FULL DAY EARLY CHILDHOOD EDUCATION
Serving Ages 6 Weeks–5 Years Old

ENSURING A BRIGHTER FUTURE

WESTSIDE CHILD CARE CENTER
RochesterYMCA.org/child-care/full-day

Child Care Center
585-341-3278
585-429-1260
I understand:
• My child is enrolled in the YMCA Westside Child Care Center as indicated by my enclosed non-refundable registration fee and non-refundable deposit.
• A $1.00/minute late fee will be assessed if you pick up your child after 6 pm.
• Missing two weeks of payment will result in my child’s suspension from the program until payment is received.
• The YMCA requires 2 weeks written notice for termination of care. I am responsible for full payment of these 2 weeks of care.
• This YMCA program is a continuous program. Paperwork updates happen periodically and program fees can be updated annually.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature _____________________________ Parent/Guardian Name (please print) _____________________________ Date ____________

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B:

A. Racial Status:
- African American
- Hispanic
- Asian
- Native American
- Caucasian
- Other

B. Annual Household Income:
- Less than $15,000
- $15,000-$24,999
- $25,000-$44,999
- $45,000-$74,999
- $75,000 or over

SIGN UP AND SAVE!
Receive a free YMCA family membership with full time child care enrollment.
Yes, please contact me so I can learn more about the benefits of membership.
Full Day Early Childhood Education Registration

Child Name: _____________________________________________ Gender: □ M □ F YMCA Member: □ Yes □ No
Address: ____________________________________________ City: __________________ State: ______________ ZIP: ____________

Date of Birth: _______/_____/______ Age: _______ Program Start Date: _______/_____/______ Child’s Dominant Language ________

How did you learn about the program? □ In branch □ YMCA website □ Internet search □ Postcard □ Event □ School □ Friend □ Current Participant

               PARENT/GUARDIAN 1 INFORMATION

Relation to Child: ____________________________________________
First Name: _____________________________________________
Last Name: _____________________________________________
Occupation: _____________________________________________
Date of Birth: _______/_____/______
Address: ____________________________________________ City: __________________ State: ______________ ZIP: ____________
Home Phone: (______) ________________________ Cell Phone: (______)
Work Phone: (______) _____________________________________________
Email: ______________________________

Child lives with: (please check) □ Parent/Guardian 1 and Parent/Guardian 2 □ Parent/Guardian 1 □ Parent/Guardian 2

               PARENT/GUARDIAN 2 INFORMATION

Relation to Child: ____________________________________________
First Name: _____________________________________________
Last Name: _____________________________________________
Occupation: _____________________________________________
Date of Birth: _______/_____/______
Address: ____________________________________________ City: __________________ State: ______________ ZIP: ____________
Home Phone: (______) ________________________ Cell Phone: (______)
Work Phone: (______) _____________________________________________
Email: ______________________________

*Must list at least one emergency contact in addition to parent/guardian per OCFS regulations. Contacts listed are authorized to pick up child.

EMERGENCY CONTACTS

Name: _____________________________________________ Relationship: ____________ Cell Phone: (______)
Name: _____________________________________________ Relationship: ____________ Cell Phone: (______)
Name: _____________________________________________ Relationship: ____________ Cell Phone: (______)
Name: _____________________________________________ Relationship: ____________ Cell Phone: (______)

PARENT/GUARDIAN AGREEMENT

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation, and the services provided by the facility and the Office of Children and Family Services regulations under which it operates.

▪ The YMCA assumes responsibility for my child’s well being during the hours of operation in which my child attends the program.

▪ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

▪ I am responsible for the cost of all medical treatment and care.

▪ I have provided information on my child’s special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.

▪ The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child’s needs.

▪ I must notify the YMCA staff immediately of any changes on this form.

▪ The YMCA’s responsibility for my child begins when the child has reached the program and checked in with YMCA staff. I understand that my child needs to be in the program no later than 9:30 am. If I will notify staff or call if my child will arrive later than 9:30 am. It is my responsibility to notify the YMCA staff if my child will be absent from the program.

▪ It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.

▪ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police.

▪ YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.

▪ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

▪ While attending the YMCA’s full-day Early Education program, I understand that my child will be provided with a healthy breakfast, lunch, and afternoon snack each day.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature ____________________________ Parent/Guardian Name (please print) ____________________________ Date ____________________________

Turn page to complete Registration and Permissions
Full Day Early Childhood Education Registration and Permissions

Child Name ____________________________

Registration is as easy as...

1. Select Age Group
   - INFANTS 6 weeks-18 months $362
   - WOBBLERS 12-18 months $362
   - TODDLERS 18-36 months $336
   - PRESCHOOL 3 year olds $325
   - PRE-KINDERGARTEN 4 year olds $325

2. Choose Program
3. Include Child’s Health Form and Physical
4. Complete Enclosed CACFP Forms
5. Complete Enclosed Forms

All programs run from 7:00 am-6:00 pm, Monday-Friday, unless otherwise specified. For specific questions about these programs, please call the Child Care office at 585-341-3278.

PERMISSIONS FOR CARE

Please sign at the bottom and initial each line.

Photos/Video
I give permission for my child to be photographed or videotaped and to have those photos used in program and/or YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs: __________

Over-the-Counter-Topicals (OTC)
I give permission for my child to have YMCA staff apply home-supplied topical items (or a generic version if it happens to be on hand) such as diaper cream, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items: __________

Permission for Napping/Resting
I give permission for my child to nap/rest in a crib, on a mat, or on a cot (age appropriate) within the classroom during designated nap time. Infants will be put to sleep on their backs. Children are expected to rest quietly. No child will be forced to sleep or forced to stay awake: __________

Swimming
I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff: __________

Assessments
I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical boundaries developmentally if appropriate for particular programs: __________

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature ____________________________ Parent/Guardian Name [please print] ____________________________ Date __________

HEALTH INFORMATION

Physician’s Name: ___________________________________________ Phone: ____________________________
Insurance Carrier: ___________________________________________ Policy Holder Name: ____________________________ Policy No.: ____________________________
Dentist’s Name: ___________________________________________ Phone: ____________________________

CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Child’s Disposition (shy, aggressive, imaginative, etc.) ____________________________

How well does your child interact with other children? ____________________________

How is anger or frustration expressed? ____________________________

Adult Relations ____________________________

Fears/Apprehensions ____________________________

What helps your child handle transitions? ____________________________

Special services received ____________________________

Does your child nap? For how long? ____________________________

External stress factors ____________________________

Previous child care programs and why your child left ____________________________

Allergies ____________________________

Custody Orders (attach documentation) ____________________________

Family discipline practices ____________________________

If they are upset, try this ____________________________

Things I would like my child to accomplish at the YMCA ____________________________

SIBLING INFORMATION

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<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Currently Enrolled in YMCA Programs?</th>
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Registration is included in the above fees.