



# 2020 – 2021 Y PRESCHOOL REGISTRATION FORM

<b>For Office Use Only</b>	
Staff <input type="checkbox"/> yes PT FT <input type="checkbox"/> no	
MS Subsidy <input type="checkbox"/> yes <input type="checkbox"/> no	
Additional Subsidy Needed <input type="checkbox"/> yes <input type="checkbox"/> no	
Approved Amount _____	
Start Date _____	
Paperwork Turned In _____	MSR Initials _____
<input type="checkbox"/> Medical Form	
<input type="checkbox"/> Payment Contract	

### Child's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender M F Age \_\_\_\_  
 Name Child goes by \_\_\_\_\_  
 Race \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent(s)/Guardian(s) Information \*Information will be used for accounting questions, emergencies and pick-up verifications

Parent/Guardian #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Business Name \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone (\_\_\_\_) \_\_\_\_\_ Business Name \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Health Data/History (Required)

Operations or serious injuries (dates): \_\_\_\_\_  
 Chronic/recurring illness or medical condition: \_\_\_\_\_  
 Dietary restrictions: \_\_\_\_\_  
 Current Medication: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Name of Child's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
 Special Needs: \_\_\_\_\_

### Child Pick-up Information

Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child/children. This needs to include yourself, and, if applicable, the child's other parent or legal guardian) who is authorized to pick up your child. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. **Parent initial** \_\_\_\_\_

PARENT AUTHORIZATION: I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child is amenable to behavior management and free from habits or attitudes which would make him/her unable to appropriately participate. I have studied the brochure and fees and understand the contents thereof. **Parent initial** \_\_\_\_\_

In consideration of my child's participation in the activities of the Young Men's Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA. I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein. **Parent initial** \_\_\_\_\_

I understand the YMCA of Greater Indianapolis does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy. **Parent initial** \_\_\_\_\_

The YMCA has my permission to use photographs/videos of my child in YMCA promotional materials. **Yes No Parent initial** \_\_\_\_\_

## \*2020 – 2021 PRESCHOOL RATES\*

School Year: Aug 3, 2020 – May 21, 2021

**Drafting will run weekly on every Saturday.**

*A \$10.00 late fee will occur on Tuesday.*

**\$50/family Non-Refundable Deposit** *(which goes toward first week's payment)*

HALF DAY	
Ages	Class Options
<b>HALF DAY</b> <b>3s class</b> _____ Must be 3 before their first day of school <b>9 am – 1 pm</b>	<u><b>Monday through Friday</b></u> Y Member \$100/week  Program Participant \$112.50/week

HALF DAY	
Ages	Class Options
<b>HALF DAY</b> <b>Pre-K class</b> _____ Must be attending Kindergarten 2021-2022 school year <b>9 am – 1 pm</b>	<u><b>Monday through Friday</b></u> Y Member \$100/week  Program Participant \$112.50/week

FULL DAY	
Ages	Class Options
<b>FULL DAY</b> <b>3s class</b> _____ Must be 3 before their first day of school <b>6:30 am- 6 pm</b>	<u><b>Monday through Friday</b></u> Y Member \$175/week  Program Participant \$190/week

FULL DAY	
Ages	Class Options
<b>FULL DAY</b> <b>Pre-K class</b> _____ Must be attending Kindergarten 2021-2022 school year <b>6:30 am- 6 pm</b>	<u><b>Monday through Friday</b></u> Y Member \$175/week  Program Participant \$190/week