



# SOUTHWEST VALLEY FAMILY YMCA 2020/2021 EARLY LEARNING REGISTRATION

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Parent's name \_\_\_\_\_ Birth date \_\_\_\_\_ (Required for registration)

Address \_\_\_\_\_ City \_\_\_\_\_ AZ Zip code \_\_\_\_\_

Primary Phone (C) or (H) \_\_\_\_\_ Work \_\_\_\_\_

Parent's E-mail address \_\_\_\_\_ (Required for registration)

Start Date: \_\_\_\_\_ Are you re-enrolling? Yes \_\_\_ No \_\_\_

**Full Day Early Learning Program in session August 1, 2020 through July 31, 2021 \* New session year starts August 1st**

6:30 AM until 6:30 PM Monday – Friday (excluding holidays)	Draft on the 1st & 15 <sup>th</sup> of every month (circle rate)	
	<b>Member</b>	<b>Non-Member</b>
<b>Preschool</b>		
Ages 3 – 5 years and Potty Trained	<b>\$ 378</b>	<b>\$ 433</b>
For part time and part week availability please contact <a href="mailto:dcasem@vosymca.org">dcasem@vosymca.org</a>		

**PROGRAM CLOSED:**

- Labor Day
- Veteran's Day
- Thanksgiving Day and day after
- Christmas Day
- New Year's Day
- Martin Luther King Day
- Presidents Day
- Good Friday
- Memorial Day

*Any other days will be posted if needed*

**REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:**

Signed registration form  Completed emergency card  Immunization record  Best of Care form

**DUE AT TIME OF REGISTRATION:**

\$35 or 0	Child Care Registration Fee/per child or waived with Family Membership	For office use only
\$	First month childcare payment (if registration not received 10 days prior to the 1st)	ID #
<b>Total due today:</b>	<b>Paid by:</b> <input type="checkbox"/> Check # <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	Date _____ Staff Initials _____
Cardholder's Name		Comments:
Draft Begins on: / 01 /		

OUR BILLING IS BASED ON TUITION MULTIPLIED BY 2 FOR 24 DRAFTS DONE ON THE 1<sup>ST</sup> AND THE 15<sup>TH</sup> MONTHLY. REGARDLESS OF THE NUMBER OF DAYS ACTUALLY OCCURRING IN THAT MONTH. THE Y DOES NOT GIVE CREDITS FOR ILLNESSES, HOLIDAYS OR FAMILY VACATIONS TAKEN DURING SCHOOL DAYS. ALL PLANS USE THE ATS BANK DRAFT (CREDIT/DEBIT CARD) SYSTEM AND ARE WITHDRAWN ON THE 1<sup>ST</sup> AND THE 15<sup>TH</sup> OF EACH MONTH. IF YOUR PAYMENT IS RETURNED BY YOUR FINANCIAL INSTITUTIONS FOR ANY REASON, THE ITEMS WILL BE RE-PRESENTED ELECTRONICALLY AND YOU WILL BE CHARGED A \$25 PROCESSING FEE. IF YOU ARE LATE IN PICKING UP YOUR CHILD (REN) A DOLLAR PER MINUTE LATE FEE WILL BE APPLIED TO YOUR ACCOUNT. YOU MAY DISENROLL WITH A 30 DAY PRIOR WRITTEN NOTICE. THIS NOTICE MUST BE TURNED INTO THE YMCA.

**DUE DATES/BANK DRAFT DATES:**

**2020** 8/1 & 15    9/1 & 15    10/1 & 15    11/1 & 15    12/1 & 15  
**2021** 1/1 & 15    2/1 & 15    3/1 & 15    4/1 & 15    5/1 & 15    6/1 & 15    7/1 & 15

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies

I have read, understand, and agree to adhere to the YMCA child care program Parent Handbook, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

My signature acknowledges my understanding and agreement to the above.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Financial Assistance is available upon request. You must fill out, attach a Financial Assistance form and provide proof of income. DES participants must attach your Certificate of Authorization to this form.



**Arizona Department of Health  
 Services Bureau of Child Care  
 Licensing**

CDC/SGH# or name: 12001

## Emergency, Information and Immunization Record Card

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex:    male        female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
------------------------------	-------	---------------------------

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):
----------

Custody papers have been provided and are on file at the facility.     yes     no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	No	Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	No	Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	No	Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	No	Yes
Additional comments:		
Other special instructions:		

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## EARLY LEARNING CENTER: BEST OF CARE FORM

This confidential form is to help your childcare provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in our care.

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Nickname \_\_\_\_\_

Parent/Guardian completing this form: \_\_\_\_\_

What is your preferred method of communication? Phone call \_\_\_\_\_ Text \_\_\_\_\_  
Email \_\_\_\_\_ Note in sign in book \_\_\_\_\_ In person \_\_\_\_\_

Please list all the adults living in your child's household:

Name	Relationship	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all the children in the family, along with their ages and gender.

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Ethnicity:

Caucasian  Hispanic or Latino  Black or African American  
 Asian  Native American  two or more Races  
 Native Hawaiian or other Pacific Islander  Other

Has your child attended child care in the past? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what type of setting(s) was your child in? (Family childcare, center childcare, relative, etc.) \_\_\_\_\_

What did you like most about your child's previous childcare setting? \_\_\_\_\_

\_\_\_\_\_

What did you like least? \_\_\_\_\_

\_\_\_\_\_

What is important to you about your child's care? \_\_\_\_\_

\_\_\_\_\_

Does your child prefer to play alone or with other children? Alone \_\_\_\_\_ With Others \_\_\_\_\_

Does your child have a favorite toy or comfort object? No \_\_\_\_\_ Yes \_\_\_\_\_ if Yes, what? \_\_\_\_\_

What is your child's current sleep schedule? \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

---

Does your child fall asleep easily? No \_\_\_ Yes \_\_\_

What is his/her mood upon awaking? \_\_\_\_\_

Special things you say or do to comfort your child are: \_\_\_\_\_

How do you know when your child is:

Happy \_\_\_\_\_

Sad \_\_\_\_\_

Mad \_\_\_\_\_

Tired \_\_\_\_\_

Other \_\_\_\_\_

How does your child react when:

Something unexpected happens \_\_\_\_\_

Something happens he/she doesn't like \_\_\_\_\_

He/She is scared \_\_\_\_\_

Other \_\_\_\_\_

Describe your family's cultural holidays, celebrations and or practices.

---

---

---

How do you discipline your child?

---

---

---

Does your child help out at home and how do they help?

---

Does your child participate in any enrichment activities? (i.e. gymnastics, swimming)

---

What kind of activities does your child like to do at home and with the family?

---

---

Describe your child's feelings about school?

---

---

Please describe any recent family events or changes (i.e. new sibling, moving, divorce, death).

---

---



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Is your child completely potty trained, including naptime? If not, what strategies are you using to work on this?

---

---

How does your child get along with other children?

---

---

What are your child's strengths/weaknesses?

---

---

---

Does your child have any health issues? (i.e. as a result of premature birth, surgery, asthma, seizures) No\_\_\_\_ Yes\_\_\_\_  
If yes, please explain:

---

---

---

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship with your child?

---

---

---

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

Parent/Guardian Decline to Complete