At the South County YMCA Preschool, children use their curiosity and imagination to become creative thinkers. Our comprehensive curriculum prepares children to become independent learners and develop self-confidence for sharing in a classroom setting. We focus on the areas of pre-reading, math and science skill development. A positive self-image is developed as they begin to become proficient in the areas of cognitive and physical development. As an onsite, year-round program, our preschool also includes age appropriate enrichment activities like swimming, gymnastics, sports, music and outdoor play. We are committed to the physical well-being of the children and provide weekly activities based on age and developmental levels.

Your child will be guided and cared for by teachers selected for their training, certification, experience and remarkable sensitivity to the needs of preschoolers. Our staff is comprised of certified early childhood teachers and trained assistants. The preschool maintains a 1 to 8 ratio of staff to children.

FOR MORE INFORMATION OR TO SCHEDULE A TOUR
Contact Emily Squillante
401.783.3900
esquillante@gpymca.org
South Country YMCA
165 Broad Rock Road
Peace Dale, RI 02883
401.783.3900
www.gpymca.org

FULL DAY PROGRAM | 7:00 AM to 6:00 PM

<table>
<thead>
<tr>
<th>5 Day</th>
<th>3 DAY</th>
<th>2 DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y MEMBER</td>
<td>$245</td>
<td>$180</td>
</tr>
<tr>
<td>NON MEMBER</td>
<td>$280</td>
<td>$240</td>
</tr>
</tbody>
</table>
YMCA OF GREATER PROVIDENCE
PRESCHOOL/CHILDCARE
2019-2020 Enrollment Application

All YMCA of Greater Providence childcare programs are licensed by either the Rhode Island Department of Children, Youth and Families 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

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male ☐</td>
<td>Female ☐</td>
<td></td>
</tr>
</tbody>
</table>

2. CHILD'S IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Eye color</th>
<th>Skin color</th>
<th>Height</th>
<th>Weight</th>
<th>Ethnicity</th>
</tr>
</thead>
</table>

3. GENERAL ENROLLMENT INFORMATION

Are you a YMCA Member?
☑ Yes ☐ No

Program requesting:
☐ 2 day ☐ 3 day ☐ 5 day

Desired start date: ____________________

DHS Certificate Number: ____________________

4. PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Parent 1/ Guardian 1</th>
<th>D.O.B.</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Days/Hours of Work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent 2/ Guardian 2</th>
<th>D.O.B.</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Days/Hours of Work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YMCA OF GREATER PROVIDENCE
PRE SCHOOL/CHILDCARE
2019-2020 Enrollment Application

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 

Parent 2/ Guardian 2 

Authorized Pick-up 

Authorized Pick-up 

Authorized Pick-up 

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 

Name 

Relationship to child 

Phone

X 

Parent/Guardian Signature 

Date

X 

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.
7. GENERAL HEALTH INFORMATION

Is your child allergic to any food, medication, plants, insects, liquids or other substances?  
Does your child require an EpiPen or any medication for an allergic reaction?  
*If yes, please explain and be sure to include the severity of your child's reaction:*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Does your child have an emergency action plan?  
*If so, it must be included.*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Is your child under any medical care for any illness or communicable disease or chronic health conditions?  
*If yes, please explain:*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Is your child taking any medication on a regular basis?  
*If yes, please explain:*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Does your child have any special fears?  
*If yes, what and how can we help?*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Is your child receiving services under (the) an IEP from a school system or an IFSP from early intervention?  
*If yes, you will need to be asked to please provide (additional information, such as) a copy of IEP/IFSP. (evaluation)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Is your child receiving any special therapies or services (OT, PT, etc.) pertaining to a disability  
*If yes, what?*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

8. HOUSEHOLD INFORMATION

Please list other people living in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child speak more than one language at home?  
*If yes, which languages?*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>
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 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. ________________________________
□ With other children, ages: ________________________________
□ With adults
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
□ 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: □ Slowly □ Quickly
Appetite: □ good □ poor
Child likes: ________________________________
Child dislikes: ________________________________
Food Allergies: ________________________________
Special Dietary needs: ________________________________

**Sleeping**
Usual bedtime: ___________ Wake time: ___________
Does child wet the bed? □ Yes □ No
How often? ___________ Sleep through the night? □ Yes □ No
Who else shares room? ___________

**Dressing and Toileting**
Can dress self? □ Yes □ No
In what area does child need help?
Does child tell adult when needing to use the toilet?
Can child manage self completely?
What expression does child use to tell you he/she needs to use the toilet?

Manage buttons? □ Yes □ No
Manage zippers? □ Yes □ No

□ Yes □ No
□ Yes □ No
Child’s term for urination: ____________________________________________

**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.

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Carrier</td>
<td>Policy No.</td>
</tr>
<tr>
<td>Parent 1/ Guardian 1</td>
<td>Home Phone</td>
</tr>
<tr>
<td></td>
<td>Work Phone</td>
</tr>
<tr>
<td>Parent 2/ Guardian 2</td>
<td>Home Phone</td>
</tr>
</tbody>
</table>
WAIVER OF LIABILITY

The YMCA of Greater Providence requires 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
Parent/Guardian Signature
Date

X
Parent/Guardian Signature
Date

PHOTOGRAPH AND PUBLICATION GENERAL RELEASE

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

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.
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.

Parent/Guardian Signature ___________________________________________________________________________ Date _______________________________________________________________________

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.

Parent/Guardian Signature ________________________________________________________________________ Date _______________________________________________________________________

Parent/Guardian Signature ________________________________________________________________________ Date _______________________________________________________________________
Childs Name ______________________ Date of Birth ____________

I, ________________________________, am enrolling the above named child in the ____________________________
My Child’s first day of attendance will be ____________________.

Please check the boxes below and sign and date to confirm your understanding of the following Preschool Program policies.

PAYMENTS

☐ Automatic Draft of weekly child care fees from a credit or checking account is required for admission.
☐ Payments are drafted weekly, even when an absence occurs, due to the program being closed, illness or vacation.
☐ All fees are drafted in advance of services. Payments will be drafted the Friday prior to care being provided. There will be a $25 fee assessed for all returned payments in addition to any fees your bank charges your account.
☐ Participants receiving the YMCA member rate for services must keep membership current. Lapse in membership will result in fees reverting to the non-member rate.
☐ When applicable, parent/guardian is responsible to pay any portion of weekly fees unpaid by a third party agency; participants are also responsible for completion of required paperwork as required by the agency.
☐ Requests for receipts for flex spending can be provided on a monthly basis if requested by parent/guardian. 7 day noticed required.

SCHEDULE

<table>
<thead>
<tr>
<th>Daily Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop Off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pick UP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ In accordance with our inclement weather policy, care may not be available on snow days, as well as other district specific holidays and teacher in service days. Weekly rates are not pro-rated.
☐ A late fee of $1.00 per minute will be assessed if your child is picked up from the program after their scheduled time.
☐ 4 week written notice must be provided to the Preschool Director for withdrawal from the program.
☐ Any changes to pick-up names and or program schedule must be done in writing in person with a valid ID.
☐ The Preschool Director may discontinue care for any of the following reasons:
   1) Parent/guardian has not submitted required paperwork or paperwork is inaccurate;
   2) Payment is late or unpaid
   3) Child is determined to be dangerous (physically, sexually or verbally) to other children or staff;
   4) Child is determined to have a medical, developmental or emotional condition that is beyond the scope of the preschool program’s licensed ability to care for the needs of the child.

SAFETY AND RISK MANAGEMENT

☐ Participants must be signed out of the program daily. A valid picture ID is required every day.
☐ Parent/guardian is responsible for providing the YMCA with any court documentation regarding child enrollment.
☐ Any authorized persons sent to pick up my child must be listed on the child’s application and must provide a valid picture ID. Persons listed must be at least 18 years of age. Any changes to the pick up list must be submitted in person by the parent/guardian that signed the original enrollment application.
☐ A Medication Release form must be filled out if any medication is required during program hours. Medication must have the following: a doctor’s label with the name of the child, name of medication, time/dosage to be administered and an expiration date.
☐ YMCA staff members are not permitted to babysit YMCA members or program participants.

Parent/Guardian Signature __________________________ Date ____________

Parent/Guardian Signature __________________________ Date ____________
2019-2020
GREATER PROVIDENCE DAYCARE
DRAFT AUTHORIZATION

CHILD’S NAME ____________________________________________________________

Program: ________________________________________________________________

AMOUNT: ______________________________________________________________

ACCOUNT INFORMATION

☐ I choose to utilize the Credit Card option:  ☐ MC  ☐ Visa  ☐ DISC  ☐ AMEX

Name on account _________________________________________________________

Account Number: _____________________________-__________________________

Expiration Date ___________________________ CVV ______________

☐ I choose to utilize the Electronic Funds Transfer option using my checking account:

☐ I have attached a copy of a voided check

Name on account _________________________________________________________

Name of Bank: __________________________________________________________

Routing Number: _____________________________

Account Number: _________________________________________________________

1. Payments will be on the Friday prior to each week.
2. Drafts will continue throughout the duration of program participation or until the YMCA is notified in writing of your request to terminate the draft.
3. If we are drafting a DHS determined co pay your draft will change in accordance with notification your co pay determined by the state.
4. All financial information is confidential and used for child care payments only.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated above. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment.

Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment will be claimed for processing by our third party agency, eCash Flow. They will make 3 attempts to collect the funds from your account. In addition to the original transaction amount, eCash Flow will also debit a $25 non-sufficient funds fee from your account. Any credit card transaction not honored, the YMCA at its discretion may resubmit the amount due for payment on a future date to include a $25 service fee.

This payment will continue as scheduled or until the authorized payee submits cancellation in accordance with the cancellation policy.

Authorized Signature __________________________________ Date ______________

YMCA Greater Providence • 21 Peace St 6th Floor • Providence, RI 02907•
www.YMCAGreaterProvidence.org
At the South County YMCA Preschool, children use their curiosity and imagination to become creative thinkers. Our comprehensive curriculum prepares children to become independent learners and develop self-confidence for sharing in a classroom setting. We focus on the areas of pre-reading, math and science skill development. A positive self-image is developed as they begin to become proficient in the areas of cognitive and physical development. As an onsite, year-round program, our preschool also includes age appropriate enrichment activities like swimming, gymnastics, sports, music and outdoor play. We are committed to the physical well-being of the children and provide weekly activities based on age and developmental levels.

Your child will be guided and cared for by teachers selected for their training, certification, experience and remarkable sensitivity to the needs of preschoolers. Our staff is comprised of certified early childhood teachers and trained assistants. The school maintains a 1:8 ratio of staff to children.

FOR MORE INFORMATION OR TO SCHEDULE A TOUR
Contact Emily Squillante
401.783.3900
esquillante@gpymca.org
South Country YMCA
165 Broad Rock Road
Peace Dale, RI 02883
401.783.3900
www.gpymca.org

FULL DAY PROGRAM | 7:00 AM to 6:00 PM

<table>
<thead>
<tr>
<th></th>
<th>5 Day</th>
<th>3 DAY</th>
<th>2 DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y MEMBER</td>
<td>$245</td>
<td>$180</td>
<td>$135</td>
</tr>
<tr>
<td>NON MEMBER</td>
<td>$280</td>
<td>$240</td>
<td>$190</td>
</tr>
</tbody>
</table>