



YMCA OF GREATER CHARLOTTE: 2018-2019 PRESCHOOL PROGRAM

YMCA of Greater Charlotte Preschools help children ages 2 - 5 bloom, blossom and grow! We focus on developing the whole child – physically, emotionally, socially and academically – in an age-appropriate early-learning environment. Our experienced early childhood educators provide a warm and secure atmosphere with five areas of focus to help kids meet and exceed developmental milestones: learning, life skills, healthy habits, socialization and fine & gross motor skills.

REGISTRATION INFORMATION

Payment Policies

Members/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a child to attend. If your membership status or program adjusted rate changes before or during the school year, your monthly payment will be adjusted accordingly.

Registration and Supply Fees

Registration fees and supply fees are due at the time of registration and are non-refundable.

Registration fees per child: \$75 for Members and \$100 for Program Participants.

Supply fees per child: \$75 for Members and \$100 for Program Participants.

Program Adjustment Rate

As part of our My Y Pricing rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

Payment Options

Bank Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/18 and ending on 4/15/19 for 9 total payments.

Debit/Credit Card Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/18 and ending on 4/15/19 for 9 total payments.

If a draft is unpaid you are still responsible for that payment, subsequent attempts to draft for your payment will occur. A YMCA \$25 service charge will also be added. This is in addition to any service fee

my BANK/CREDIT CARD may make. Pay in full at time of registration.

Late Payment Policy

Monthly payments received after the scheduled due dates will be charged an additional \$25 fee.

Cancellation/Transfer Policy

Cancellations or withdrawal from the preschool program will require a 15 days written notice. Parents will be responsible for paying for all days of service through the end of the 15 day notice period.

Registration Dates

A participant's registration is processed on a first-come basis according to Member (Feb 1) and Program Participant (Feb 15) registration dates.

Registration Checklist

The following items must be completed and turned in at the time of registration:

- Preschool Registration Form (including health form and immunization dates)
- Payment in full for Registration and Supply Fees
- Monthly payment draft enrollment form

Please note: Class placement is based on participant's age as of August 31, 2018. We follow the Iredell Statesville School (ISS) system's guidelines for appropriate Kindergarten placement. Please contact the Preschool Director regarding specific questions about your child's appropriate classroom placement.

FOR MORE INFORMATION ABOUT OUR PRESCHOOL PROGRAM, PLEASE CONTACT:

Danielle Crimi|Family Services Director|704 716 4043| Danielle.crimi@ymcacharlotte.org

Jennifer McKnight|Preschool Coordinator|704 516 0663| Jennifer.McKnight@ymcacharlotte.org



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lowe's YMCA Preschool 2018 – 2019

Welcome to the Lowe's YMCA Preschool Program. We are very excited about the upcoming year! Lowe's YMCA Preschool is dedicated to enriching and supporting healthy child and family development in spirit, mind and body through the fulfillment of our Christian Mission and Five Building Blocks.

1. **Socialization**: Children will build friendships and social skills through interactions with teachers and peers.
2. **Fine and Gross Motor Skills**: Children will enhance their fine and gross motor skills by engaging in outdoor and indoor activities.
3. **Education**: Children will learn through hands-on experiences, play and the integration of age appropriate activities.
4. **Christian Emphasis**: Children will grow in spirit, mind and body by fulfilling the YMCA of Greater Charlotte's Mission, Vision and Character Traits.
5. **Healthy Choices**: Children will learn to make healthy lifestyle choices for their spirit, mind and body.

Helpful Reminders

Preschool Open House will be held the last week in August. Communication will be sent out via email to all families giving the specific dates and times for each location.

The Preschool year will begin on Tuesday, September 4th 2018.

Please provide us with an accurate email address to be sure you receive all communication that will be sent to parents over the summer concerning our 2018-2019 Preschool year.

Please note that the first payment for 2018-2019 preschool will be due on August 15, 2018.

YMCA Mission: To put Christian principles into practice through programs that build healthy, spirit, mind and body for all.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 Preschool Registration Form

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

(All children must be the age of that class by August 31st)

Days of Attendance:

- Tuesday/Thursday (option only for 2 year old class, not for 3-5 year olds)
 Monday/Wednesday/Friday
 Monday-Friday

Please choose a location and class for your child:

Fairview UMC

- Twos
 Threes
 Fours (M-F only)

Onsite Preschool

- Twos
 Threes
 Fours (M-F only)

Parent/Guardian Signature: _____

*Registration Fee: \$75 members/\$100 non-members

*Event and Supply Fee: \$75 members/ \$100 non-members

YMCA OF GREATER CHARLOTTE PRESCHOOL REGISTRATION FORM

SELECT YOUR BRANCH:

- Harris YMCA
- Lowe's YMCA
- Brace Family YMCA
- Johnston YMCA
- Morrison YMCA
- Steele Creek YMCA
- Lake Norman YMCA
- Sally's YMCA
- Keith Family YMCA

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Primary Phone: _____ [CIRCLE ONE: HOME WORK CELL]

Email and text message are our preferred form of communication. All electronic communications should be sent to:

Primary Email: _____ Cell Phone: _____

Secondary Email: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

<p>1. Parent/Guardian (Primary) _____</p> <p>DOB _____ / _____ / _____</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Email _____</p>	<p>2. Parent/Guardian (Optional) _____</p> <p>DOB _____ / _____ / _____</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Email _____</p>
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Two emergency contacts are mandatory (other than parents/guardians) for each child. Please also include the names of individuals who you authorize to pick up your child from PRESCHOOL.

<p>1. Emergency Contact _____</p> <p>Can Pick-up child: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p>	<p>2. Emergency Contact _____</p> <p>Can Pick-up child: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p>
<p>3. Emergency Contact _____</p> <p>Can Pick-up child: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p>	<p>4. Emergency Contact _____</p> <p>Can Pick-up child: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to Child _____</p> <p>Phone 1 _____ [CIRCLE ONE: HOME WORK CELL]</p> <p>Phone 2 _____ [CIRCLE ONE: HOME WORK CELL]</p>

Last Name: _____ First Name: _____ MI: _____

EMERGENCY CONTACTS CONTINUED

5. Emergency Contact _____

Can Pick-up child: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

6. Emergency Contact _____

Can Pick-up child: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

PARTICIPANT INFO/MEDICAL INFORMATION

Health Insurance Carrier: _____ Health Insurance Group #: _____

INSURANCE AND MEDICAL INFORMATION:

Is participant covered by insurance: Yes No

PREFERRED PROVIDER:

Primary Physician (First/Last Name): _____ Phone: _____

Preferred Hospital: _____

My child is exempt from required immunizations due to medical or religious reasons.

IMMUNIZATION DATES*

Date of last DTP (Diphtheria, Pertussis, Tetanus) _____

Date of last Tetanus _____

Date of last MMR (Measles, Mumps, Rubella) _____

Date of last Polio _____

Date of last Hib (Haemophilus influenza type b) _____

Date of last Hep B (Hepatitis B) _____

Date of last Varicella (Chickenpox) _____

Is the Member/Participant currently taking prescription/over the counter medications? Yes No

List Medication/Dosage/Purpose: _____

Any condition requiring special care? Yes No
(e.g. Diabetes, Gastrointestinal, Motor Disorder, Seizures, ADHD, Autism, Cognitive Disorder, Asthma, etc.)

If yes, please specify: _____

Has the Member/Participant had surgeries, illnesses, or any severe injuries? Yes No

If yes, please specify: _____

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program: _____

Does the Member/Participant have allergies? Yes No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: _____

Does Member/Participant have dietary restrictions? Yes No

Explain Dietary Restrictions: _____

Last Name: _____ First Name: _____ MI: _____

**YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.

2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.

5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.

6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.

7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.

8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ Parent Signature: _____ Date: _____

**Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ Parent Signature: _____ Date: _____

YMCA of Greater Charlotte
Preschool Payment Information Form

Parent Name(s) _____ Cell Number: _____

Child Name(s) _____ Email: _____

Balances Due Dates: *August 15th is the first draft and then each payment is drafted on the 15th of the month. Last payment due is on April 15th.*

Please choose from the following options by initialing in the space provided:

_____ Pay in full at time of registration.

_____ Bank Draft according to the payment schedule provided. In order to authorize direct debit from checking or savings account, we must have a voided check on file for an active account. Please choose from these options:

- Account on file for membership draft
- Account on file in current childcare program
- Check attached

Bank Name: _____ Last 4 Digits on Account: _____

_____ Debit/Credit Card according to the payment schedule provided. By initialing, you are aware of the payment schedule and agree to allow the YMCA to process your payment using your debit/credit card. If your payment is overdue your card will be charged for the full balance owed plus a \$25 late fee.

Note:

- *Credit Cards may take up to 3 business days to post to your account.*
- *There is a 15 day processing period prior to draft date to make any changes to an account.*
- *The card information listed below will override any other card we have on file for other programs.*

Card Type: _____ Last 4 Digits: _____ Exp Date: _____

Authorized Printed Name _____ Authorized Signature/Card _____ Date _____

YMCA Staff Use Only

*****Please remind parent that the card saved to file will override any other card on file at that time.***

Debit Card/Credit Card stored in Personify Staff Initials: _____ Date Entered: _____