

YWCA IS ON A MISSION

Spring 2018

Dear Families,

The YWCA is excited to announce that we are continuing to offer our nursery school program for the 2018-2019 school year. Considering the needs of the families in Bolton and surrounding towns, we offer extended program hours to help optimize our service and availability to families that may need longer hours of child care. We are very flexible with days and times and are happy to accommodate most schedules.

We welcome children from diverse backgrounds, knowing that playing and developing together at a very young age is a basis for better understanding in the future. Our programs are state-licensed and we strictly adhere to all state guidelines and regulations. We provide quality early childhood experiences that promote health and safety, while preparing children for kindergarten. Our curriculum development is in accordance with the Connecticut State Department of Education's Preschool Curriculum Framework and Preschool Assessment Framework which outlines standards specific to children's readiness for kindergarten with a focus on literacy and math. Children must be potty trained before they may attend Nursery School.

Our teachers at the YWCA look forward to working with you and your child.

If you have any questions about our program and/or would like to visit please contact us at (860) 645-2245.

Stephanie Lohret

Manager of School Age Programs

StephanieL@ywcahartford.org

(860)525-1163 ext. 109

Forms and Fees Checklist

Due at time of registration

- YWCA Nursery School Registration packet, includes:
 - At least 2 emergency contacts
 - Authorizations/Agreements
 - Student History (2 pages, or front to back)
 - Child's Health Information

 - Deposit (\$50 per child, will be applied to first tuition payment, non-refundable)

 - Registration Fee of \$50 (new families only)

 - Membership fee (\$35 per family)

 - Credit Card Authorization (If you chose to pay by credit card)
- OR**
- Check for membership, registration (if applicable,) and deposit(s)
All fees may be included in one check made payable to: YWCA Hartford Region

Due at least one week before your child will attend Nursery School

- A current photo of your child
- Health Assessment Record with Immunization record and TB screening

Return forms and fees to:

YWCA Hartford Region
Kidslink Programs
135 Broad Street
Hartford, CT 06105
jordanc@ywcahartford.org
fax (860)947-4500

2018-2019 YWCA Bolton Nursery School

104 Notch Rd., Bolton, CT

Children's Information

Child's Legal Name:	Date of Birth: Male or Female
Classroom:	Child's start date:
Has your child attended any YWCA programs before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of program and dates attended:	
Child's race/ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Multi Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other/unknown <input type="checkbox"/> Prefer not to answer	
Schedule of care (see options on next page) <input type="checkbox"/> Monday Hour of arrival: _____ <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday Pick up time: _____ <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Do you receive Care 4 Kids: Yes or No Number of people in household:

Parent/ Guardian Information

Parent/Guardian Name:	Relationship to Child:
Street Address:	City, State, zip:
Home Phone:	Cell phone:
Employer name:	Employer address:
Work Phone:	Work Schedule:
Email:	

Parent/ Guardian Information

Parent/Guardian Name:	Relationship to Child:
Street Address:	City, State, zip:
Home Phone:	Cell phone:
Employer name:	Employer address:
Work Phone:	Work Schedule:
Email:	

2018-2019 Tuition and payment

All newly enrolling families must include a one time \$50.00 registration fee. If registering in advance, please include a \$50.00 deposit toward your first week's tuition. A CURRENT YWCA MEMBERSHIP (fee \$35.00) IS REQUIRED TO PARTICIPATE IN THE PROGRAM. Membership is renewed annually. All programs are subject to minimum enrollment. Tuition payments are due on the 20th of the month before care is provided – no exceptions. ***Tuition deposits, registration fees, and membership fees are non-refundable unless the program is cancelled.***

Monthly payments are due the 20th of the month before care is provided.

Please check schedule:

- | | |
|---|---|
| <input type="checkbox"/> Monday-Friday
<input type="checkbox"/> Monday/Wednesday/Friday
<input type="checkbox"/> Tuesday/Thursday | <input type="checkbox"/> Half Day (9:00AM-11:30AM)
<input type="checkbox"/> Partial Day A (7:00AM-3:00PM)
<input type="checkbox"/> Partial Day B (9:00AM-3:00PM)
<input type="checkbox"/> Full Day (7:00AM-6:00PM) |
|---|---|

Half Day 9:00am- 11:30am	Partial Day A 7:00am- 3:00pm	Partial Day B 9:00am-3:00pm	Full Day 7:00am-6:00pm
2 day \$147.00 monthly	3 days \$487.00 monthly	3 days \$365.00 monthly	3 days \$535.00 monthly
3 day \$203.00 monthly	5 days \$811.00 monthly	5 days \$608.00 monthly	5 days \$891.00 monthly
5 day \$334.00 monthly			

Emergency Contact Information

Please list at least 3 individuals authorized to pick up your child in the event that a parent/guardian cannot be reached. It is the responsibility of parents/guardians to ensure this information is updated.

Emergency Contact #1

Contact Name:		Relationship to child:	
Street Address:		City, State, Zip	
Home Phone:	Cell Phone:	Work Phone:	

Emergency Contact #2

Contact Name:		Relationship to child:	
Street Address:		City, State, Zip	
Home Phone:	Cell Phone:	Work Phone:	

Emergency Contact #3

Contact Name:		Relationship to child:	
Street Address:		City, State, Zip	
Home Phone:	Cell Phone:	Work Phone:	

I hereby authorize the above persons to pick up my child from the YWCA program site. If there are any changes in these arrangements, I will let the Head Teacher know with advanced written notice. I understand that my child will not be released to any person not listed on this form without written authorization. I understand that it is my responsibility to ensure that all persons picking up my child have a photo identification and that photo identification will be copied and become a part of my child's file

Signature _____ Date : _____ Signature _____ Date : _____

Authorizations

I grant permission for my child to use all the play equipment and participate in all the activities of the program, except as otherwise noted here: _____

Signature: _____ Date: _____

I hereby allow my child to be videotaped or photographed in projects related to the program, including our closed Facebook group. I understand that I will be notified prior to the event if the photos or taping are to be shown and/or used outside of the YWCA Hartford Region.

Signature: _____ Date: _____

I am aware that it is my responsibility to inform the YWCA, in writing, of any concerns which may affect the care of my child.

Signature: _____ Date: _____

I understand that any inaccurate or incomplete information provided may result in immediate dismissal.

Signature: _____ Date: _____

I have read a copy of the YWCA Family Handbook and agree to abide by its contents. I have had an opportunity to review, discuss, and ask questions on the contents of the handbook, including student guidance and behavior management. The handbook can be found in the School Age section of YWCA Hartford Region's website (www.YWCAHartford.org), or by clicking [here](#).

Signature: _____ Date: _____

I understand that tuition payments are due on the 20th of the month prior to the month of service. Payments that are made after the 20th of each month are considered delinquent and will be charged a late payment fee of \$20.00. I understand that I must remain current with my account. I understand that I am subject to my child's immediate removal from the program if my account is not kept current. Should my account be turned over to a collection agency for non-payment at any time, I understand I will be charged for all collection service and legal fees.

Signature: _____ Date: _____

In the event my child develops a medical problem which YWCA personnel deems an emergency, an ambulance will be called to the center. I understand that every effort will be made to contact me (parent/guardian) or the emergency contacts listed on page two of this enrollment form. I authorize the YWCA Hartford Region personnel to contact my child's physician and/or arrange for my child to be taken to the nearest medical facility and receive necessary treatment. I further understand that I will be responsible for any medical and transportation costs incurred.

In the event of a medical emergency occurring while my child is attending the YWCA Hartford Region program, I understand that the following procedure will be followed:

1. The staff, after determining that a medical emergency exists, will call 911. If necessary, appropriately trained YWCA staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive and the child is taken to the nearest hospital appropriate to the emergency situation as determined by the EMTs.
2. The staff will phone a parent/guardian to inform him/her of the situation and request that the parent/guardian immediately meet the child in the Emergency Room of the hospital designated by the EMTs. If a parent cannot be reached, staff will attempt to telephone emergency contacts that the family has provided.
3. Staff will arrange for transportation by ambulance to the Emergency Room designated. A staff member will accompany the child and stay at the hospital until the parent arrives.

IF the EMTs determine that there is a choice of hospital to which the child may be transported, my preference is:

- Connecticut Children's Medical Center St. Francis Hospital
 Hartford Hospital Other: _____
 Manchester Memorial Hospital

Signature _____ Date : _____ Signature _____ Date : _____

Student Family Information

What is the primary language spoken in your home:	Does your child speak English? Does your child understand English?
What words/sounds is your child using:	
Does your child have any siblings?	
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Please list other people living in your home:	
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
What is your family's ethnic/cultural background?	What traditions, objects or foods symbolize your family?
What is your current religious affiliation or background?	What values do want us to reinforce with your child?
How can we validate and support your family's lifestyle at our center?	What songs, rhymes, chants, stories or toys could we include that would represent and support your home culture?
What holidays/celebrations does your family celebrate through out the year?	Would you be willing to come and share your home culture with your child's class?

Student Health Information

Does your child have any allergies to:	Does your child take any medication regularly?
Food (type): _____	If yes, what type: _____
Medication (types): _____	For what condition: _____
Other (types): _____	When is it administered: _____

Is your child on private insurance or Husky insurance? _____

Name of Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Child's Primary Physician: _____ Phone: _____

Has your child had any serious illnesses, operations, or accidents since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	What health problems has your child had in the past?
Describe your child's current health:	Does your child have P.E. tubes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any physical, medical condition or limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	Has your child ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why?
How do you know when your child does not feel well?	Does your child have any recurring chronic illness or health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Does your child have a medical condition which has been diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the condition:	Has your child ever had a vision screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any concerns about your child's vision? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had a hearing screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any concerns about your child's hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child take a nap during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long does he/she nap?
How many hours of sleep does your child get each night? _____	Do you have any concerns about your child's overall development? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Relationships and Interests	
Does your child have a favorite toy, special interest or hobby? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	How does your child get along with other children?
How does your child get along with other adults?	How does your child react to redirection/positive behavior guidance technique?
How does your child express his/her feelings?	How does your child react to frustration?

Does your child have any fears or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	How does your child react to strangers/new adults?
Toileting/Bathrooming	
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note: Children MUST be toilet trained to attend this program.	What words does your child use to indicate he/she needs to use the bathroom?
What are your child's regular bowel/bladder patterns?	How does your child indicate his/her toileting needs?
When do accidents usually occur?	What is your child's reaction to a toileting accident?
Any other information we need to know about your child's toileting/bathrooming routines?	
Separation	
Has your child ever been separated from you for a long period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what circumstances and for how long?	
Has your child ever been in a home day care, center based day care, preschool group, or other group program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of program?	
How does your child react to separation?	
How do you want us to handle separation for the first few weeks your child is in program?	
What suggestions do you have for us to help your child adjust to program?	
How do you comfort your child?	
Does your child have any fears?	
Is there any thing else about your child's separation or adjustment you would like us to know?	

Nutrition

The following nutrition questionnaire was adapted from Bright Futures in Practice: Nutrition, Appendix B, pages 232-236, National Center for Education in Maternal and Child Health, 2000.

How would you describe your child's appetite? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Picky	How would you describe mealtimes with your child? <input type="checkbox"/> Always pleasant <input type="checkbox"/> Sometimes pleasant <input type="checkbox"/> Usually pleasant <input type="checkbox"/> Never pleasant
How many meals does your child eat a day?	How many snacks does your child eat per day?
Does your child use a high chair?	How many times a week does your family eat together?
Would you say your child has a good appetite and a healthy interest in food? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any sensitivity to foods? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any foods your child should NOT have? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are those foods:	Does your child use table utensils (fork, spoon)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, does your child self feed with his/her hands? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please circle any of the foods listed below that your child likes to eat:

GRAINS Bagels Bread Cereal/grits Crackers Muffins Noodles/pasta Rice Rolls Tortillas Other:	VEGETABLES Broccoli Carrots Corn French Fries Green beans Green Salad Greens (collard, spinach) Peas Potatoes Tomatoes Other:	FRUITS Apples Bananas Strawberries Blueberries Raspberries Grapes Melon Oranges Peaches Pears Other:
Milk/Dairy Whole milk 2% milk (reduced fat) 1% milk (low-fat) Skim milk (nonfat) Soy milk Chocolate milk Cheese Ice cream Yogurt Other:	Meat/Alternatives Beef/hamburger Chicken Cold cuts/lunchmeat Dried beans Eggs Fish Pork Sausage/bacon Tofu Turkey Other:	Fats/Sweets Cakes/cupcakes Candy Chips Cookies Doughnuts Fruit flavored drinks Kool-aid Pie Soft drinks/soda Other:

Does your child eat any of the following foods (circle all that apply):

Hot dogs	Popcorn	Raw celery or carrots	Round or hard candy
Marshmallows	Pretzels	Whole grapes	Peanut butter
Nuts and seeds	Chips	Raisins	Soy butter

How much 100% fruit juice does your child drink per day (apple, orange, grape, etc.)?

How much sweetened beverage does your child drink per day (Kool-aid, fruit punch, soda, Gatorade, etc.)?

Safety Procedures for Parents and Children

We would like to remind all parents/guardians of the need to keep your children safe both upon entering and leaving the premises. Parents are required to follow all safety procedures at all times. The procedures are designed to protect the welfare and best interest of everyone. Should it be noted that safety precautions are not being practiced, it could be reason to remove your child from our program.

- Vehicles are to be parked in designated parking spaces only; all other vehicles are subject to be towed at the owner's expense.
- No child should ever be left unattended. Please hold your child's hand upon entering and exiting the building and while in the parking lot.
- Please DO NOT open the entrance door to the building for anyone. It is the staff's responsibility to ensure that all persons entering the building have reason to be here.
- Please do not allow your children to open the door upon entering/exiting the building. This is the responsibility of the parent/guardian.

I agree to abide by these safety procedures while my child is enrolled in a YWCA program. I understand that failure to follow procedure can and will result in my child being withdrawn from the program.

Signature _____ Date : _____ Signature _____ Date : _____

Release Permission Form

The following professionals may need access to your child's file during the course of your child's time in our programs. Note that registration forms are kept in a locked file and only accessed by individuals needing the information to serve your child. Please sign and date below to give permission for any or all of the professionals listed below to view your child's file:

YWCA Site Managers, Administrative Assistants, Head Teachers and Teachers
YWCA Manager of School Age Programs and Director of Youth Development
Nurse Consultant
YWCA Contracted Consultants
School Readiness Personnel
CT Office of Early Childhood Licensing Specialist
Department of Children and Family Services personnel

Printed Name of Parents/Guardians : _____

Signature _____ Date : _____ Signature _____ Date : _____

I verify that the information on the registration form is true to the best of my know ledge. I understand that it is my responsibility to inform the YWCA Nursery School in writing of any changes, additions or deletions. I further understand that it is my responsibility to keep the center updated with appropriate emergency contacts for my child.

Name of Child: _____

Name of Parent/Guardian _____

Signature _____ Date : _____ Signature _____ Date : _____

CREDIT CARD AUTHORIZATION

Parent/Guardian Name: _____

Child's name: _____

Address: _____

Daytime phone: _____ Daytime e-mail: _____

I give permission for YWCA Hartford Region to charge my credit card for the following authorized tuition and/or fee charges. I have checked and/or filled in the appropriate spaces below.

One time charge ***only*** of \$ _____ on (date) _____

Membership fee of \$35.00(Annual) Registration fee of \$50 (New Family Only)

Deposit fee of \$50.00 (Annual) One time tuition and/or fee\$ _____

<p align="center"><u>Before/After Kidslink Program & Bolton Nursery School Program</u></p> <p>Tuition of \$ _____ to be charged on the 20th of the month prior to services rendered:</p> <p><input type="checkbox"/> Sept 2017 (8/20) <input type="checkbox"/> Feb 2018(1/20)</p> <p><input type="checkbox"/> Oct 2017 (9/20) <input type="checkbox"/> March 2018 (2/20)</p> <p><input type="checkbox"/> Nov 2017 (10/20) <input type="checkbox"/> April 2018 (3/20)</p> <p><input type="checkbox"/> Dec 2017 (11/20) <input type="checkbox"/> May 2018 (4/20)</p> <p><input type="checkbox"/> Jan 2018 (12/20/17) <input type="checkbox"/> June 2018 (5/20)</p>	<p align="center"><u>Early Learning Programs</u></p> <p>Tuition of \$ _____ to be charged weekly each Friday for the upcoming week of care.</p> <p>I would like charges to STOP billing on this card on (date) _____.</p>
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Name exactly as it appears on the card: _____

Circle one: MC, VISA, AMEX, Discover- Card Number: _____ Exp. Date: _____

PLEASE NOTE THAT CHARGES TO YOUR ACCOUNT FOR RECURRING CREDIT CARD TRANSACTIONS MAY OCCUR AT ANY TIME ON THE DESIGNATED PAYMENT DATE(S). If the credit card is declined, a \$25 fee will be charged.

Print Name

Signature

Date: _____