

Montachusett Community Branch YMCA

CHILD CARE ROOM _____
HOURS _____ **DAYS** _____

Application Approved _____
Date of Admission _____
Age at Admission _____

Child's Name _____ **Primary Language** _____
Child's Address _____ **Identifying information:** _____
Phone # _____ (required by The Department of Early Education & Care)
Eye Color _____ **Hair Color** _____ **Sex** _____
Date of Birth _____ **Height** _____ **Weight** _____ **Race** _____
Place of Birth _____ **Identifying Marks** _____
Child's Physician/Clinic _____ **Telephone #** _____

Parent's names: (or guardian) _____ **Marital Status of Parent** _____

Parent _____ **Parent** _____

E-mail address _____

Home Address _____ **Home Address** _____

Home Tel. No. _____ **Home Tel. No.** _____

Other Family Members in Household:
_____/_____/_____/_____

Business Address:
Mother - Name of Business _____ **Tel. No.** _____
Address _____ **Hrs. at work** _____

Father - Name of Business _____ **Tel. No.** _____
Address _____ **Hrs. at Work** _____

If I, the Parent(s)/Guardian(s) Cannot be Contacted, Notify and I give my permission to release my child(ren) to:

Name _____ **Relationship** _____
Address _____ **Tel. No.** _____
Name _____ **Relationship** _____
Address _____ **Tel. No.** _____

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

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____

DEVELOPMENTAL HISTORY

Type of Birth _____ Any Complications? _____
Age began sitting _____ crawling _____ walking _____ talking _____
Any speech difficulties? _____
Special words to describe needs: _____

HEALTH

Serious illnesses and/or hospitalizations: _____
Special physical conditions, disabilities or allergies: _____
Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____
Favorite Foods: _____ Child eats with hands _____
Foods Refused: _____ Spoon _____ Fork _____

TOILET HABITS

How does child indicate bathroom needs (include special words): _____
Is child ever reluctant to use the bathroom? _____
Does child have accidents? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____
When does 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.): _____

SPECIAL RELATIONSHIPS

How would you describe your child? _____
Previous experience with other children: _____
Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____
How do you comfort child: _____

How do you discipline child: _____

Describe your child's schedule on a typical day: _____

What would you like your child to gain from this childcare experience? _____

Is there anything else you would like us to know about your child? _____

Information so that the teachers may be supportive of your child and family as members of the YMCA Preschool Program

Cultural Traditions: _____

Parent's Home Language: _____

Child's Home Language: _____

Family Structure: _____

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

Child care Emergency Form
Picture Identification is needed for Pick-up

Child's name: _____ Date of Birth: _____

Child's Address: _____

My child will arrive at the YMCA by:

Parent drop off ___ Program Van ___ School Bus Drop off ___ Other describe _____

My child will depart from the YMCA Program by:

Parent pick up ___ Program Van ___ School Bus Drop off ___ Other describe _____

In case of Accident or Illness Contact:

Parent's Names

Mother _____ Home tel. # _____ Work tel. # _____

Father _____ Home tel.# _____ Work tel.# _____

Other emergency Instructions:

Any allergic reactions: _____

Child's doctor: _____ Dr. Telephone # _____

Name of medical insurance: _____ Policy number _____

Hospital at which this insurance policy is accepted: _____

The YMCA staff has my permission to call a doctor or to take my child to the hospital emergency center for emergency treatment.

YMCA staff trained in first aid may administer emergency first aid to my child.

I give permission for my child to be released from the YMCA by the means stated above and/or give permission to the following people to receive my child at the end of the day or in the event parent can not pick up.

1. Name: _____ Relationship _____
Address _____ Phone: _____

2. Name: _____ Relationship _____
Address _____ Phone _____

3. Name: _____ Relationship _____
Address _____ Phone: _____

Any changes you must make to pick up/drop off, please notify staff. If notifying by phone please use family password and/or description of person. This permission is valid for one year from signature.

Family Password _____

Signature of Parent(s) or Guardian(s) _____ Date _____

The Montachusett Community Branch YMCA school staff may take my child on trips during the school year, walking, YMCA vehicles, or contracted bus. Children will participate in daily out door play, weather permitting. When the children are out of the classroom, a note will be posted on classroom door indicating where children are located. Location is also written on a clipboard at the Front Desk.

For special trips, we will let you know the date in the monthly newsletter and ask you to sign a permission slip. Parents are welcome to join us for field trips.

Signature (Parent(s)/Guardian(s)) _____ Date _____

I approve of my child using the Montachusett Regional YMCA pool and camp Lowe facilities for swimming.

Signature (Parent(s)/Guardian(s)) _____ Date _____

The staff of the Montachusett Community Branch YMCA or its assignees may take pictures of my child for publicity purposes.

Signature (Parent(s)/ Guardian(s)) _____ Date _____

Il have examined all policies in parent handbook including but not limited to the discipline policy, parental rights, school calendar and tuition schedule and understand the information and conditions described in them.

Signature (Parent(s)/Guardian(s)) _____ Date _____

Medical form must be completed by child's doctor and returned to center before child can begin program. Completed emergency form must be given to center on or before date of admission. All records must be completed and updated when requested to ensure child's enrollment in program. Children with contagious/communicable disease are not allowed in school. If your child is out with a contagious disease, we need doctor's verification that the disease is no longer communicable before child returns to school.

Child should always dress appropriately for outdoor play. All children need an extra set of clothing and blanket to keep in school.

INFORMATION YOU HAVE PROVIDED ON THIS APPLICATION IS CONSIDERED PERSONAL AND CONFIDENTIAL.

VERY IMPORTANT: PLEASE INFORM US OF ANY CHANGES IMMEDIATELY

**MONTACHUSETT COMMUNITY BRANCH YMCA
PRESCHOOL
55 WALLACE AVENUE
FITCHBURG, MA 01420**

FIELD TRIP PERMISSION FORM

I, _____, give permission for my child,
_____, to attend a field trip (outing) to (see below) during
Preschool/Kindergarten operating hours.

Parent(s)/Guardian(s) Signature _____ Date _____

Below is a list of activity areas the Preschool program frequently visits. These areas are in and around the Fitchburg city limits. By signing the above form, you agree to have your children transported, or to walk to the following areas.

- *FITCHBURG LIBRARY*
- *PUTNAM BOWLING*
- *FITCHBURG FIRE STATION*
- *FITCHBURG POST OFFICE*
- *FITCHBURG POLICE STATION*
- *Preschool Playground (Across the street from the YMCA)*
- *WALKS*

All Field Trips that require vehicle transportation will need separate permission forms signed by parent. The form will have date, time (leaving and returning) and destination will be stated on the permission form.

MONTACHUSETT COMMUNITY BRANCH YMCA

If you have a change in employment you must immediately notify administration of the change.

Our staff is scheduled by what hours you write down as the arrival and pick-up time for your child. Our goal is to be helpful to your schedule, but we need to follow the EEC regulations for the staff/child ratio. If you are going to be late picking up your child, even by 15 minutes, we need to know. In the event that you pick up after your designated time, a late fee will be added to your account of \$1.00 per minute that you are late.

Child's name _____

Parent's/Guardian's name _____

#1 Parent/Guardian work place _____

Telephone # _____

Days at work _____

Hours at work (time) _____

#2 Parent/Guardian work place _____

Telephone # _____

Days at work _____

Hours at work (time) _____

A.M. Arrival Time _____

P.M. Pickup Time _____

Signature _____ **Date** _____

MONTACHUSETT COMMUNITY BRANCH YMCA

Permission to Apply Topical (non-prescription) Lotions

- Child will have applied protection put on, either sunscreen or sun block with UVB and UVA protection of SPF greater than 15 to exposed skin with written parental permission whenever necessary.
- Avon's Skin-So-Soft will be applied whenever necessary to protect children from insect bites with written parental permission. If the public health authorities recommend use of insect repellent due to a high risk of insect-borne disease, only repellent containing DEET will be used.

Air Pollution

Program staff always protects children and adults from exposures to high levels of air pollution, from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other pollution alerts.

I give permission to the YMCA staff to apply to my child's body the following:

Sunscreen: **NO-AD Lotion SPF # 23 or Higher**

INSECT REPELLENT: **AVON: SKIN SO SOFT, DEET Free repellent or Bug Guard Plus Picaridin**

Name of Child _____

Parent/Guardian Signature _____

Date _____

MONTACHUSETT COMMUNITY BRANCH YMCA

CHILD CARE PROGRAMS

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION FORM

The following non-prescription medications may be given to: _____.

MEDICATION

DOSAGE

INSTRUCTIONS

Physician _____

Date _____

I authorize the staff of the Montachusett Community Branch YMCA to administer the above non-prescription medication to my child, _____, according to the dosage and instructions of the physician.

Parent(s)/Guardian(s) will be called before administering any of the above medicines unless it will delay appropriate care unreasonably, when parent cannot be reached by telephone.

Parent(s)/Guardian(s) _____

Date _____