



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# NURTURING YOUTH DEVELOPMENT

## Preschool Program

### PLANO FAMILY YMCA

## 2016-2017 Preschool Registration

Thank you for choosing the Plano Family YMCA as your child care provider. We look forward to building a lasting relationship with you and your family and aim to positively impact your lives.

The following is a checklist of necessary paperwork for your convenience. Per our licensing standards, we must have **all** paperwork complete before your child is registered. If you are a returning student, we ask for all new paperwork for the 2016-2017 program.

Child's name: \_\_\_\_\_ Start date: \_\_\_\_\_

- Completed Enrollment Form
- TDFPS Discipline Policy
- Physician's Statement
- Immunization Records
- Vision and Hearing Test Results (4yrs and older)
- I have received a Parent Handbook
- Non-refundable registration fee
- Credit card draft

Plano Family YMCA  
3300 McDermott Rd., Plano, TX 75025 P 214 705 9459 F 214 705 8215

**Mission:** To put Christian values into practice through programs that build healthy spirit, mind and body for all.





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# Participant Information

Does your family have a YMCA Membership?  YES  NO  
How did you about the YMCA?  YMCA Flyer/Postcard  YMCA Website  YMCA Email  
 Internet (Facebook, Twitter, etc)  Family/Friend Referral: \_\_\_\_\_

Attendance:  
 3 day (M/W/F)  Post Care (M/W/F)  
 5 day (Monday - Friday)  Post Care (Monday-Friday)

Child's Name: \_\_\_\_\_  
*Last First Middle*

Home Phone: ( ) - D.O.B. / / Age: Gender:

Address: \_\_\_\_\_  
*Street Apt.# City Zip*

Primary Contact's E-mail Address: \_\_\_\_\_

### Parent/Guardian Information

Mother/Guardian		Father/Guardian	
Name:		Name:	
Driver's License #:	D.O.B.	Driver's License #:	D.O.B.
Address:		Address:	
City:	Zip:	City:	Zip:
Employer:		Employer:	
Work #:		Work #:	
Cell Ph #:		Cell Ph #:	
Email Address:		Email Address:	

Security Code: \_\_\_\_\_

*Any word or the last 4 digits of the parent's SS# to be used in case of an emergency.*

### Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

### Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:

I understand that in addition to Parent(s)/Guardian(s) listed, individuals listed above are authorized to pick-up my child from the YMCA Child Care Programs:

Parent/Legal Guardian's Signature

Date



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Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc. Please put N/A if there are none.

Medications being taken

Please list any medications a your child is taking or N/A if none

I certify that has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Preschool Program.

Admission Agreement/Parent Information Packet Receipt/Releases

WATER ACTIVITIES: I hereby give my consent for my child to participate in water activities.

(Parent Initials)

IMMUNIZATION RECORDS: All immunization records including TB, Hearing and Vision test results are on file in school office.

(Parent Initials)

POLICIES AND PROCEDURES: I have received a copy of the YMCA Preschool Program Parent Hand-book. (Contains preschool information and statements)

(Parent Initials)

MOVIES: I give permission for my child to view a Director approved G movie.

(Parent Initials)

REFUND/CANCELLATIONS/PRORATES: I understand Plano Family YMCA's policies regarding cancellation and refunds regarding the preschool program.

(Parent Initials)

CUSTODY: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up child will be governed by the Primary Parent/Guardian Information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.

(Parent Initials)

I have read the Admissions Agreement and fully agree to its terms. I have also read and accept the policies and procedures (parent handbook) stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent handbook containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent handbook. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me. In the event that I cannot be reached in an emergency I hereby give my permission to the YMCA staff to administer first aid and/ or transport to nearest hospital. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes taken at child care or day camp sites showing my child in activities for use in public relations, promotional or advertising purposes.

Signature Date

(Parent/ Legal Guardian)

\*\*\*\*\*

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital.

Name of Licensed Physician: Phone:

Address: Street Suite# City Zip

Signature Date

(Parent/ Legal Guardian)



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# Physician's Statement

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I have examined \_\_\_\_\_ on \_\_\_\_\_

and find him/her to be healthy and able to take part in the YMCA Preschool program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please submit to:      Plano YMCA  
                                 Attention: Preeya Ganness  
                                 3300 McDermott  
                                 Plano, TX 75025  
                                 214-705-9459  
                                 [pganness@ymcadallas.org](mailto:pganness@ymcadallas.org)



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**Discipline and Guidance Policy for \_\_\_\_\_**

Name of Operation

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

- parent     employee/caregiver     household member of child-care home



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

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

Parents Name: \_\_\_\_\_

### **Credit Card Draft**

Draft Date: 1<sup>st</sup> or 15<sup>th</sup>

Please Circle:            MasterCard            Amex            Visa            Discover

Name on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### **Payment Authorization**

I have given authority to the bank and credit card issuer named below to honor preauthorized debits drawn by the YMCA on my account for preschool payments as indicated. It is understood that the draft on my account shall constitute valid notice of such payment due on my preschool account. When the bank or credit card issuer honors the payment, my account statement shall constitute receipt for the payment.

**\*There will be \$50 cancellation fee drafted from your account without a 15 day notice of cancelling preschool.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**\*NSF policy (insufficient funds) – There will be a \$25 charge on all returned checks, bank drafts and credit card charges due to insufficient funds.**