



## **Dear Families,**

Welcome to the Naugatuck YMCA Preschool and Early Learning center. We are very excited to have you become part of our YMCA family and look forward to getting to know you and your family.

Below is a check list of what you need to enroll your child in our program. Please make sure that you have all of the following information completely filled out and included with the enrollment packet. Incomplete packets may hold up the enrollment process.

### **Infant and Toddler Families:**

- Application (must be completely fill out)
- Health Assessment Record / Physical (Parents fill out first page)
- Parent Survey
- Care 4 Kids Application (if applying for assistance)
- YMCA Membership Application (Complete front page and sign waiver on the bottom of back side)
- CACFP Application (read and complete parts 1,2 or 2a, 3 and 4)

### **Preschool Classrooms**

- Application (must be completely fill out)
- Health Assessment Record / Physical (Parents fill out first page)
- Parent Survey
- Care 4 Kids Application (if applying for assistance)
- YMCA Membership Application (Complete front page and sign waiver on the bottom of back side)
- Birth Certificate
- Proof of Residency
- Proof of Income
  - W2's, Paystubs (4 if weekly, 2 if bi-weekly, 2 if monthly)
- CACFP Application (read and complete parts 1,2 or 2a, 3 and 4)

**\*\*\* If your child has allergies, asthma or any health issues that may require medication to be here at school, all forms and doctors signatures must be complete before your child can start. \*\*\***



NAUGATUCK YMCA PRESCHOOL & EARLY LEARNING CENTER  
284 CHURCH STREET NAUGATUCK CT • 203-729-9522 • www.naugatuckymca.org



## Child Care Application

**Student Information:**

Child's Name: \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: \_\_\_\_\_ Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ 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

Days (Infant and Toddlers only) \_\_\_M \_\_\_T \_\_\_W \_\_\_R \_\_\_F Hours: \_\_\_ a.m. to \_\_\_ p.m.

**Family Information:**

Parent 1 _____	Parent 2 _____
Address: _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Home Phone _____	Home Phone _____
Cell Phone: _____	Cell Phone _____
Email _____	Email _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Work Phone _____	Work Phone _____

**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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**Siblings:**

Name	Ages	Birthdate

**Medical Information:**

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

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

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

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



## TUITION PAYMENTS

Tuition is paid on the Friday before the upcoming week. Payments are to be set up for automatic withdrawal on a debit card, credit card or bank draft. If there is insufficient funds in your account and your payment gets declined, you will be charged \$30.00 fee.

### Electronic Funds Transfer (EFT) Agreement

I/we hereby authorize the Naugatuck YMCA to charge the account provided on a weekly basis in the amount named, to pay for the Naugatuck YMCA Childcare program for the child(ren) listed below until the child(ren) leave the program.

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

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

BANK DRAFT EFT       Checking       Savings

NAME ON CHECKING ACCOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CREDIT CARD EFT CARD TYPE:       MasterCard       Visa

NAME ON CREDIT CARD \_\_\_\_\_

CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date of First Transfer: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

My signature below states my understanding that I have agreed for the Naugatuck YMCA to draft my credit card/ bank account for all fees owed for the childcare program including any late pick up fees that may occur. I understand that I will be responsible for any and all returned payment fees that are accrued in the event that my selected payment method is not accepted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fees are due **weekly** on a prepaid basis (the Friday before the upcoming week). The yearly tuition is based on 50 weeks of school regardless of school closings or absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined. **You will NOT receive a monthly bill or payment reminder unless your account is delinquent.** Delinquent accounts are cause for termination from the program.

I have read the policies and procedures of the YMCA Child Care Center and off- site programs which include, but are not limited to tuition, late fees, absenteeism, holidays, vacations, center closings, special events and termination and I understand these regulations and agree to comply.

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



**CONTRACTUAL AGREEMENT**

The following contract is between \_\_\_\_\_ and the Naugatuck YMCA Preschool and Early Learning Center, located at 284 Church Street, Naugatuck for the children listed below.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Tuition and Payment Policies:**

Infant / Toddler:		Preschool	
5 Days a week	\$ 250.00	Private Pay	\$200.00
3 days a week	\$ 187.50	School Readiness Slots	\$ based on income
2 days a week	\$ 125.00		

**My weekly tuition is \$\_\_\_\_\_.**

- I am in the process of applying for Care 4 Kids. My tuition will be \$\_\_\_\_\_ until I receive my Care 4 Kids certificate. Once the certificate is received my tuition will be calculated and I will be responsible for any and all money owed to the Naugatuck YMCA Preschool and Early Center while waiting for my certificate to be approved. If my certificate gets canceled, I understand that I am responsible for paying the full tuition.
- Tuition is due every Friday and should be set up on autodraft upon enrollment into the program. If your account has insufficient funds and the payment doesn't go through, then you will be charged a \$30.00 fee.
- Tuition is paid if your child is out sick, on vacation, if we are closed for inclement weather, delayed open or early dismissal or for professional development days. There will not be any prorated days. The center may close up to 5 additional days for professional development. A 30 day notice will be given.
- There is a late fee for picking up children after 5:30 pm when we close. The late fee is \$25.00 for the first 5 minutes and \$1.00 for each additional minute after the first 5 minutes. Payment for late pick up will be added to your account and fee will be taken out using the credit card on file.

**Termination Procedure**

This contract begins on \_\_\_\_\_, 20\_\_\_\_ and may be terminated by either parent/guardian or provider by giving a two weeks written notice. The provider may terminate the contract without notice if the parent/guardian is at least 2 weeks late with scheduled payments. Parents who do not give 2 weeks notice will be charged for those two week to the account on file.

**Signatures:**

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date



**PERMISSIONS**

I \_\_\_\_\_, parent of \_\_\_\_\_ give permission for my child to participate in normal program activities in and away from the child care center including swim instruction, physical fitness instruction, walks to the library, St. Francis Field, our playground, walks around the block or to the town green. I voluntarily agree to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in the Naugatuck YMCA Preschool and Early Learning Center. I further waive, release, absolve and indemnify the Naugatuckc YMCA, its directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs at the YMCA.

\_\_\_\_\_  
Initials

I, the undersigned, certify that the information given to the YMCA is accurate. I realize that I am responsible for updating the YMCA staff of any changes to my child's file. I understand that I must have an updated medical form for my child at the Naugatuck YMCA before they start the program. I have read and understand the Parent Handbook and have reviewed the Behavior Management Plan and discussed any concerns with staff. Also, I know that I am responsible to uphold the policies and procedures as stated.

\_\_\_\_\_  
Initials

**Naugatuck YMCA staff** has permission to administer basic first aid and/or CPR to my child.

\_\_\_\_\_  
Initials

**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.

\_\_\_\_\_  
Initials

**Consent**

I understand that my child's health and safety file is confidential and give permission to Naugatuck YMCA Preschool and Early Learning Center's teachers and Adminstrators to access my Child's file.

\_\_\_\_\_  
Initials

**Photos and Social Media**

I give permission for the YMCA Preschool to take pictures of my child for displays in the classroom, in hallways, on classtag and in newsletters. I give permission for my child photo to be displayed on the Naugatuck YMCA's preschool Page on social media or to be submitted to local newspapers.

\_\_\_\_\_  
Initials

**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.

\_\_\_\_\_  
Initials

**Tuition**

I understand that I am responsible for my child(ren) tuition each week whether I am in a grant funded Slot, private pay slot or receiving Care4Kids. Failure to may my weekly payments may result in my child loosing her slot at the Naugatuck YMCA Preschool and Early Learning Center.

\_\_\_\_\_  
Initials

**Closing Policy**

I understand the the Naugatuck yMCA Preschool and Early Learning Center may close for for up to 10 professional development days each year. May close early, have a delayed opening or close for inclement weather, natural disaster or building emergency (ex. no heat, no power)

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



## PARENT/CAREGIVER INFORMATION SURVEY

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### **FAMILY BACKGROUND AND GENERAL DEVELOPMENT**

African American  White  American Indian/Alaskan  Native Asian/Pacific Islander

Other: \_\_\_\_\_

Primary language in the home:  English  Spanish  Other: \_\_\_\_\_

Are you interested in learning English?  yes  no

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

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

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

Who has legal custody?  Mother  Father  Shared Custody  Other(foster home, relative, etc.)

Marital status of parents:  Married  Single  Widowed  Separated  Shared custody

Adults in the home:  Two biological parents  Adopted  Foster parent(s)  
 Mother with partner  Father with partner  Other: \_\_\_\_\_

What names does your child call you and family members (mom, dad, mommie, papa etc) \_\_\_\_\_  
\_\_\_\_\_

Where do you live?  house  apartment  condo  vehicle  shelter  friend/family  homeless

Do you need assistance to get your own place?  yes  no

Have you completed the following?  high school/GED  some college  college degree  technical/tradeschool

Do you?  work  go to school  stay at home parent  retired

Would you like information about going back to school or furthering your education?  yes  no

Do you feel you are able to provide you family with enough food to get through the week?  yes  no

Do you receive food assistance?  yes  no If yes, from where \_\_\_\_\_

Is your child part of the CACFP (Child And Adult Care Food Program) ?  yes  no

Would you like information to help you get assistance to get food for your family ?  yes  no

Do you receive services from the department of Social Services?  yes  no

If yes what services do you receive? \_\_\_\_\_

Please describe any major family or parental stressors that may have impacted your child in the past or that may impact him or her now: \_\_\_\_\_  
\_\_\_\_\_

Are there any particularly traumatic or troubling events which have happened in your child's life which we should know about in order to understand him/her better? (please give details, include incidents you feel were traumatic for your child.) \_\_\_\_\_  
\_\_\_\_\_

Has your child ever witnessed violence inside or outside of the home?  yes  no

If Yes, please give details below: \_\_\_\_\_  
\_\_\_\_\_





Have you had any changes in the household over the past year? (i.e. death, divorce, moving, etc)

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**GENERAL DEVELOPMENT:**

**HEALTH**

Was the child born \_\_\_ Full term \_\_\_ Prematurely? How premature? \_\_\_\_\_ Birth Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz  
 Any known complications at birth? \_\_\_\_\_

Any Serious illnesses and/or hospitalizations: \_\_\_\_\_

Any Special physical conditions, disabilities: \_\_\_\_\_

Does the child have any medical problems? \_\_\_ Yes \_\_\_ No

\_\_\_ Asthma \_\_\_ Allergies to Medicines \_\_\_ Seizure \_\_\_ Seasonal Allergies \_\_\_ Other \_\_\_\_\_

Any daily/regular medications: \_\_\_\_\_

Please circle the traits/characteristics below in which apply to your child:

- |                          |                         |                    |                         |            |                        |
|--------------------------|-------------------------|--------------------|-------------------------|------------|------------------------|
| Happy                    | Sad                     | Moody              | Friendly                | Quiet      | Overactive             |
| Independent              | Dependent               | Sensitive          | Affectionate            | Fearful    | Tantrums               |
| Lethargic                | Responsible             | Angry              | Impulsive               | Thoughtful | Cooperative            |
| Withdrawn                | Lacking in self-control | Explosive Volatile | Difficulty calming down |            | Easily over stimulated |
| Withholding of affection |                         |                    |                         |            |                        |

Any other ways you would you describe your child: \_\_\_\_\_

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? \_\_\_\_\_

Does child understand simple directions? (e.g. "Put that down;" "Get your coat.") \_\_\_ Yes \_\_\_ No

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: \_\_\_\_\_

Previous experience with other children: \_\_\_\_\_

Which best describes the role your child takes with peer interactions:

- My child likes to be the leader most of the time.
- My child prefers follow other kids.
- My child can flexibly take the role of either the leader or the follower depending on the situation.

Does your child have difficulty relating to other children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child physically fight a lot with other children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child argue a lot with other children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child prefer to play alone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have difficulty with the non-verbal rules of social interaction (e.g. turn taking, how close to stand to others) \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other comments about your child's interactions with other children? \_\_\_\_\_

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Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?  
 \_\_\_Yes \_\_\_No If yes, which hand is used most often \_\_\_\_\_  
 What toys does your child like to play with? \_\_\_\_\_  
 What are some of your child's favorite activities? \_\_\_\_\_  
 Does your child transition from one activity to another with ease? \_\_\_Yes \_\_\_No  
 What was your child's reaction when told about Preschool: \_\_\_\_\_

Any other comments about your child's interactions with other children? \_\_\_\_\_

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

Do both parents subscribe to the same method or style of behavior management/discipline?  
 \_\_\_\_\_

How does your child like to be comforted? What are the particular words you use?  
 \_\_\_\_\_

What are some of your child's favorite things? (i.e. dress up, music, puzzles, books, etc)  
 \_\_\_\_\_

**SLEEPING HABBITS**

My child usually naps \_\_\_\_\_ times a day. From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

My child sleeps at night from \_\_\_\_\_ pm to \_\_\_\_\_ am

Does your child have any sleep disturbances? \_\_\_\_\_

Does your child sleep with any special object? \_\_\_\_\_

Does your child sleep in a: \_\_\_crib \_\_\_ bed \_\_\_with parent(s) \_\_\_ couch \_\_\_ pack and play

What helps your child go to sleep/soothe him/herself? (i.e. cuddling, reading, blanket, music, snuggly, etc)  
 \_\_\_\_\_

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

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

How does your child wake up? (i.e. slowly, needing to use the toilet, grumpy, etc)  
 \_\_\_\_\_

Does your child have a consistent bedtime routine? \_\_\_Yes \_\_\_No

Any concerns that your child does not get enough sleep and/or has poor sleep quality? \_\_\_Yes \_\_\_No

**EATING HABBITS**

\_\_\_ Breast fed - how long? \_\_\_\_\_ \_\_\_ Bottle fed Types of formula given \_\_\_\_\_

\_\_\_ drinks from a bottle \_\_\_ holds own bottle \_\_\_ drinks from a cup \_\_\_uses a pacifier

\_\_\_ can feed self \_\_\_ Eats table food \_\_\_ uses fork \_\_\_ uses knife \_\_\_uses spoon \_\_\_ hands

Does your child have a good appetite? \_\_\_yes \_\_\_no

What foods does your child eat? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Any eating problems we should know about? \_\_\_\_\_

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?  
 \_\_\_Yes \_\_\_No If yes, which hand is used most often \_\_\_\_\_



**TOILETING / POTTY TRAINING**

My child shows an interest in using the potty. yes no

My child wears diapers pull ups underwear

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? \_\_\_\_\_

**EDUCATIONAL EXPERIENCES**

Has the child been in other childcare Center(s) or family childcare home(s)? Yes No

If yes, how many different placements? \_\_\_\_\_

If yes, how long ago was the most recent placement? \_\_\_\_\_

How often did your child attend this program?  Full Time  Full Days (2-3 Days a week )  
 Part Time  2 days a week  3 days a week

Does the child have an:  IEP  IFSP  None

Is the child attending any other program (therapy, speech etc.)? Yes No

Is the child or family receiving services from Department of Social Services? Yes No

If yes, which services? \_\_\_\_\_

Do you have any concerns with your child pertaining to the following?

- Attention  Anxiety  Disruption  Hyperactivity  Pica (eating non-edible items)
- Seems Depressed  Self Injury  Withdrawn  Somatic (excessive complaints of physical ailments)
- Other \_\_\_\_\_

When did behavioral difficulties begin? \_\_\_\_\_

Are there any significant changes in the child's life? \_\_\_\_\_ When? \_\_\_\_\_

Does the child have a diagnosis or diagnoses? Yes No Please check all that apply.

- Attention-Deficit Hyperactivity Disorder  Bi-Polar Disorder  Autism Spectrum Disorder
- Speech and Language Delay  Cognitive Delay  Developmental Delay
- Sensory Impairment  Physical Disability  Other : \_\_\_\_\_

**PHYSICAL DEVELOPMENT**

Any concerns about child's motor skills (i.e. walking, sitting, crawling)? Yes No

Does your child: sit with support sit unsupported crawl forward/backward stand  
walk with assistance walk unassisted run go up steps go down steps

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?  
Yes No If yes, which hand is used most often \_\_\_\_\_

**Please check under the word that best describes your child.**

	Good	Average	Needs Help	Not Applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on 1 foot				
Jumps				



**Please check under the word that best describes your child.**

	Good	Average	Needs Help	Not Applicable
Uses words to express self				
Speaks clearly				
Vocabulary is age appropriate				
Understands directions				

**COMMUNICATION**

How many words does the child use? \_\_\_\_\_

Does the child put words together? (2 – 3 word sentences) \_\_\_Yes \_\_\_No

Does the child make any sounds? (i.e. car sounds, animal sounds) \_\_\_Yes \_\_\_No

Example: \_\_\_\_\_

Does your child use primarily one hand when eating, coloring, and throwing, or do they switch hands frequently?

\_\_\_Yes \_\_\_No If yes, which hand is used most often \_\_\_\_\_

**SWIMMING:**

As part of our curriculum we provide weekly swim lessons to the children.

Has your child had swim lessons? \_\_\_ yes \_\_\_ no If yes, how many years experience: \_\_\_\_\_

Can your child swim with out a floatation device? \_\_\_ yes \_\_\_ no

Is your child afraid of the water? \_\_\_ yes \_\_\_ no

How does your child react when they go into a pool, pond or ocean? \_\_\_\_\_

Do you know how to swim? \_\_\_ yes \_\_\_ no

Are you interested in learning how to swim? \_\_\_ yes \_\_\_ no

**GOALS FOR YOUR CHILD**

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? \_\_\_\_\_

How can our staff support you and your child in reaching these goals? \_\_\_\_\_