



# YMCA OF GREATER PROVIDENCE PRESCHOOL/DAYCARE 2020-2021 Enrollment Application

All YMCA of Greater Providence childcare programs are licensed by either the Rhode Island Department of Human Services or the Massachusetts Office for Early Education and Care. Our enrollment forms incorporate the highest standards from each state's licensing requirement.

## 1. PRE-ADMISSION HISTORY

Child's First Name	Middle	Last
Street Address	City/State	Zip
Date of Birth		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	

## 2. CHILD'S IDENTIFYING INFORMATION

Eye color	Skin color	Height	Weight	Ethnicity
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## 3. GENERAL ENROLLMENT INFORMATION

Are you a YMCA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Desired start date:
Program requesting:	<u>2/day</u>	<u>3/day</u>	<u>5/day</u>

## 4. PARENT/GUARDIAN INFORMATION

Parent 1/ Guardian 1	D.O.B.	Home Phone	Cell Phone
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Occupation	Days/Hours of Work		
Parent 2/ Guardian 2	D.O.B.	Home Phone	Cell Phone
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Occupation	Days/Hours of Work		



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Are there any court orders relating to the child's custody or release? Yes  No  if yes, please provide a copy of court order

## 5. PARENT/GUARDIAN AUTHORIZATION FOR PICK-UP

(PARENT/GUARDIAN ARE ALSO AUTHORIZED PICK UP)

The following people may pick up my child should I be unable to do so. I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child. *We will release your child only to persons listed; therefore, **parents must also be listed.***

Parent 1/ Guardian 1		Phone
Parent 2/ Guardian 2		Phone
Authorized Pick-up	Relationship to child	Phone
Authorized Pick-up	Relationship to child	Phone
Authorized Pick-up	Relationship to child	Phone

## 6. EMERGENCY CONTACTS

The following people may be contacted if there is an emergency regarding my child and I am unable to be reached, and are also authorized to pick up my child. I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child.

**Please note:** State licensing requires at least one adult other than a child's parents to be listed in case of emergency.

Name	Relationship to child	Phone
Name	Relationship to child	Phone
Name	Relationship to child	Phone

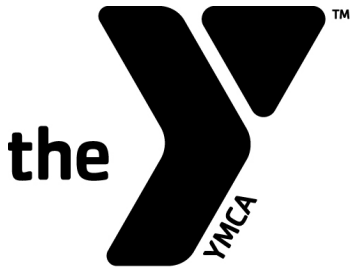
**X SIGN HERE**

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

**X SIGN HERE**

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

***Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.***



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## 7. GENERAL HEALTH INFORMATION

Is your child allergic to any food, medication, plants, insects, liquids or other substances?  No  Yes

Does your child require an EpiPen or any medication for an allergic reaction?  No  Yes

*If yes, please explain and be sure to include the severity of your child's reaction:*

Is your child under any medical care for any illness or communicable disease or chronic health conditions?  No  Yes

*If yes, please explain:*

Is your child taking any medication on a regular basis?  No  Yes

*If yes, please explain:*

Does your child have any special fears?  No  Yes

*If yes, what and how can we help?*

Is your child receiving services under (the) an IEP from a school system or an IFSP from early intervention?  No  Yes

*If yes, (you will need be asked to) please provide (additional information, such as) a copy of IEP/IFSP. (evaluation)*

Is your child receiving any special therapies or services (OT, PT, etc). (pertaining to a disability)  No  Yes

*If yes, what?*

## 8. HOUSEHOLD INFORMATION

Please list other people living in the household:

Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Does your child speak more than one language at home?  No  Yes

*If yes, which languages?* \_\_\_\_\_



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## 9. CHILD'S INFORMATION

### Guidance

How is your child disciplined? \_\_\_\_\_  
Rewards for good behavior? \_\_\_\_\_  
Who is responsible for discipline? \_\_\_\_\_  
Any special problems? \_\_\_\_\_  
Is child permitted to make choices? \_\_\_\_\_  
Does c Child help around the house? \_\_\_\_\_

### Play and Relationship with others:

Child likes to play: \_\_\_\_\_  
Favorite toys: \_\_\_\_\_  
Facilities at home i.e yard, pool, neighborhood children, etc. \_\_\_\_\_  
Child plays:  Alone  With other children, ages \_\_\_\_\_  With adults  
Does child play well with children?  Yes  No  
Is it hard for child to share(:)?  Yes  No  
Has child had other group experiences? (Nursery School, Sunday School): \_\_\_\_\_  
Reaction to strangers: \_\_\_\_\_  
Does child have friends in this program?  
If yes, please name: \_\_\_\_\_  Yes  No

### Speech

Does your child speak more than one language?  Yes  No If yes, which language : \_\_\_\_\_  
Is speech clear to those outside the family?  Yes  No

### Traditions or beliefs

What holidays does your family celebrate? \_\_\_\_\_  
Would you be willing to come in and share any of these celebrations with your child's group?  Yes  No

### Eating

Breakfast at home daily?  Yes  No  with parents  child only  with siblings  
Is child able to feed self?  Yes  No Eats:  (S) slowly  quickly Appetite :  good  poor  
Child likes: \_\_\_\_\_ Child dislikes: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_  
Special Dietary needs: \_\_\_\_\_



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## Sleeping

Usual bedtime: \_\_\_\_\_ Wake time : \_\_\_\_\_ Sleep through the night?  Yes  No  
Does child wet the bed?  Yes  No How often? \_\_\_\_\_ Who else shares room? \_\_\_\_\_

## Dressing and Toileting

Can dress self?  Yes  No Manage buttons?  Yes  No Manage zippers?  Yes  No  
In what area does child need help? \_\_\_\_\_  
Does child tell adult when needing to go to the toilet?  Yes  No  
Can child manage self completely?  Yes  No  
What expression does child use to tell you he/or she needs to use the toilet? (Child's) term for urination: \_\_\_\_\_ (T)term for bowel movement: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of admittance, I hereby authorize the YMCA of Greater Providence to arrange for medical examination and/or treatment of my child, \_\_\_\_\_, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: \_\_\_\_\_. I understand the choice of hospital may be limited by local emergency medical service.

Physician's Name		Phone
Address		
Health Insurance Carrier		Policy No.
Parent 1/ Guardian 1	Home Phone	Cell Phone
		Work Phone
Parent 2/ Guardian 2	Home Phone	Cell Phone
		Work Phone



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## WAIVER OF LIABILITY

The YMCA of Greater Providence recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for, and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities.

**X SIGN HERE**

Parent/Guardian Signature

Date

**X SIGN HERE**

Parent/Guardian Signature

Date

## PHOTOGRAPH AND PUBLICATION GENERAL RELEASE

Childs Name

Date of Birth

Street Address

City

Zip

The undersigned hereby gives the Young Men's Christian Association of Greater Providence (YMCA of Greater Providence), a Rhode Island nonprofit corporation with principal offices located at 371 Pine Street, Providence, Rhode Island, 02903, its legal representatives, successors, and assigns, all persons and corporations acting with permission or upon its authority or for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, and publish photographs of or concerning the undersigned for any purpose the YMCA of Greater Providence deems desirable.

The undersigned accordingly releases, discharges, and agrees to hold harmless the YMCA of Greater Providence, its legal representatives, successors, and assigns, and all persons or corporations acting with its permission or upon its authority or for whom it is acting, from any liability for or arising out of taking, copyrighting, using and publishing photographs of the undersigned for any purpose the YMCA of Greater Providence deems desirable.

*No, Thank you.*

**X SIGN HERE**

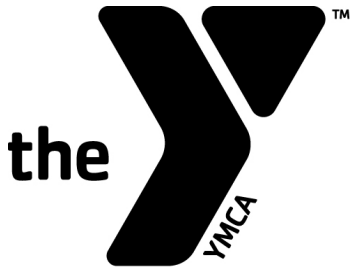
Parent/Guardian Signature

Date

**X SIGN HERE**

Parent/Guardian Signature

Date



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PRESCHOOL/DAYCARE  
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**ON SITE SWIM RELEASE**

I, (parent/guardian's name) \_\_\_\_\_, give permission to my son/daughter, (child's name) \_\_\_\_\_, to participate in a supervised YMCA gym/swim program as offered.

**X SIGN HERE**

Parent/Guardian Signature

Date

**X SIGN HERE**

Parent/Guardian Signature

Date

**WAIVER OF LIABILITY FOR OFF-SITE FIELD TRIPS/SPECIAL EVENTS**

I, (parent/guardian's name) \_\_\_\_\_, give permission to my son/daughter, (child's name) \_\_\_\_\_, to participate in YMCA field trips and/or special events and be transported on YMCA vehicles by qualified YMCA drivers. I hereby, for myself, executors and administrators, waive any and all claims to damages which I might have against the sponsors of the YMCA, their officers, advisors, agents, representatives, successors and assigns, for any and all injuries suffered by my child while participating in YMCA activities.

**X SIGN HERE**

Parent/Guardian Signature

Date

**X SIGN HERE**

Parent/Guardian Signature

Date

**OFFICE USE ONLY:**

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGINAL START DATE IN THE PROGRAM: \_\_\_\_\_