

Preschool Program Registration Packet



September 2023—June 2024

Preschool Enrollment Checklist

***MUST HAVE BEFORE START DATE:**

- Registration Packet
- Up-to-date Shot Record and Physical

***MUST HAVE ON START DATE:**

- 2 Changes of Clothes
- Small Blanket for Naptime and fitted crib sheet (1 year old and up)
- Diapers/Pull-Ups/Wipes
- Pre-Made Bottles labeled w/ date & child's name (infants only, brought daily)
- Baby Food (Infants only, daily)

**Goldsboro Family YMCA
Preschool Registration Packet**



Start Date: _____

Child Information

Name: _____ DOB _____

Address: _____

Contact Information

Mother/Guardian's Name _____ Email _____ DOB: _____

Phone: (h) _____ Phone: (w) _____ Phone: (c) _____

Father/Guardian's Name _____ Email _____ DOB: _____

Phone: (h) _____ Phone: (w) _____ Phone: (c) _____

Emergency Care Information

Doctor's Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier _____ Policy: _____

Emergency Contacts

If neither Guardian can be contacted, call the following:

Name: _____ Relationship: _____

Phone: _____ Phone: _____

Name: _____ Relationship: _____

Phone: _____ Phone: _____

Medical Release

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither guardian nor the family physician can be contacted immediately.

Guardian Signature Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In this situation, other children will be supervised by a responsible adult. I will not administer any drug or any medication without the specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest during outdoor play.

Signature of Operator Date



OFFICE USE ONLY	
_____	FA Awarded/Notified/Entered
_____	Enrolled
_____	ProCare System
_____	Shaken Baby Policy
_____	NC Child Care Law & Rules
_____	Pro Care
_____	Parent Handbook
_____	Food Program

The Preschool Program weekly fees:

Registration fee: \$80

- Infants: \$175
- 1 Year Old: \$165
- 2 Years Old: \$155
- 3-5 Years Old: \$145

Hours of Operation: 7:00 a.m. to 6:00 p.m. Monday through Friday.

Breakfast, lunch, and afternoon snack for children 1 year and older is included in tuition price. Parents of infants and children who are not on table food must provide formula and/or breastmilk and baby food daily for his/her child. All bottles must be premade and labeled with child's name and date.

Goldsboro Family YMCA Preschool and Child Care Center Hours, Rates, and Accounting Policies

ACCOUNTING POLICIES

- **All tuition and fees will be paid through automatic draft. The automatic draft can be set up using a bank checking account or credit card.**
- The Registration Fee for each child is due upon enrollment and is NON-REFUNDABLE and NON-TRANSFERABLE.
- The Tuition Fee is a weekly payment that is due on Wednesday prior to the week of service. Weekly Program fee is due whether a child is in attendance or not. This keeps your child's space reserved. After one full year of enrollment, the family will be granted one vacation week at no charge.
- Services will be suspended immediately if full payment is not received by 9am Monday morning. All payments must be made before services can resume. A late fee of \$25.00 will be added to the account for any late payments
- A late pick up fee of \$1.00 per minute after 6:00pm (Preschool/Child Care Center Clock) will be charged. The late fee will be applied to your account. If a parent is not located by 7:00pm, DSS (Department of Social Services) will be contacted.
- Holidays/Vacations- Due to the fact we are closed so few holidays, there will not be a reduction in program fees during the weeks these holidays occur.
- Closings-Preschool & Child Care Center will be closed Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, Day after Christmas Day, New Years Eve and New Years Day.
- In the event of inclement weather or other unforeseen circumstances that cause the Preschool and/or classroom(s) to be closed, payment in full is expected if closure is two (2) days or less. Closures that are three (3) days or longer will be prorated.
- Make all checks payable to the YMCA. There will be a \$25.00 charge for all returned checks. If two checks are returned, cash or money order will be required for **all** future payments.

I/We understand and agree to pay in accordance with the above fee schedule and Accounting Policies of the Goldsboro Family YMCA.

I understand that my weekly fee is: \$ _____

Signature of Parent/Guardian: _____ Date: _____



WE CHECK I.D.'s

You MUST be prepared to show I.D. when picking up your child EVERYDAY! YMCA Staff will not release until I.D. is provided and verified. Please remember this is to provide a safe environment for your child.

Thank you in advance for your patience.
Please list below authorized persons your child may be released to.

Child's Name: _____

Authorized Pick-Up/Relationship to Child

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

RELEASE FROM LIABILITY

In consideration of my requesting my child’s attendance with the group from the Goldsboro Family YMCA, I accept any and all responsibility for, and assume the risk of, and all injuries of his/her participation in the program and I hereby expressly discharge and hold harmless from any liability whatsoever, the Goldsboro Family YMCA, the various branches and subdivisions thereof, as well as the officers, agents, employees, and servants thereof, in their capacities as representatives of the Goldsboro Family YMCA, whether employed or voluntary.

I certify that I am familiar with the content of this release and that I have read and understand the same and that it is my intention by signing this release, that the same be binding not only upon me, but also upon my heirs, administrators, executors, successors, and/or assigns.

Parent/Guardian’s Signature

Date

PERMISSION SLIPS

Video/Photographs

I hereby give my permission for the Goldsboro Family YMCA to take photographs and videos of my child and use them in publicity if they so desire.

_____ Yes _____ No

Parent/Guardian’s Signature

Date

Field Trips

My child, _____, has permission to accompany the YMCA Preschool and Child Care Program staff to various designations/field trips. Field trips include trips on YMCA premises such as the pool and play areas as well as trips to other businesses and parks.

I will be notified of all field trips and mode of transportation.

I have signed and dated a medical release attached to the parent/guardian packet received during registration.

Parent/Guardian’s Signature

Date

Aquatic Activities

I hereby give permission for my child to participate in aquatic activities including sprinkler play. I acknowledge that I have received a copy of the center’s aquatic policy.

Parent/Guardian’s Signature

Date

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return to the Goldsboro Family YMCA.

Please keep and refer to your copy of the Goldsboro Family YMCA Program Policies. Your signature below indicates that you have received them.

I understand that the Goldsboro Family YMCA staff and volunteers are not allowed babysitting or transporting of children at any time outside of the YMCA program.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that participants' files, records, and payment information pertaining to the Family YMCA Preschool and Child Care Center Programs are property of the Goldsboro Family YMCA.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by directly speaking with the Preschool Director or Youth & Family Services Director to inform of the change.

I understand that 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, the staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates the Goldsboro Family YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand children shall be in a **smoke free and tobacco free environment**. Smoking and the use of any product containing, made or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the child care center, in vehicles used to transport children, or during any off premise activities.

I understand that the Preschool and Child Care Center is a peanut-free facility.

I acknowledge that I have read and received a copy of the facility's **Shaken Baby Syndrome/ Abusive Head Trauma Policy**.

I acknowledge I have received a copy of the **North Carolina Child Care Law and Rules** from the Goldsboro Family YMCA Preschool and Child Care Center. I understand the information in the brochure to the best of my knowledge. If I should have questions regarding any information, I am aware that I can call the Division of Child Development. I understand that I have the right to receive a copy of this agreement for my records. A copy of the North Carolina Child Care Law and Rules Brochure can be found at the Families Resources and Brochures Area located in the Preschool Hallway.

I do hereby state that I have read and received a copy of the center's **Parent Handbook**.

I do hereby state that I have read and received a copy of the center's **Discipline and Behavior Management Policy**, and that the center director has discussed the policies with me.

I have read and understand the statements above and the Goldsboro Family YMCA Policies & Procedures.

Parent/Guardian's Signature

Date

Print name of parent/guardian

Please Print Child's Name

Date policy's given/explained to parent/guardian

Date of child's enrollment



GOLDSBORO FAMILY Y PRESCHOOL & CHILD CARE CENTER
 Electronic Funds Transfer (EFT) Authorization Form
 900 S. Harding Dr. Goldsboro, NC 27534
 Preschool: 919-778-0016 School -Age: 919-947-0124
 www. GoldsboroYMCA.org

Section 1: Update Automatic Payment Personal Information

After School Camp Preschool

Request Automatic Payment:

Adult #1 Full Legal Name: _____

Adult #2 Full Legal Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Section 2: EFT Payment Authorization*

EFT transactions are posted to your account the Wednesday payment is due. Draft will continue until cancelled. I understand that failure to provide correct banking information will result in immediate termination of program registration. **Initial Here**

I understand that if, for any reason, my bank refuses to honor a draft, program registration will be terminated immediately. Registration will be reinstated only after full payment of all fees. The YMCA collects no service charge or interest for the use of the bank draft plan, but does charge a \$25 fee for drafts returned for reason of insufficient funds, closed accounts or stopped payment.

Initial Here

I, _____, authorize Goldsboro Family YMCA to draft my bank account for \$ _____ on the schedule indicated below for payment of my program fees.

Schedule my draft WEEKLY (each Wednesday) or SEMI-MONTHLY (on the 1st & 15th)

Name on Account _____	
Routing Number _____	Account Number _____
Credit Card Number _____	Expiration Date _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover	
Signature: _____ Date _____	

Children's Medical Report

Name of Child _____

Birthdate _____

Name of Parent/Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by Parent)

- 1. Is your child allergic to anything? No _____ Yes _____ If yes, what?

- 2. Is your child currently under a doctor's care? No _____ Yes _____ If yes, for what reason?

- 3. Is the child on any regular medications? No _____ Yes _____ If yes, what?

- 4. Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and for what?

- 5. Any history of significant previous diseases or reoccurring illness? No _____ Yes _____
 - Diabetes : No _____ Yes _____
 - Convulsions: No _____ Yes _____
 - Heart Trouble: No _____ Yes _____
 - Asthma: No _____ Yes _____
 - Others _____
- 6. Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe

- Any mental disabilities? No _____ Yes _____ If yes, please describe

Signature of Parent/Guardian: _____ Date: _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____

Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal _____ Abnormal _____

follow-up _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed:

Should activities be limited? No _____ Yes _____ If yes, explain:

Any other recommendations:

Date of Examination _____

Signature of authorized examiner/title _____

Phone # _____