



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

La Porte County Family YMCA Educare Enrollment Application

(All forms must be completed by the first day of attendance.)

Date of application _____

First day of attendance _____

_____ Full Time (3/4/5 year-olds) _____ Part-Time (3/4/5 year-olds)

_____ Pine _____ Coolspring _____ Springfield

CHILD'S INFORMATION

Child's Full Name _____ Nickname(s) _____

Sex _____ Present Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

FAMILY INFORMATION

Parents/Legal Guardians:

Parent/Legal Guardian 1:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Name of Employer _____ Phone (Work) _____

Parent/Legal Guardian 2:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Name of Employer _____ Phone (Work) _____



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Emergency Contacts:

Emergency Contact 1:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Name of Employer _____ Phone (Work) _____

Emergency Contact 2:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Name of Employer _____ Phone (Work) _____

The individuals named above have my authorization to pick up my child.

Parent/Guardian Signature _____ **Date** _____

Authorization for Pick-Up

Children will only be released to the authorized persons listed below with a valid photo ID. All persons listed must be 18 years of age or older. A COURT ORDER is required to restrict a parent's access to his/her child.

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

The individuals named above have my authorization to pick up my child.

Parent/Guardian Signature _____ **Date** _____



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Emergency Medical Authorization

I agree and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care including transportation by ambulance if necessary. I understand that I will also be responsible for any costs incurred. I understand that I will be contacted immediately, or as soon as possible should I be unreachable at the phone numbers provided with this application.

Physician's name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____ Date _____

Illness Policy

I understand if my child becomes ill, my emergency contact person or I will be contacted to pick up my child. I further understand that you are reserving a space for my child and the normal weekly rate will be charged even though my child is not in attendance.

Parent/Guardian Signature _____ Date _____

Childcare Fees Will be Paid By:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Name of Employer _____ Phone (Work) _____

Will a third party be paying for your childcare expenses? If so, we will need a written confirmation from the third party. If the third party declines payment, you are then personally responsible for those charges.

Hours of Operation/Child's Schedule

Educare is open from 7:30 a.m. to 5:30 p.m., Monday through Friday, including optional before/after care. There is an extra charge of \$1.00 per child for every minute you are late to pick up your child. If a family has repeated lateness, we will not be able to continue to serve that family. Part-time care must be scheduled in advance. Please see the Educare handbook for our Educare fee schedule explanation

Child will attend (circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Time child will be dropped off for care _____

Time child will be picked up from care _____

Child will (please circle):

Ride Bus To School Ride Bus Home From School



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Please note that if your child rides a bus to or from school, it is the responsibility of parent/guardian to contact the bus garage with changes to address for drop-off or pick-up.

Press Release:

The Y _____MAY _____MAY NOT use photographs, reproductions and/or sound recordings of my child. Such use may include advertising and publicity purposes on Facebook, in newspapers, on TV, etc.

The Y _____MAY _____MAY NOT use pictures taken of the children for classroom use.

Parent/Guardian Signature _____ Date _____

STATEMENTS OF UNDERSTANDING

1. I understand that I may not leave my child at the Educare classroom unless a Y staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave Educare with an unauthorized person.
3. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police, for the child’s safety. Please do not put staff in a position where they have to make this judgment call.
4. I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I agree that I will not knowingly send my child to Educare with a communicable illness.
6. My signature below indicated that I have received and read a copy of the YMCA’s Educare Handbook and that I agree with the policies listed therein. It also signifies that I have read the statements above and that the information I have provided is true and accurate to the best of my understanding.
7. I understand that I will have to update this enrollment application annually.

Parent/Guardian Signature _____ Date _____

Parent Involvement:

Do you have any special talents or skills that you can bring to our program? For example, can you tap dance, be a guest speaker, or speak another language? Please feel free to bring these great skills into the classroom.

Please list any skills that you can bring to Educare.



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INFORMATION THAT IS HELPFUL TO YOUR CHILD'S TEACHER

1. Are there any food allergies, medical or physical limitations or religious customs that we should be aware of?

2. Does your child exhibit specific fears? If so, please list them.

3. If your child is upset, how can we best comfort him/her?

4. Please describe your child's speech:

____ Rapid ____ Slow ____ Moderate ____ Clear ____ Talks constantly ____ Seldom speaks ____ Uses many words
____ Uses few words ____ Talks only during play _____ Other characteristics

5. Has your child attended school or childcare previously? If so, where?

6. What are your child's positive traits?

7. Is your child enrolled in the First Steps or the Special Education Cooperative Preschool? ____ No ____ Yes
If yes, please provide us with a copy of your child's IFSP or IEP.

8. Does your child have any siblings? ____ No ____ Yes
Names and Ages:

9. Is there other information that you feel would be important for us to know?