

SOMERVILLE YMCA PRESCHOOL - ENROLLMENT FORM

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____
Home Address: _____ Sex: _____

Primary Language: _____
Telephone: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Identifying Marks: _____
Allergies/Special Diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Relationship to Child: _____ Relationship to Child: _____
Home Address: _____ Home Address: _____
Home Telephone #: _____ Home Telephone #: _____
Bus. Name: _____ Bus. Name: _____
Bus. Address: _____ Bus. Address: _____
Telephone #: _____ Telephone #: _____
Hours at Work: _____ Hours at Work: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____ Telephone #: _____
Chronic Health Conditions: _____
Special Limitations or Concerns: _____

Parent/Guardian Signature

Date

FOR CENTER USE ONLY:

Date of Admission: _____ **Age at Admission:** _____ **End Date:** _____
Number of Days: 5 Days 4Days 3 Days 2 Days **Classroom:** 1 2
Days of Week: Monday Tuesday Wednesday Thursday Friday
Payment Type: Private EEC **Voucher:** _____ **Other:** _____
Payment Rate: Daily Rate: _____ **Weekly Rate:** _____

**SOMERVILLE YMCA PRESCHOOL
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM**

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of any emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone Number: _____

Child's Allergies: (if none, write none) _____

Chronic Health Conditions: (if none, write none) _____

Dietary Restrictions: (if none, write none) _____

Parents / Guardians:

Parent(s) Name: _____

Phone (h): _____

Hours at Work: _____

Phone (w): _____

Parent(s) Name: _____

Phone (h): _____

Hours at Work: _____

Phone (w): _____

Emergency Contacts (In order to be contacted) are authorized to pick up children:

Name: _____

Address: _____

Relationship to Child: _____

Phone # _____

Name: _____

Address: _____

Relationship to Child: _____

Phone # _____

Name: _____

Address: _____

Relationship to Child: _____

Phone # _____

Name: _____

Address: _____

Relationship to Child: _____

Phone # _____

Health Insurance Coverage: _____

Policy # _____

Parent/Guardian Signature

Date

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs _____

HEALTH

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ child eats with hands _____ spoon _____ fork _____

Foods refused: _____

TOILET HABITS

How does child indicate bathroom needs (include special works): _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____

When does child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort child: _____

What is the method of behavior management/discipline at home _____

Describe your child's schedule on a typical day:

What would you like your child to gain from this child care experience?

Is there anything else you would like us to know about your child?

Parent/Guardian Signature

Date

SOMERVILLE YMCA PRESCHOOL – MEDICAL FORM

Dear Physician, _____ Is enrolled in an Early Childhood Program, which is licensed by the Office Of Child Care Services. The Office Of Child Care Services regulations require that the Medical History and Immunization Form be completed and signed by the child's physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION:

Child's Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

City, State Zip: _____

Name of Parents: _____

Address: _____

Date of Child's Last Physical Examination: _____

What is your opinion concerning the child's general health/appearance:

Has child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the day care provider? If so, please detail below:

Physician's Signature: _____

Date: _____ Comments: _____

Please return to: Somerville YMCA Preschool Center
97 Highland Ave.
Somerville, MA 02143

Massachusetts Department of Public Health
CERTIFICATE OF IMMUNIZATION

Name: _____

Date of Birth: / /

Sex: female male

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
		4			
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		Measles, Mumps, Rubella (MMR)	1	
	2			2	
	3		Varicella (Var)	1	
	4			2	
	5		Hepatitis A (HepA)	1	
	6			2	
	7				
Polio (e.g., IPV, DTaP-HepB-IPV)	1		Pneumococcal Polysaccharide (PPV23)	1	
	2			2	
	3		Influenza Inactivated (Intramuscular) or Live (Intranasal)	1	
	4			2	
Pneumococcal Conjugate (PCV7)	1		Other:	3	
	2				
	3				
	4				

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		

* Must also check Chickenpox History box.

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on: <ul style="list-style-type: none"> • physician interpretation of parent/guardian description of chickenpox • physical diagnosis of chickenpox, or • serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print) _____

Date: / /

Signature: _____

Facility name: _____

SOMERVILLE YMCA PRESCHOOL CHILD CARE PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM

GDC Program: Somerville YMCA Preschool Center Address: 97 Highland Ave., Somerville, MA 02143

CHILD'S NAME: _____

I give permission for my child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

- Albion Street Park
- Central Hill Park
- Central Street Park
- Community Growing Center
- Conway Park
- Corbett Park
- Cummings School Playground
- Foss Park
- Marshall Street Park
- Prospect Hill Park
- Somerville Public Library
- Stone Place Park
- Walnut Street Park
- Winter Hill Community School Playground
- And other local field trips

I also acknowledge that without prior notification my child may attend an off-site activity at one or more of the above sites and not be back to the Preschool Center until 5:00PM.

Parent/Guardian Signature

Date

MEDIA PERMISSION FORM

I give permission for my child’s name, photograph, video image or likeness, to be used by the Somerville YMCA for public relations purposes, publications or reports.

Parent/Guardian Signature

Date

This permission form is valid for one program year.

Revised 7/09

SOMERVILLE YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HERBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, 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 whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the forgoing written agreement have been made.

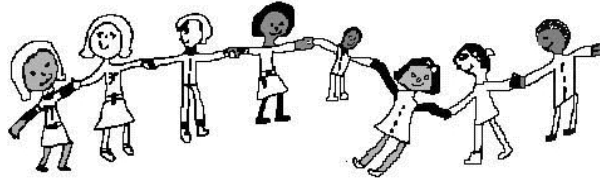
I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
Print participant's name

_____/_____/_____
Signature
Parent's or guardian's signature

Membership Due Date: _____



Somerville Community Partnerships for Children

DECA Screening Release

Classroom staff and CPC consultants complete behavioral observation scales on each child to aid in classroom planning and management. The DECA (Devereux Early Childhood Assessment), helps staff identify a child's strengths and needs, in order to help children succeed in school.

Please initial the appropriate line:

_____ I give permission for the DECA to be completed on my child.

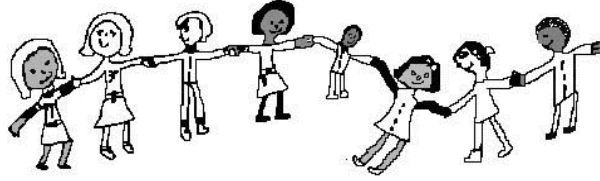
_____ I do not give permission for the DECA to be completed on my child.

This release is valid for one year from the date below.

Parent/Caregiver Signature

Date

Witness



Somerville Community Partnerships for Children

Classroom Observation Release

The Somerville Community Partnerships for Children (SCPC) offers support and training to child care programs. Early Childhood Specialists from the SCPC spend time in programs to help staff offer high quality services to children and families and are also available to work directly with families. Regular observations in classroom are part of this process.

I give permission for my child, _____ birth date: _____, to be observed by an early childhood specialist from the Somerville Community Partnerships for Children as part of a general classroom observation.

This release is valid for one year from the date below.

Parent/Caregiver Signature

Date

Witness