



# PRESCHOOL WITH THE ASHLAND FAMILY YMCA 2024-2025 REGISTRATION PACKET

Child's Name: \_\_\_\_\_

PLEASE CHECK THE SCHEDULE YOU HAVE REGISTERED YOUR CHILD FOR:

**PART DAY 7:30a-12p**, \$1,125 per month tuition and \$50 summer/ \$150 school year materials and supplies fee *materials & supplies fee is non-refundable, non-transferable*

**FULL DAY 7:30a-6p**, \$1,500 per month tuition and \$50 summer/ \$150 school year materials and supplies fee *materials & supplies fee is non-refundable, non-transferable*

YOUR START DATE IS \_\_\_\_\_ *first day of summer is June 3, 2024, first day of the school year is September 3, 2024*

Please complete this Registration Packet in its entirety, the YMCA Health Form, the Oregon Certificate of Immunization Status and **return to the YMCA by Friday May 31**. We need time to prepare for your child before their start date so they can be welcomed on the first day.

The Preschool Parent Handbook is available online at <https://ashlandymca.org/preschool/> and is also emailed to families. This handbook includes important information such as the school year schedule including holidays and in-service days, what to bring for your child, what not to bring, health policies, behavior management policy, birthdays and a wealth of other knowledge.

### OFFICE USE ONLY

BILLING METHOD FOR TUITION: \_\_\_\_\_

Y-MEMBER: Y N      MONTHLY TUITION: \$ \_\_\_\_\_      FIRST MONTH TUITION PAID \_\_\_\_\_

YMCA FA:      \$150 REGISTRATION FEE PAID \_\_\_\_\_      HEALTH FORM INCLUDED \_\_\_\_\_

OTHER FA:      IMMUNIZATION FORM COMPLETE \_\_\_\_\_

**PRESCHOOL WITH THE ASHLAND FAMILY YMCA**  
**STUDENT INFORMATION FORM**

CHILD'S NAME (Last, First) \_\_\_\_\_ M F BIRTHDATE \_\_\_\_\_

DATE CHILD IS ENTERING CARE: \_\_\_\_\_ AGE AT ENTRY: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_ BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

PARENT/GUARDIAN 1 \_\_\_\_\_ PARENT/GUARDIAN 2 \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

WORK HOURS \_\_\_\_\_ WORK HOURS \_\_\_\_\_

**EMERGENCY CONTACTS**  
and  
**PEOPLE AUTHORIZED TO PICK UP CHILD**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S DENTAL PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_

## PRESCHOOL WITH THE ASHLAND FAMILY YMCA AGREEMENTS & RELEASES

Please read and initial each statement.

\_\_\_\_ I understand that tuition is payable via scheduled electronic payments 14 days prior to the 1<sup>st</sup> of each month. I understand that a late fee of \$10 will be assessed on the 1<sup>st</sup> of the month for any unpaid tuition and that a \$20 bank fee applies if my payment is returned.

\_\_\_\_ I will notify the YMCA ahead of time if my child will not be attending on a scheduled day. I understand that no credit will be given for sick or missed days.

\_\_\_\_ I will give the Preschool Director a written three-week notice via email to [preschool@ashlandymca.org](mailto:preschool@ashlandymca.org) when withdrawing my child from the program. I understand that I am financially responsible for any and all fees accrued during this three-week period. All financial obligations will be met prior to my child's last day.

\_\_\_\_ I understand that according to State Law all Preschool personnel are mandated to report any suspicion of child abuse or neglect to state authorities.

\_\_\_\_ I have received and read the Parent Handbook.

\_\_\_\_ I give permission for my child to go on supervised field trips in YMCA vehicles or other means of transportation authorized by the YMCA.

\_\_\_\_ I give permission for my child to participate in supervised swimming lessons with a swim instructor at the Ashland Family YMCA. A lifeguard will always be on duty during swimming at the YMCA.

\_\_\_\_ I understand that my child may be photographed, and give permission for such photography to be used for YMCA promotion.

\_\_\_\_ I understand that participants in the Ashland Family YMCA Preschool program are not covered by medical, dental, or accident insurance. Each participant must furnish her/his own personal coverage.

\_\_\_\_ In case of minor injury, I hereby authorize a YMCA staff member to administer basic first aid to my child. In case of sickness or accident, I hereby authorize the YMCA to secure medical attention, including transportation, for my child if unable to communicate with me.

\_\_\_\_ To the best of my knowledge, my child is free of any potential health problems not listed on the health form which might restrict his/ her participation or any communicable disease, which may endanger other children. I agree to notify the Preschool Director immediately if my child is exposed to any communicable disease.

\_\_\_\_ I have completed and turned in my child's Health Form. I understand my child will not be released to any person(s) not listed on the health form or on the Student Form. I understand anyone picking up my child must have a photo ID on them, including myself, or know the family password listed on the Health Form.

\_\_\_\_ I give permission for YMCA staff to apply sunscreen to my child prior to going outside.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PRESCHOOL WITH THE ASHLAND FAMILY YMCA  
STUDENT PROFILE

Dear Family,

We are looking forward to working with you and your child this year. To help us get to know your child better, please answer the following questions.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ M / F

Child's Home Language: \_\_\_\_\_ Has your child been in childcare before? Yes No

Describe your child's living situation:

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Significant family members, friends, and pets in my child's life:

Name	Relationship	Occupation	Age	Living at home?

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

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The holidays we celebrate in our home are:

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Does your child have any allergies? If yes, please list here:

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Are there any special health issues regarding your child that we should know about? If so, please describe:

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Does your child have any educational special needs (IFSP, etc.)? If yes, list any health partners/providers that you would like us to know about.

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HOME EXPERIENCE:

What are your child's favorite books and outdoor activities?

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Does your child prefer quiet or active times?      Quiet      Active

Does your child nap regularly?                      Yes      No

Do they sleep with something special?              Yes      No

Does your child have any particular fears, and how do you deal with them? (Note: please let us know if there are any major life changes.)

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Does your child anger easily? What angers them and how do you deal with their anger?

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What manner of discipline do you find is most effective with your child?

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My primary concern for my child at preschool is:

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Please write a brief paragraph describing your child. My child is a very special person that:

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We encourage family participation. Are you interested in spending time in our classroom as a volunteer?

Yes              No

Thank you for taking the time to work through this student profile. We feel it will help us to develop a relationship with you and your child. This information is confidential and will be used only by the preschool staff.

Is there anything else you would like us to share with us?

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