

# 2021-2022 YMCA PRESCHOOL REGISTRATION FORM

Time: 7:00am-5:30pm

**Please Note: Class space is limited**

- Registration Fee:  \$30 Preschool Registration/Supply Fee
- Preschool Rates:  YMCA Members: \$20/day or \$95/week\*
- Non-YMCA Members: \$25/day or \$120/week\*
- Other (CCAP or YMCA Scholarship) Amount: \_\_\_\_\_

\*All payments must be paid at the beginning of each week to receive the weekly discounted rate. The weekly discount will only apply to a full week payment. **Your child MUST attend each day, Monday-Friday, to receive the discount for that week.** If you have a drop-in, you must pay at the time of drop-off. Payments can be made at the Preschool or at the YMCA front desk during normal operating hours. You can receive credits if your child does not attend a day that is paid; however, no refunds will be given.

To reserve a spot for Preschool, a registration fee will be required at the time of registration. No refunds on registration fees. The YMCA accepts CCAP from the state. You must apply for that program before you can apply for a YMCA scholarship. A denial letter and proof of household income will be required. Applications can be picked up at the YMCA.

#1 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_  
#2 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_  
#3 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If the person(s) above are not available in the event of an emergency, please notify:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Person(s) authorized to pick up child(ren)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

**CONTINUED ON THE BACK!**

If parents are divorced, who is the custodial parent? \_\_\_\_\_

\*\*If there are special circumstances involving visitation and/or pick-up rights, you must provide the Preschool Director, Mary Ann McDaniel, with legal documentation of those arrangements.

Who will be primarily responsible for tuition payments each week? \_\_\_\_\_

Please circle the days that your child will attend preschool. If you don't know or it will not be weekly, please select Drop-in.

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      DROP-IN

**MEDICATIONS CANNOT BE TAKEN AT THE PRESCHOOL OR ADMINISTERED BY PRESCHOOL STAFF. EPIPENS AND INHALERS ARE THE ONLY EXCEPTION!**

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

List any medical situations your child has including allergies:

\_\_\_\_\_  
List equipment needed for your child while at Preschool, such as wheel chairs, glasses, etc.:

\_\_\_\_\_

**Waiver and Photo Release**

- I acknowledge that Mayfield Graves County YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in Preschool, I do hereby agree to hold free from any and all liability to the Mayfield Graves County YMCA and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claim for all injuries and damages, occurred. I do hereby declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Preschool program.
- I hereby consent to the use, publication, and display, in whole or in part, by or on behalf of the Mayfield Graves YMCA and its agents and assignees including, but not limited to, KENTUCKY NEW ERA, SOCIAL MEDIA, and Mayfield Graves County YMCA, or any film, video tapes, or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use and may be used in conjunction with the photographs and the use which it/they may be put.
- I have read and understand the YMCA Preschool Handbook.
- I have attached an up-to-date immunization record for my child.
- I understand that if I do not pay and have not arranged to pay with the YMCA Preschool Director that I may lose my spot in the YMCA Preschool program. Once my balance is paid in full, I will go to the end of the waiting list, if applicable, and apply again.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_