



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

La Porte County Family YMCA Educare Program

Date of Application \_\_\_\_\_ First Day of Attendance \_\_\_\_\_

Full Time 3/4/5yr \_\_\_\_\_ OR Part Time 3/4/5 yr \_\_\_\_\_

\_\_\_\_\_ Pine \_\_\_\_\_ Coolspring \_\_\_\_\_ Springfield

In district \_\_\_\_\_ Out of District \_\_\_\_\_ Bus# \_\_\_\_\_

**CHILD'S INFORMATION**

Child's Full Name \_\_\_\_\_

Nickname (s) \_\_\_\_\_

Sex \_\_\_\_\_ Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**La Porte County Family YMCA**

Childcare & Learning Center  
2510 Monroe Street  
La Porte, IN 46350  
P: (219) 326-7646  
F: (219) 324-7004



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Name of responsible person who can be called to come for my child in case of illness or other emergency if parents can't be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

(This information is required in order for your child to be enrolled.)

**EDUCARE FEES WILL BE PAID BY:**

Mr. / Mrs. / Ms. First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**THIRD PARTY PAY**

Will a third party be paying for your Educare 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.

Third party \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Hours of Operation / Child's Schedule**

Educare is open from 7:30 a.m. to 5:30 p.m., Monday thru Friday. 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, the Educare staff will not be able to continue to serve that family. Part time care must be scheduled in advance. Please see back pages of our Educare handbook for Educare Fee schedule explanation.

**Child will attend: Mon – Tues – Wed – Thurs - Fri**  
**(Circle all that apply)**

Time child will be dropped off for care \_\_\_\_\_  
Time child will be picked up from care \_\_\_\_\_

**PR RELEASE**

The YMCA MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ use photographs, reproductions and/ or sound recordings of my child. Such use may include advertising and publicity purposes in newspapers, TV, Facebook etc.  
The YMCA MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ use pictures taken by the teacher for classroom use.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 by this. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**ILLNESS POLICY FOR LAPORTE YMCA EDUCARE**

I understand if my child becomes ill, my emergency contact person or I will be called to pick up my child. If my child is exposed to a contagious disease I agree to notify the Educare Staff immediately. I understand you are reserving a slot for my child and the normal weekly rate will be charged even though my child is not in attendance.

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**STATEMENTS OF UNDERSTANDING**

1. I understand that I may not leave my child at the YMCA Educare Classroom unless a YMCA staff is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the Educare Program with an unauthorized person. Any person authorized to pick-up my child must either be listed in the enrollment paperwork and have ID.
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 YMCA 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 the LaPorte YMCA Educare with a communicable illness.
6. My signature below indicated that I have received and read a copy of the YMCA's Educare Handbook/Parent Policies and Procedures. 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 the enrollment packet annually.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOW DID YOU LEARN ABOUT OUR EDUCARE CENTER**

- |   |   |
|---|---|
| <input type="checkbox"/> Word of mouth                    | <input type="checkbox"/> Family Focus Magazine          |
| <input type="checkbox"/> Newspaper                        | <input type="checkbox"/> Older Sibling Attends our Care |
| <input type="checkbox"/> Child Care Resource and Referral | <input type="checkbox"/> Preschool                      |
| <input type="checkbox"/> Downtown YMCA                    | <input type="checkbox"/> Other (Please Specify) _____   |

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**INFORMATION THAT IS HELPFUL TO YOUR CHILD'S TEACHER'S**

1. Are there any food allergies, medical or physical problems, or religious customs that we should be aware of?  
(If your child has a food allergy, please ask for correct food form)
  
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. Family Type: Two parent family \_\_\_\_\_ Single Parent \_\_\_\_\_ Other \_\_\_\_\_
  
6. Previous school or childcare \_\_\_\_\_
  
7. Tell us about your child's positive traits \_\_\_\_\_
  
8. 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.
  
9. Other information you feel would be important for us to know  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Sibling's names and ages \_\_\_\_\_

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## PARENT HANDBOOK ACKNOWLEDGEMENT

I have received a copy of the Parent Handbook for the La Porte YMCA Educare Program.

Today's Date: \_\_\_\_\_

Child(ren)'s name(s):

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Parent's Signature:

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Please sign the form above and return to the front desk staff, along with all other start up registration paperwork.

Thank You!

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[www.lpymca.org](http://www.lpymca.org)