



Please fill out all of these forms. All fields are required. These forms must be completed annually and updated as needed.
Email forms to preschool@ymcabv.org or mail to or drop off at: Ed & Ruth Lehman YMCA, Preschool, 950 Lashley St, Longmont, CO 80504.
For registration questions, contact reg@ymcabv.org or call 303-443-4474 x1295.

CHECKLIST: ☐ General Info/Emergency Pickup & Authorization ☐ Health History & Medical Release/Authorization ☐ Supplemental Health History
☐ Immunization Records ☐ Sign All Agreements ☐ Review the Parent/Guardian Handbook (available at ymcabv.org)

GENERAL INFORMATION (please print clearly) ☐ Returning Participant ☐ New Participant

Child's Name _____ Gender _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parental Custody _____ Child Lives With: Mom _____ Dad _____ Both _____ Other _____

Parent/Guardian 1 _____ Relationship to Child _____ Gender _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Please provide your cell phone carrier if you wish to receive texts from preschool (Verizon, AT&T, etc.) _____

Place of Employment _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian 2 _____ Relationship to Child _____ Gender _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Place of Employment _____ Phone _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, **ONLY** those on the below list will be allowed to pickup a child from a Y program. I understand that the following contacts must be at least 18 years old and have photo ID. Myself or one of the below listed contacts will be available to pick up my child and/or assume emergency responsibility within a half an hour should an emergency or illness occur. I accept responsibility for **informing the YMCA, in writing**, when the information changes. If you want to limit the contacts below to emergency contact only, please check the box below: **EC=Emergency Contact Only**

Name _____ Address _____ Age _____

Relationship _____ Home Phone _____ Cell Phone _____ Work Phone _____ **EC** ☐

Name _____ Address _____ Age _____

Relationship _____ Home Phone _____ Cell Phone _____ Work Phone _____ **EC** ☐

Name _____ Address _____ Age _____

Relationship _____ Home Phone _____ Cell Phone _____ Work Phone _____ **EC** ☐

PARTICIPATION AGREEMENT AND RELEASE: Please read very carefully and sign. Please contact the Y with any questions.

I am aware of all Y program activities and allow my child to participate fully unless otherwise noted on this form. I allow and hereby certify that my child named herein is capable of safely participating in Y program activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA program. I consent, unless noted, that photographs and video taken of him or her are the property of the YMCA of Boulder Valley and may be reproduced and publicized for program and marketing purposes, free of claims on my part. I agree to allow my child to be transported by SVVSD bus, YMCA vehicles, RTD bus or walking. I understand that children in day programs must be signed in and out every day by an authorized adult 18 years and older. Parents and any of my emergency pick up/contacts must have a photo ID available to show staff every day. I agree to adhere to all program policies published by the Y.

Signature _____ Printed Name _____ Date _____



PRESCHOOL HEALTH HISTORY

☐ May participate in all activities ☐ Please restrict from these activities: _____

Current medical, mental or psychological condition pertinent to routine care of child including any current treatment/care (i.e. interests, guidance techniques, current chronic illnesses, current fears, life impacting events): _____

Additional information you feel helpful: _____

☐ **None** ☐ **Yes:** Routine Medications: Include prescription, holistic/over the counter, vitamins, lotions, lip balms, etc.

1. _____ Times: _____ For: _____ 2. _____ Times: _____ For: _____

Must fill out a YMCA medication release form signed by physician and parent if medications are needed during program times. Pick up at the Y or download at ymcabv.org. Please refer to Parent Handbook for specific regulations.

IMMUNIZATION RECORDS: You must provide an immunization record on a form approved by the Colorado Department of Health and Human Services (a print out from your child's school, physician's office or immunization card completed and signed).

☐ **None** ☐ **Yes:** ALLERGIES/ASTHMA Type: _____ Reactions if exposed: _____

Treatment: _____

You must also complete a YMCA allergy/asthma treatment form for any condition requiring medication or emergency treatment. Pick up at the Y or download at ymcabv.org.

☐ **None** ☐ **Yes:** DIETARY RESTRICTIONS: _____ Reason: _____ Reaction: _____

You may be required to provide healthy snacks which accommodate your child's dietary restrictions.

Does your child have an I.E.P. with his/her school: ☐ NO ☐ YES (Please attach a copy if applicable to your child's care with the Y)

Any special need/accommodation/restriction must be determined with the parents/guardian, program director and VP of program and approved at least 4 weeks prior to start date. Attendance for children who require additional staffing is dependent on availability of staff and may be at family's expense. Please refer to Special Needs Policy in Parent Handbook.

MEDICAL CONTACTS/INFORMATION

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preference _____ Address _____ Phone _____

Insurance Co. _____ Policy # _____ ID# _____

MEDICAL AUTHORIZATION AND LIABILITY RELEASE: Please read very carefully and sign. Please contact the Y with any questions.

In case of illness or emergency, as parent/legal guardian, I authorize the Y program director or trained and certified personnel to provide care or secure the services of a doctor if necessary. I hereby hold harmless the YMCA staff, volunteers and all involved with YMCA programs from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed for my child, at my expense. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health. I understand that medical information and personal data will be used only in Y programs, when necessary, to protect a child's well being.

Parent/Guardian Signature: _____

Preschool Swim: All students enrolled at the YMCA Inspire Preschool are invited to participate in weekly swim days utilizing the children's pool at the Longmont YMCA. The pool's depth is 1' and a lifeguard is on duty at all times. Parents may choose to not have their child participate in swim days.

☐ I do want my child to participate in swim time ☐ I do NOT want my child to participate in swim time

Person(s) restricted from contact with restraining order/photo attached: Please provide any of the information below which is available. In the event that this person should try to pick up child, the staff will contact the police, contact you and do everything possible to prevent them from taking your child, without risking the safety of the participants and staff.

Name: _____ Age: _____ Relationship to child: _____

Last Known Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Court Order _____ Date _____

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1ST PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

2ND PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____



Child's Name _____ Nickname _____
DOB _____ Birth Place _____

FAMILY MEMBERS RESIDING IN THE SAME HOUSEHOLD

1. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
2. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
3. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
4. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
5. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
6. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____

IMMEDIATE FAMILY MEMBERS RESIDING OUTSIDE THE HOUSEHOLD

1. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
2. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____
3. Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate _____	Relationship _____

PERSONAL HISTORY

Pets' names and types _____

What are your child's interests, activities, toys? _____

Has he/she had any other group experience? ☐ NO / ☐ YES If yes, explain _____

Does he/she speak in words? ☐ NO / ☐ YES Complete Sentences? ☐ NO / ☐ YES

Any difficulty speaking? ☐ NO / ☐ YES If yes, explain _____

Primary language used? _____ Other languages spoken? _____

Special Needs? _____

SOCIAL RELATIONSHIPS

Has your child had any experience playing with other children? _____

Briefly describe your child's personality (i.e. friendly, aggressive, shy) _____

Does your child like to be alone? _____ How does he/she relate to strangers? _____

Does your child demand a lot of adult attention? _____

What makes him/her upset? _____

How does your child show feelings? _____

What is the best way of handling your child? _____

Additional Information that would be helpful: _____



GENERAL HEALTH HISTORY (Select answer. Explain 'yes' answers below.)

- | | |
|---|--|
| 1. Ever been hospitalized? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 9. Any medications given on a regular basis? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 2. Ever had surgery? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 10. Have allergies? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 3. Have recurrent/chronic illness? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 11. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 4. Ever had Measles? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 12. Any physical disabilities? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 5. Ever Have Mumps? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 13. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 6. Ever have Rheumatic Fever? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 14. How many colds has your child had this past year? _____ |
| 7. Ever have Chicken Pox? <input type="checkbox"/> YES / <input type="checkbox"/> NO | 15. How does your child react to elevated temperatures? _____ |
| 8. Ever have Scarlet Fever? <input type="checkbox"/> YES / <input type="checkbox"/> NO | |

Please explain 'Yes' answers, noting the number of the questions.

Additional information you feel helpful (special instructions if your child becomes ill, reactions to allergens, reactions to medications, etc.): _____

EATING HABITS (Select answer. Explain 'yes' answers below.)

1. Is your child usually hungry at meal times? ☐ NO / ☐ YES If yes, explain _____
2. Between meals? ☐ NO / ☐ YES If yes, explain _____
3. Does your child use utensils? ☐ NO / ☐ YES
3. What are his/her favorite foods? _____
4. What foods are refused? _____
5. Any food allergies ☐ NO / ☐ YES If yes, explain _____

Additional information you feel helpful: _____

TOILET HABITS

1. Can your child be relied upon to indicate his/her bathroom needs? ☐ YES / ☐ NO If no, explain _____
2. What is the word used for urination? _____ Bowel movements? _____
3. Does your child need to go to the bathroom more frequently than normal for his/her age? ☐ NO / ☐ YES
3. Is he/she afraid of the bathroom? ☐ NO / ☐ YES If yes, explain _____
4. Does your child need help? ☐ NO / ☐ YES If yes, explain _____
5. When was toilet training started? _____ When accomplished? _____ Was your child ☐ easy or ☐ difficult to train?
6. Does your child wet the bed at night? ☐ NO / ☐ YES If yes, how often? _____

SLEEPING HABITS

1. What time does your child go to bed? _____ Awaken? _____
2. Does he/she have his/her own room? _____ Own bed? _____
3. Does he/she walk or talk or cry during sleep? ☐ NO / ☐ YES If yes, explain _____
4. What does he/she usually take to bed with him/her? _____
5. Does he/she take naps? ☐ NO / ☐ YES From when? _____ to _____
6. What is his/her mood upon awakening? _____

1ST PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

2ND PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____



PARENT/GUARDIAN: Complete top section and give this form to your child's health-care provider for review.

Child's Name: _____ Gender _____ DOB: _____

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school or camp.

Fax Number: **303-682-2301**

Parent/Guardian Signature: _____ Date (authorization expires 365 days after this date): _____

HEALTH CARE PROVIDER: Please complete all remaining sections of this form. Attach additional information if needed. If physical exam is not completed during office visit please provide a signed copy of the most recent physical completed within the last 12 months or per AAP Guidelines.

PHYSICAL EXAM

Physical exam completed today: ☐ YES / ☐ NO.....If 'No', date of last physical (mm/dd/yr.): _____ ☐ NORMAL / ☐ ABNORMAL

Weight (lbs): _____ Height (ft, in): _____ Blood Pressure _____ Lead Level: _____

ALLERGIES/ASTHMA: ☐ None Known / ☐ Yes Allergy (list foods, medications, environment, other): _____

Symptoms which occur: _____

Recommended treatment: _____

Asthma Health Care Plan (list triggers, medications, inhaler use): _____

MEDICATIONS: ☐ No daily medications / ☐ Yes, will take the following medication(s) while at preschool (name, dose, frequency-describe below)

SIGNIFICANT HEALTH CONCERNS: ☐ None / ☐ Yes (Check and explain. If necessary, include instructions to childcare providers):

☐ Reactive Airways Disease ☐ Seizures ☐ Diabetes ☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Hospitalizations ☐ Severe Allergies

☐ Other (describe) _____

MEDICAL TREATMENTS: ☐ None / ☐ Yes, the child is undergoing treatment at this time for the following condition (describe below)

IMMUNIZATIONS: ☐ Up-to-date / ☐ See attached immunization record / ☐ Administered today: _____

SPECIAL DIET: ☐ None / ☐ Yes, describe _____

RESTRICTIONS: ☐ No restrictions / ☐ Yes, the child will require limitations or restrictions to the following activities while at preschool (describe below)

Next Well Visit: ☐ Per AAP Guidelines or ☐ Age _____ This child is healthy and may participate in all routine activities, sports, camps and childcare. Any concerns or exceptions are identified on this form.

NAME OF LICENSED PROVIDER Print Name: _____ Signature: _____ Date: _____

Office Address: _____ Office Stamp: _____

Phone : _____



CHILD’S INFORMATION (Please fill out one form for each child.)

Child’s Name: _____ DOB: _____

Parent/Guardian: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Select if Applicable: ☐ CCAP Client ☐ YMCA Financial Assistance

FEE SCHEDULE OPTIONS: Check the plan you are registering for. Monthly tuition fees are listed per plan.

Expected Start Date: _____ Expected End Date: _____

FULL-DAY PRESCHOOL PLANS: The Full-Day Preschool Plan provides care at the Longmont Y from 7am-6pm. Participants, ages 2½ to 6 years, may enroll at any time providing space is available. We follow the St. Vrain Valley School District school year start and end dates. Registered children may participate in any Y program and receive the member rate. Families enrolled in preschool are eligible to receive a free family membership to the YMCA of Boulder Valley. The registration fee is \$50 for one child, \$75 for two or more children annually. First month tuition fee is due upon registration. Changes or cancellations require a 30 day written notice. No refunds or credits for missed days will be issued. Schedules are set and days may not be changed/substituted without the director’s approval.

FULL-DAY PRESCHOOL PROGRAM PLAN 7:00am – 6:00pm	SELECT DAYS
Two Days Per Week: \$458 per month	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday
Three Days Per Week: \$655	<input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday
Five Days Per Week: \$926	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

PART-DAY PRESCHOOL PLANS: The Part-Day Preschool Plan provides care at the Longmont Y from 8:00am-noon. Participants, ages 2½ to 6 years, may enroll at any time providing space is available. We follow the St. Vrain Valley School District school year start and end dates. Registered children may participate in any Y program and receive the member rate. Families enrolled in preschool are eligible to receive a free family membership to the YMCA of Boulder Valley. The registration fee is \$50 for one child, \$75 for two or more children annually. First month tuition fee is due upon registration. Changes or cancellations require a 30 day written notice. No refunds or credits for missed days will be issued. Schedules are set and days may not be changed/substituted without the director’s approval.

PART-DAY PRESCHOOL PROGRAM PLAN 8:00am – Noon	SELECT DAYS
Two Days Per Week: \$275 per month	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday
Three Days Per Week: \$394 per month	<input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday
Five Days Per Week: \$633 per month	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday



YMCA INSPIRE PRESCHOOL
YMCA OF BOULDER VALLEY

**Payment
Authorization**

Registration fee is due at time of registration.

Child's Name _____ DOB _____

Responsible Party (Full Name) _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

YMCA Financial Assistance and CCAP participants must be authorized before registering. All YMCA Financial Assistance and CCAP participants must complete and sign this form. I am a CCAP Client ☐ I am applying for YMCA Financial Assistance ☐ I have been approved for YMCA Financial Assistance ☐

PRESCHOOL PLANS: Fees are determined by plan selection. You must notify the Y Business Office at reg@ymcabv.org or 303-443-4474x1295 of any errors immediately upon reviewing your confirmation statement. Enrollment for preschool is from the first day of school- July 31, 2019. The billing cycle is August 2018- July 1, 2019. First month tuition fee is due upon registration. Manual payments are due by the 1st of every month. Program fees must be paid in full to receive services for the month. Payment receipts are available and can be accessed through your online Y account. No refunds or credits for missed days will be issued.

Late Fees: A \$25 late fee will be assessed when payment is not received by the 7th of each month. If payment is not received by the 15th of the month, care will be suspended until fees are paid in full. Please ensure that you submit a new Payment Authorization Form before the month your for all ECP or credit card changes. This can be done with your preschool director.

Change/Cancellation Policy: The responsible party must submit a change/cancellation form to the site director by the 15th of the month to cancel/change plan for the upcoming month. A \$25 fee will be assessed when plan changes are submitted on a change/cancellation form. No refunds are issued for fees already paid. A credit may be placed on the account for future Y programs at the discretion of the Business Office Manager. No credits or refunds are issued for cancellation of any plan. Please make sure you are signed up for the correct plan.

Y Community Support Campaign: More than 35% of Youth Program participants receive some form of financial assistance. If your family would like to help another child in need, please add a donation amount.

Yes, I would like to make a monthly donation in the amount of: \$ _____ or a one time donation of: \$ _____

Payment Options: You must select a payment plan option upon registration. The balance owed may include any program related fees due in accordance with the Parent Handbook, Parent Policy Agreement, Fee Schedule or additional Preschool Programs. The amount charged may include any incurred fees related to the program in accordance to published policies. This authorization shall remain in effect until service is canceled with a written notice received by the 15th of the month for the upcoming month. Any fees incurred by the YMCA of Boulder Valley due to collection efforts are owed by the responsible party and will be billed according to laws of the state.

Autodraft Pay Option: By providing my signature below, I authorize the YMCA of Boulder Valley to charge my debit/credit card. The amount charged may include any incurred fees related to the program in accordance to published policies. I understand it is my responsibility to update any changes or expiration dates for my account before the draft date. If I wish for my payment plan to change, I must submit a new Payment Authorization Form 30 days in advance of draft date.

CREDIT/DEBIT CARD DRAFT

Credit/Debit Card Holder Name _____ Visa/MC/Amex/Disc Card # _____

VIN Code _____ Exp. Date _____

Responsible Party Name (print) _____ Signature _____ Date _____

Manual Pay Option (Requires prior approval only): Cash or check payment. Weekly payment is due the Monday prior to care being provided.

Responsible Party Name (print) _____ Signature _____ Date _____

Payment made today: Registration amount \$ _____ + 1st payment \$ _____ = today's payment \$ _____



The YMCA of Boulder Valley accepts payment from CCAP (Colorado Childcare Assistance Program) at a much lower fee than our regular rates. It is important that you read and understand the fee schedule so you are aware of the rates you will be charged for any YMCA services used which are not covered by your third party funding. This agreement is **REQUIRED** for all families who are subsidized by CCAP, Third Party agencies or other individuals.

As parent or legal guardian of (child's name) _____,
I understand and agree to the following:

Initial _____ I am responsible for payment of **tuition fees when waiting for authorization or if my authorization expires with CCAP**. I understand that I must provide payment in full upon starting the program if not authorized by CCAP prior to the start date.

Initial _____ I understand that excessive absentism will result in the possible loss of my child's space in the preschool program.

Initial _____ I am responsible for payment of my **parent fee by the 1st of every month**. I have read the Parent Agreement and Fee Schedule including payment policies and understand that I am responsible for any fees not covered by CCAP or a third party.

Initial _____ I am responsible for **payment at the full fee for any care I use that is not authorized by CCAP**. This includes, but is not limited to:

1. Any care that occurs before or after the dates authorized by CCAP
2. Care used on days/times not authorized by CCAP
3. Late pick-up fees
4. Late payment fees
5. No notification fees
6. Any other fees as indicated in YMCA documents including the Parent Handbook

Initial _____ I am responsible for contacting CCAP and the YMCA immediately in writing if my situation changes (employment status, hours of work, enrollment in school, custody, living arrangements or change of address).

Initial _____ I am responsible for providing my caseworker with documentation at least two weeks before my current expiration date. This gives your caseworker time to process your information and provide a new authorization to the Y before your current authorization expires.

Initial _____ I understand that cancellation/expiration of CCAP does not automatically cancel enrollment in childcare with the YMCA. I am responsible for completing registration and change/cancellation forms according to YMCA policies. If your CCAP expires, we assume you want to continue childcare as a full paying family unless we are notified otherwise.

Initial _____ I understand that YMCA financial assistance may be available if I do not qualify for CCAP. Financial assistance is not retroactive so it is important to apply immediately if denied by CCAP.

Initial _____ I understand that failure to make payments as scheduled can/will result in termination of my care and will result in lack of CCAP benefits for future providers. Failure to pay fees in a timely manner may result in dis-enrollment from the program and my account may/will be sent to collections.

Initial _____ I understand that I must use my CCAP card and swipe it each attendance day in order for my childcare to be subsidized by CCAP. I must correct all denied swipes as soon as notified. Otherwise, I may be responsible for charges on my account.

PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____