



# BUILDING FIRM FOUNDATIONS

## 2019-2020 Early Childhood Registration Packet

### EARLY CHILDHOOD PROGRAMS INFORMATION

#### PARENT/CHILD ORIENTATION

- Preschool Orientation- September 5, 2019 10:30am-11:30am
- Pre-Kindergarten Orientation- September 6, 2019 10:30am-11:30am

#### PRESCHOOL INFORMATION (3-4 year old)

- September 10th – First Day of School
- Cost: \$100.00 bank drafted monthly from September– May
- \*Membership is required\*

#### PRE-KINDERGARTEN INFORMATION (4-5 year old)

- September 9th – First Day of School
- Cost: \$150.00 bank drafted monthly from September– May
- \*Membership is required\*

- Registration begins April 22, 2019
- Please see page 10 for new add on enrichment activities

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**Nazareth YMCA 2019-2020 Intake Form**

Child's Name: \_\_\_\_\_

Thank you for choosing the Nazareth YMCA Preschool Program. We are happy to have you and your child with us. For us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Has your child ever been in Child Care before? \_\_\_\_\_  
If yes, which Child Care program? \_\_\_\_\_

Are there any needs or fears we should know about?  
\_\_\_\_\_

What is your child's preference for social interactions?  
\_\_\_\_\_

Is there any other information that we should know that will help your child transition into Child Care?  
\_\_\_\_\_

Would you like a meeting with your child's teacher prior to him/her starting?  
\_\_ Yes \_\_ No

Do you have an IEP, IFSP, special needs assessment, or other documentation? \_\_ Yes \_\_ No  
If so, please attach for our records.

Are there any behaviors you are aware of that your child may need assistance from the staff in?  
\_\_ Yes \_\_ No  
If yes, please list. \_\_\_\_\_

Are there people who you would like us to contact who have worked with your child? \_\_ Yes \_\_ No

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Permission for Release of Information: The Nazareth YMCA has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

\_\_\_\_\_  
Parent signature Date

\_\_\_\_\_  
Director Signature Date

This paper is provided for general information purposes and is not intended to substitute for legal advice on specific issues.

**GREATER VALLEY YMCA NAZARETH BRANCH**

33 S. Main St. Nazareth, PA 18064  
P 610 759 3440 F 610 759 6292  
W gv-ymca.org



## Early Childhood Registration

Please check program below:

- Preschool- Tuesday & Thursday 9 am-12:00pm
- Pre-Kindergarten- Monday, Wednesday, & Friday 9am-12:30pm

**Child's:**

Name: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 9/5/2019 \_\_\_\_\_

**Mother/Guardian's:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian's:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact/Authorized Pick-up People(other than Parents):**

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Allergies/Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Transportation Authorization:**

Authorization Date: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**GREATER VALLEY YMCA NAZARETH BRANCH**



Specific Instructions (if any): \_\_\_\_\_

### Photographic Release Form

I grant the Nazareth YMCA permission to use my child's photograph in any official publicity pieces. Publicity pieces included but are not limited to news releases, publications, and web use.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Field Trip Permission Form

My child, \_\_\_\_\_, has my permission to go on all scheduled YMCA field trips with the YMCA School Age Child Care. In accepting this enrollment, I intend to bind myself, my heirs, executors and administrator to hereby release any claim against, but not limited to, the Nazareth YMCA, their agents, representative, successors, emergency personnel, and all event officials.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Student Directory Form

I authorize the Nazareth Y Preschool/Prekindergarten to publish the following in a student directory that will only be passed out among classmates.

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ***Child Abuse Prevention Training and Parent Statement of Understanding***

**The following information is important for the safety and protection of your child.**

**I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.**

**I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. \*Note: Most YMCA's have a policy that defines the specific age.**

**I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor, if they do.**

**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 including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a 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, 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 I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**

**I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**



## **Preschool Information**

**Schedule:** School starts promptly at 9:00am and ends at 12:00pm on Tuesday and Thursday. Please pick a month to contribute for class snack for the class (each month there will be a new parent for sign up). We ask you wait outside the classroom until the teachers have opened the door for the arrival of the students. It is important to be on time.

**Extra Clothing:** Children will need a complete set of clothes, including socks to keep at school.

### **Daily Routine:**

#### **Morning Table Time**

**Circle Time (calendar, weather, and we talk about what we are doing for the day)**

**Areas (also includes the are project of the day)**

**Song Time or Fingerplays**

**Snack**

**Story time at the carpet**

**Inclement Weather: \*See Page 9\***

**Holiday Schedule:** We will follow the Nazareth Area School District Holiday closings. The following list is the only time we will be closed for Holidays:

**\*Columbus Day    \*Thanksgiving    \*Winter Break    \*Martin Luther King Jr.**

**\*President's Day    \*Good Friday.**

**Birthdays:** If you child has a birthday during the school year, you are welcome to bring in a treat for the celebration. All summer birthdays will be celebrated in May. The celebration will take place during scheduled snack time.

### **Gym Day:**

**Thursday** we will have a gym day for the students, please make sure they have shoes that they can take off and put on easily.



## **Prekindergarten Information**

**Schedule: School starts promptly at 9:00am and ends at 12:30pm on Monday, Wednesday, and Friday. Please provide a lunch for your child for Mondays and Wednesdays. On Fridays, the YMCA will provide a small snack for your child(ren).**

### **Daily Routine:**

**Morning Table Time**

**Circle Time (calendar, weather, and we talk about what we are doing for the day)**

**Areas (also includes the are project of the day)**

**Song Time or Fingerplays**

**Lunch/Snack**

**Story time at the carpet**

**Inclement Weather: \*See Page 9\***

**Holiday Schedule: We will follow the Nazareth Area School District Holiday closings. The following list is the only time we will be closed for Holidays:**

**\*Columbus Day    \*Thanksgiving    \*Winter Break    \*Martin Luther King Jr.**

**\*President's Day    \*Good Friday.**

**Birthdays: If you child has a birthday during the school year, you are welcome to bring in a treat for the celebration. All summer birthdays will be celebrated in May. The celebration will take place during scheduled snack time.**

### **Gym Day:**

**Friday we will have a gym day for the students, please make sure they have shoes that they can take off and put on easily.**

### **Weekly Letter Book Schedule:**

**Monday: Trace the letter of the week**

**Tuesday Homework: Help your child cut out 2 to 3 pictures from magazines to bring in on Wednesday.**

**Wednesday: Glue pictures into letter book and write letter on their own,**

**Friday: Craft based on letter of the week.**

**(Each child will receive a letter book which will be worked on throughout the year. The book stays at school).**

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## Nazareth YMCA Discipline Policy

The Nazareth YMCA staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- **Toys/Electronics from Home**  
We do not allow children to bring personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives etc.). We are not responsible for any of these items should a child make the choice to bring them. Damages and theft of personal items are possible and the YMCA assumes no liability for said items. If participants are caught with any of the above items the staff reserves the right to confiscate them.
- **Children’s Rules**  
It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Rules for behavior are posted in all of our classrooms. Character Development is an important part of our program.
- **Process**  
When positive behavior is displayed; the benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be adhered to.
  - **Redirection:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
  - **Removal from the Specific Activity:** When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
  - **Behavior reports:** When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent, and requires a parent signature. If a child receives three behavior related write-ups a parent conference is required and or the center has the right to suspend or expel child from care.
- **Suspension/Expulsion**  
If a child engages in behavior which poses a threat of bodily harm to themselves, others, staff or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.  
-Situations that will result in an automatic Behavior report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.
  - If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.

I have read and understand the Nazareth YMCA Behavior policy.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_



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**Winter Weather Protocol:**

**In the event of winter storms, school closings or delays will be announced on the following radio, television stations, internet and social media outlets:**

**Please look for “Nazareth YMCA – School Closing/Delay Information will follow program name”**  
**WFMZ CHANNEL 69      [www.gv-ymca.org](http://www.gv-ymca.org)      Facebook      Remind Me! (App)**

**Closed- Nazareth School District is closed.**

**Two-hour delay- Preschool and Prekindergarten is closed.**

**One hour delay- School will open at 10am.**



**Add-ons Available for Prekindergarten Class Only:**

**8 week sessions:**

**Mondays: Creative Movement Class- \*all sessions are \$62 per session\***

- In this class, we will be exploring movement through music, imagination and creative play! Using a variety of fun props and games to aide in their creativity, your child will learn how to make shapes and explore the space around them, all while improving social skills, balance, coordination and flexibility!

Fall 1 Session

Fall 2 Session

Winter Session

Spring Session

**Wednesdays: 12:45pm-1:15pm Swim Lessons- \*all sessions are \$62 per session\***

- For beginner to intermediate swimmers. This class increase comfort with underwater exploration and introduces basic self-rescue skills performed with assistance.

Fall 1 Session

Fall 2 Session

Winter Session

Spring Session

**Register for any session, you will be billed at beginning of session. You can add/drop add-ons up to 2 weeks ahead of session.**



# EARLY CHILDHOOD CREDIT CARD/EFT AUTHORIZATION FORM

**CHILD(REN) NAME(S)** \_\_\_\_\_ **START DATE** \_\_\_\_\_

**FREQUENCY**  Weekly – MONDAYS  Monthly

**OPTION 1- Credit/Debit**      Type of Card  Visa/Debit  Visa  MC  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Complete Billing Address That Statements Are Mailed To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTION 2 - EFT**      Attached a Voided Check

**AUTHORIZATION**

By initialing, I indicate my permission to charge the above account

I give permission to the Greater Valley YMCA to make a charge to the above credit card/EFT weekly or bi-weekly as stated above.

I understand that if my transaction is declined I will be assessed a fee of \$25 per transaction plus the total tuition.

I understand that if an Early Drop Off or Late Pick Up fee is billed, it will be charged to the above account for each instance.

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**PARENT/GURDIAN SIGNATURE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.