind in fees can result in termination of child care services.

- _____ I understand that I am responsible to pay for days that my child is absent from the program (i.e. Holidays, out sick, bad weather, doctor's appointments, etc.)

- _____ I understand that substitutions of days cannot be made for holidays, temporary closings due to weather conditions, or my child's absence from the program.

- _____ It was explained to me and I am aware of what time the program closes. I understand that a late fee of $10.00 fee will be charged at exactly 6 minutes after the closing time according to the designated clock at the YMCA. An additional charge of $10.00 per child will be charged for each additional 10 minutes after closing time. If my child has not been picked up from the program within 1 hour after the closing time a total charge of $60.00 in late fees will be charged per child and the Department of Children & Families will be notified. Late fee must be paid within 3 business days.

- _____ I understand that if my child, any family representative, or I put themselves, other persons, or staff in danger in any way, or acts inappropriately, childcare services can and will be terminated immediately. Anyone entering the YMCA is responsible for following the YMCA Code of Conduct.

the YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

- _____ I understand that if I plan to terminate my child's participation in the program I must give a 2-week written notice to the office and I will be responsible for payment of the two weeks.

- _____ I understand that if my child will not be attending the program on a given day, I must call the program at least 1 hour prior to the program starting. I understand if I do not send my child and do not call the program it will count as an unexcused absence. Further I understand that more than three unexcused absences in a month could result in the termination of services.

- _____ I authorize photographs, video, and audio recordings to be taken of my child while participating in any of the YMCA of Metro North's Children's Programs. These photos will only be used to acknowledge your child's achievements or in YMCA publications for advertisement.

- _____ I authorize the program to allow my child to be observed by a social worker, therapist or clinician if the need is determined. The purpose of the observation is to assess behaviors and give feedback to be used by the staff to better meet the child's needs. This information will remain confidential. **Parents will be notified in writing prior to observation and will be provided a copy of the observation as well.**

- _____ I authorize the Directors of the program to speak with my child's pediatrician, nurse, therapist, school teacher/principle/guidance counselor, school adjustment counselor, the Department of Children & Families, lawyer, social worker, Psychiatrist, or Psychologist. I will be informed by the Director should any of these people need to be contacted prior to doing so.

- _____ I give permission for my child to use any of the Metro North YMCA's swimming pools (Lynn, Saugus or Melrose). I understand that a certified Life Guard and program staff are present in/at the pool at all times with the children.

- _____ I understand that the YMCA DOES NOT PROVIDE Sunscreen or Bug Repellant to the children. I am aware that I must send these items in should I want my child to be protected on any fieldtrips.

- _____ I understand the YMCA staff cannot apply Sunscreen or Bug Repellant that I have provided for my child. Staff may help spray sunscreen or bug repellant if necessary or requested.

_____ _____

Signature of Parent/Guardian **Date**

YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

OFF SITE ACTIVITIES FORM

The Torigian Family YMCA Early Learning Program may periodically walk/visit the following locations for additional activities to those in the building. The times of these trips will be posted either on the program schedule or at the front doors.

I, _____, give permission for my child to participate
(**Parent's Printed Name**)
in all regularly scheduled on-going activities located at the following off-site facilities:

- Trails/fields behind Torigian Family YMCA building

I understand that I will be notified as far in advance as possible when my child may be off site and away from the program.

_____ _____

Parent/Guardian Signature **Date**

YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name_____

My child will arrive to the program by:

_____ YMCA contracted Bus (supportive slots only)

_____ supervised walk from

_____Parent Drop-Off

_____Other (Describe_____)

My child will depart from the program by:

_____Parent pick-up (No later than 6pm)

_____YMCA contracted Bus (Supportive Slots Only)

_____Other (Describe_____)

I further understand that I am responsible for picking up my child no later than 6pm or I will be charged a late fee and could possibly have my slot terminated after three late pick-ups.

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

Name_____ Relationship _____

Address_____ Phone_____

Name_____ Relationship_____

Address_____ Phone_____

Name_____ Relationship_____

Address_____ Phone_____

Parent/Guardian Signature_____ **Date**_____

YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION: REQUIRED

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: _____

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

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe 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

Any known complications at birth? _____

Serious illnesses and/or hospitalizations:_____

Special physical conditions, disabilities:_____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

_____

_____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

_____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap?_____ High chair?_____
* Does your child eat with spoon?_____ Fork?_____ Hands?_____

TOILET HABITS

*Are disposable or cloth diapers used? _____*Is there a frequent occurrence of diaper rash?_____
*Do you use: oil:_____ powder:_____ lotion:_____ other:_____
*Are bowel movements regular?_____ How many per day?_____
*Is there a problem with diarrhea?_____ Constipation? _____
*Has toilet training been attempted?_____
*Please describe any particular procedure to be used for your child at the center: _____
_____
*What is used at home? Pottychair? _____ 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 your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____
_____
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:_____
_____

YMCA OF METRO NORTH

LYNN | MELROSE FAMILY | SAUGUS FAMILY | TORIGIAN FAMILY

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 childcare 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. _____

_____

_____

_____

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

_____

_____

_____ _____

(Parent/Guardian Signature) **(Date)**