



ENROLLMENT FORM

SELECT YMCA PRESCHOOL LOCATION

- Great South Bay YMCA Patchogue Family YMCA
 Huntington YMCA YMCA at Glen Cove

CHILD'S NAME: _____ **DOB:** ___ / ___ / _____ **SEX:** M ___ F ___
CHILD'S HOME ADDRESS: _____
 City _____ State _____ Zip Code _____

PARENT1 NAME: _____ **EMAIL:** _____
ADDRESS: Same _____
HOME #: _____ **WORK #:** _____ **CELL #:** _____
EMPLOYER & ADDRESS: _____

PARENT2 NAME: _____ **EMAIL:** _____
ADDRESS: Same _____
HOME #: _____ **WORK #:** _____ **CELL #:** _____
EMPLOYER & ADDRESS: _____

EMERGENCY CONTACT / AUTHORIZATION FOR PICKUP INFORMATION

Minimum of 2 contacts, other than parents, to contact in case of emergency that are authorized to pick up child.

1. Name _____ Relation to Child: _____
 Home #: _____ Work #: _____ Cell #: _____
2. Name _____ Relation to Child: _____
 Home #: _____ Work #: _____ Cell #: _____
3. Name _____ Relation to Child: _____
 Home #: _____ Work #: _____ Cell #: _____
4. Name _____ Relation to Child: _____
 Home #: _____ Work #: _____ Cell #: _____

CHILD'S HEALTH INFORMATION & HISTORY

Health Insurance Plan: _____
Group #: _____ **ID #:** _____
Child's Physician: _____ **Phone:** _____
Child's Dentist: _____ **Phone:** _____
Are your child's immunizations up to date? Yes () No ()
 Attach copy of immunization records from physician.

If not up to date, please explain:

Does child have any known health problems? Yes () No ()

If yes, please attach documentation.

Does your child get colds/flu often?

Does your child have any special needs?

Please list any hospitalizations or serious prior injuries:

Check any of the following health conditions of the child (prior or current):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough |

Other: _____

Does your child take any medication on a regular basis? Yes () No ()

If yes, please list the name of the medication(s) and the medical condition for which it is taken.

Does your child have any speech, hearing, or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please provide any other medical or special needs information that the child care provider should be aware of:

MEDICATION AND EMERGENCY CARE AUTHORIZATION

I authorize use of typical first aid supplies including, but not limited to, Neosporin, anti-bacterial ointment, cortisone, sunburn treatment, band-aids, and liquid band-aids. Yes No

I authorize use of preventative supplies, such as sunscreen, insect repellent, hand lotion, diaper rash cream, etc. Yes No

I authorize the YMCA Child Care program to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. Parent(s)/Guardian(s) will immediately be contacted in an emergency. Ambulance fees and/or health care costs are the responsibility of the parent(s)/guardian(s). Yes No

Comments:

ACTIVITY CONSENT

I hereby **grant** _____ **do not grant** _____ consent to have my child participate in YMCA Preschool activities including swim lessons (if applicable), field trips with his/her teacher and other authorized personnel. Parents/Guardians will be notified in advance of field trips if permitted by NYS during pandemic.

I have read the above and agree to consent on behalf of my child _____.
Child Name

Parent/Guardian Signature

Date

PHOTO/VIDEO AUTHORIZATION

I hereby **grant** _____ **do not grant** _____ consent to have my child appear in photographs and/or video footage of YMCA Preschool activities for teaching and/or marketing purposes.

I have read the above and agree to consent on behalf of my child, _____.
Child Name

Parent/Guardian Signature

Date

ADDITIONAL NOTES ABOUT YOUR CHILD:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



YMCA of Long Island
 Preschool Forms
 2020-2021 School Year
ymcali.org/childcare2021



REST TIME AGREEMENT FORM

Child's Name: _____ **Age:** _____

Rest Time Program

Students enrolled in a full day YMCA Preschool program will have the opportunity to rest quietly or nap each afternoon. Rest time will vary depending on the age of the child/program enrolled. During rest time, the lights are dimmed, and soft music or a children's audiobook is played in the background.

The preschool provides each student with a cot for them to use during rest time for the duration of the school year. Parents must supply a blanket and/or bedroll, which will be sent home weekly for laundering. All cots are sanitized on a daily basis.

The classroom staff will help to settle those students who need to take a nap. Any non-napping students must lay or sit quietly on their cots (books, puzzles, and tabletop toys are permitted) until quiet time is over.

I have read and fully understand the above Rest Time Agreement.

 Signature of Parent/Guardian Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers “Yes” to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are “Yes,” individuals **cannot** enter the program. If the answers are “No” to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer “No” to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing *ANY* of the following symptoms?
 - o Cough (new or worsening)
 - o Shortness of breath (new or worsening)
 - o Trouble breathing (new or worsening)
 - o Fever
 - o Chills
 - o Muscle pain (new or worsening)
 - o Headache (new or worsening)
 - o Sore throat (new or worsening)
 - o New loss of taste
 - o New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered “NO” to all questions, you have passed and may enter the program.

If you have answered “YES” to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

 / /

Date

Signature

 / /

Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.