

## Preschool Application

### Student Information:

**Child's Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Grandparents ☐ Foster Family

Race / Ethnicity: ☐ White ☐ Asian/Pacific Islander ☐ American Native/ Alaskan Native  
☐ Black, not of Hispanic origin ☐ Hispanic ☐ Other

Income: ☐ Below 20,000 ☐ 20,000-30,000 ☐ 30,000-40,000 ☐ 40,000-50,000 ☐ over 50,000

### Family Information:

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can call at work ☐ Cannot calls at work ☐

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can call at work ☐ Cannot calls at work ☐

**Siblings:**

Name	Ages	Birthdate

**Medical Information:**

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Permission to Release and Emergency Contacts** (Other than parents). **Persons picking up must be at least 18 and provide a photo ID when picking up. Copies of ID's will be taken:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please list any person(s) who are not allowed to pick up your child. Any person who is not allowed to pick up said child must provide a copy of the restraining order or court order.**

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### **Getting to know your child questionnaire**

**Help us to get to know your child better by answering the following questions:**

1. Child's full name: \_\_\_\_\_
2. What is your child's preferred name? \_\_\_\_\_
3. I would like to describe my son/daughter as \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. One important thing for you to know about my child is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What does your child like best about school or the idea of school  
\_\_\_\_\_  
\_\_\_\_\_
6. His /Her strengths include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What are some of the activities that your child enjoys? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What hopes or goals are you anticipating for your child in preschool?  
\_\_\_\_\_  
\_\_\_\_\_
9. Please share anything special or interesting fact about your child and their family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEVELOPMENTAL SCREENING AND FAMILY QUESTIONNAIRE

### HEALTH

Any known complications 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: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Does your child eat with...? Spoon \_\_\_\_\_ Fork \_\_\_\_\_ Hands \_\_\_\_\_

### TOILET HABITS

What is used at home? Potty chair \_\_\_\_\_ special child seat \_\_\_\_\_ regular seat \_\_\_\_\_

How does your child indicate bathroom needs (include special words) \_\_\_\_\_

Is your child ever reluctant to use the bathroom \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_ How often? \_\_\_\_\_

### SLEEPING HABITS

Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_ Other \_\_\_\_\_

Does your child nap during the day (include when and how long)? \_\_\_\_\_

What signs does your child show when he/she is tired? \_\_\_\_\_

### SOCIAL RELATIONSHIPS

What languages are spoken in the home? \_\_\_\_\_

How would you describe your child: \_\_\_\_\_

Previous experience with other children/child care: \_\_\_\_\_

\_\_\_\_\_ Reaction to strangers? \_\_\_\_\_

\_\_\_\_\_ Able to play alone? \_\_\_\_\_ Favorite toys and

activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

What was your child's reaction when told about Preschool: \_\_\_\_\_

What is the method of behavior management/discipline at home: \_\_\_\_\_

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

Is there any information which you might like to share that would help us in understanding and caring for your child? \_\_\_\_\_

### **CULTURE AND TRADITIONS**

Do you celebrate any holidays? Which ones? \_\_\_\_\_

Do you have any special traditions that you do as part of these holidays? Explain \_\_\_\_\_

Are there any special traditions that you and your family do that are not related to holidays? \_\_\_\_\_

### **DAILY SCHEDULE:**

Please describe your child's schedule on a typical day.

Is there anything else we should know about your child? \_\_\_\_\_

How does your child handle stress? \_\_\_\_\_

## PERMISSIONS

I \_\_\_\_\_, parent of \_\_\_\_\_ give Naugatuck

YMCA Preschool staff permission to:

**Naugatuck YMCA staff** has permission to administer basic first aid and/or CPR to my child. \_\_\_yes \_\_\_ no

**Naugatuck YMCA Staff** has permission to call 911 and have my child transported to a local hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. We will transport them to Waterbury Hospital. \_\_\_yes \_\_\_ no

### Field Trips and Activities

I hereby give consent for my child to participate in all activities of the Naugatuck YMCA Preschool including swim instruction, physical fitness instruction, walks to the library and to walk to the St. Francis Field (our currently licensed outdoor space), the library, on walks and to the town green. \_\_\_yes \_\_\_ no

### Handbook

I have received a copy of the handbook and agree to read the information provided in the Handbook. \_\_\_yes \_\_\_no

### Photos and Social Media

I give permission for the YMCA Preschool to take pictures of my child for displays in the classroom, in hallways and in newsletters. \_\_\_yes \_\_\_ no

I give permission for my child photo to be displayed on the Naugatuck YMCA's preschool page or to be submitted to local newspapers. \_\_\_yes \_\_\_ no

### Behavior Management

I have read and understand the Behavior Management Policy and have discussed this Policy with the director or teaching staff. \_\_\_yes \_\_\_ no

### Public Schools

I give the Naugatuck YMCA Preschool to share my child's information with the Board of Education, Kindergarten Teachers, or school they will be attending after attending preschool. \_\_\_yes \_\_\_no

### Parents Roles

I have read and signed the YMCA code of conduct. \_\_\_yes \_\_\_no

### Volunteering

I understand that if I/we choose to volunteer within the classroom that I /we will have to get fingerprinted, have a background check, and go through an orientation with the director. \_\_\_yes \_\_\_no

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## TUITION

**Registration Fee:** There is a \$57.00 **non-refundable** registration fee. The registration fee covers your child's program membership fee. This fee is assessed yearly.

Tuition will be charged monthly but can be paid weekly, bi-weekly or monthly. Families that are paying their tuition on a monthly basis are responsible for paying the entire month on the 1<sup>st</sup> of each month. Bi-weekly and weekly payments are due on the Friday before your bi-weekly or weekly schedule. Payments can be made by cash, check, and credit/debit card or online to the Front Desk Staff (**Teaching staff may not take payments**). Families that wish to pay online please see the director and you will be set up with your login and password.

**Late tuition:** When tuition is paid late, a \$20.00 fee will be applied to your bill. If your account becomes delinquent after two weeks your child will not be able to attend class until the bill is paid in full including any late fees occurred or a payment schedule has been made.

**PROGRAMS:** All programs receive a weekly swim and gross motor activity (kids Zumba, Kids Yoga)

**Preschool Development Grant Classroom:** This classroom is a **free** program for families who meet the income eligibility. Documentation required for this program is a **birth certificate, 4 pay stubs (2 if biweekly), documentation from WIC, SNAP, HUSKY, CASH and proof of residency.**

**Full Day / Full Year:** This classroom runs Monday through Friday from 7:30 to 5:30.

**Fees:** Full Day 7:30-5:30 **\$817.00** month

**Part Day Program:**

**Fees:** 5 Days a week from 8:45-12:00 **\$350.00** month

**Sibling Discount:** When you have more than one child enrolled in our preschool program there will be 10% discount for the siblings.

We except **Care 4 Kids** and offer an tuition assistance program known as **Open Door Policy**. Families must apply for Care 4 Kids before applying for Open Door Policy. The director can assist any families who would like more information about Care 4 Kids or the Open Door Policy.

**Arrival:** School begins at 9:00 a.m. with all children needing to be in there classroom by **9:00** a.m. **If you arrive with your child at 9:01 your child will not be permitted to stay for the day.** The time we will go by is the time on our cell phones. The only exception to this rule is for doctor appointments or if notice was given previously. We understand that "life" occasionally gets in the way (over sleeping, flat tire, etc.) if "life" gets in the way, it is important that you call us at 203-729-9622 x 17 or via remind. We reserve the right to not allow children in past 9:01 if we find that families are taking advantage of coming in late. We recommend that all children are here by **8:45** so they will be ready for the 9:00 a.m start time.

**Late Fees:** Our center closes at 5:30. **This means that all children should be picked up and have left the program by 5:30 (12:00 for part day).** A late fee will be charged to any family whose child is still here at 5:30 (12:00 for part day) or later. The late fee will be \$15.00 for the first 5 minutes and \$1.00 per minute for each minute after the first 5 minutes. When a child has been picked up late 3 times a meeting with the director will take place.



### Contractual Agreement

My child \_\_\_\_\_ will be attending **Part-day, Full-Day or School Readiness Program**(circle one)

My monthly tuition will be \$ \_\_\_\_\_.

I will make payments on a weekly, bi-weekly or monthly basis (circle one) and that rate is \$\_\_\_\_\_.

Parents will be responsible for:

- providing their child with a crib sheet and small blanket
- providing a lunch that is nut free, includes an icepack for cold items and a thermos to keep heated items warm
- change of clothes including shoes
- signing their child in and out
- keeping director or teacher informed of any changes in phone numbers, address and persons picking up
- checking child's mailbox daily for artwork and notices
- Sneakers need to be sent or worn in daily so children may participate in gross motor activities in the gym or field.

Naugatuck YMCA Preschool will close on the following days:

**New Year's Day  
Martin Luther King's Day  
President's Day  
Good Friday  
Memorial Day**

**Fourth of July  
Labor Day  
Columbus Day  
Thanksgiving and Friday after  
Christmas**

**Inclement Weather:** Naugatuck YMCA Preschool will follow the Naugatuck Public Schools for inclement weather. If there is a delay we will open at 9:00 am. If they close early we will close at 12:00. If they are closed we will be closed. **Part Day will be closed on days that the public schools have a delay.**

I understand that by signing this contract with the YMCA Preschool, I am responsible for reading the Parent Handbook and of the application packet, for my child's tuition, registration fee and late fees that may occur. I understand that rates are subject to change with a 30 day notice. I also understand that my child is to be in attendance at school by 9:00 a.m. each day.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date