



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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ASHLAND YMCA PRESCHOOL

Welcome to the YMCA Preschool! **THIS PROGRAM IS FOR 3-5 YEAR OLDS WHO ARE POTTY TRAINED.** The registration packet has several important documents that must be completed in full for your child to participate in our program. Be sure to answer each question completely, no matter how repetitive they may seem. **ALL** forms, fees (including outstanding bills) and information **MUST** be complete before your child can be accepted. The completed packet needs to be returned a minimum of 48 hours before the intended start date. If the form does not apply to your child, please put your child's name on it and sign with some indication that it does not pertain to you. To receive the member price, you **MUST** have up to date membership or Partner with Youth eligibility. **The registration fee is \$25 dollars, please return packet with a check or cash to be placed in the Child Development Director's mailbox to be processed. The registration fee is non-refundable. If you plan to do scheduled payments the fee may be scheduled, and it will be set to be paid one week after registration is processed.** If you attend 12 months a year and are a current family you do not need to pay the registration fee. *The front desk will not process your registration, this needs to be done by the Child Development Director to be following state regulations properly.* After completion of the registration materials, the administrator will review your paperwork and the registration process will be finalized at that time. You will **receive a welcome letter** and updates by way of **email** about important dates and materials, so please be sure to include an email address for communication. Most communication will be through email so please check often while attending our program. If you have any questions, please feel free to contact Christie Krumlaw. We are so excited for our new year to begin and look forward to meeting all of your families! In September or your date of registration completion, you will receive an Ages and Stages Questionnaire to complete and return on the next day of school. If you have any further questions or concerns do not hesitate to reach out, use the phone number or email address listed below.

Most sincerely,

Christie Krumlaw

Christie Krumlaw
Ashland YMCA Child Development Director
ckrumlaw@ashlandymca.org
419-289-0626

PLEASE NOTE: The fees for families attending All Day Care account for breaks and snow days, that amount has not been accounted for in the half day or full day preschool prices. If you attend Full Day Preschool and will need care on these days there will be a \$45 for members charge and advance notice is needed. If you show up the day of, without previous arrangements, it will cost an additional \$10.



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Ashland YMCA Preschool Registration

School year enrolling 2024/2025

Will your child attend kindergarten in the **2025/2026** school year? YES NO
(must be 5 by no later than September 30th for Black River and Wooster and August 1st for Ashland, Hillsdale, Mapleton, Ashland Christian, Crestview, Loudonville, and Northwestern, June 1st for St. Ed's)

Is your child a member of the YMCA YES NO Expiration Date _____

Your child will attend _____ school system when they enter kindergarten

Child's **Full** Name _____
(FIRST, MIDDLE AND LAST)

Birthdate _____ Age of child on 1st day of school _____

Address _____

City _____ Zip _____

Email Address _____

Cell Phone for Alerts _____

Mother/Guardian _____

Phone(home) _____ (work) _____

Father/Guardian _____

Phone(home) _____ (work) _____

Preschool hours are 8:30-11 or 8:30-3. Preschool follows the Ashland City School schedule. To be considered for care over holidays or snow/delay days you must sign up for All Day Care. Full Day Preschool may attend with an additional fee that is stated later in the information.

****A non-refundable registration fee of \$25 must accompany this form. You must have a membership to receive member pricing. ****



Child's Name _____

Days and Times:
 Mon _____ Tues _____ Wed _____ Thur _____ Fri _____
 IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT

PRICING IS PER MONTH
ALL DAY CARE (includes Preschool) 6:30am-6pm

| | Member | Guest | Total |
|---------------------------|--------|-------|-------|
| 5 all day (Mon-Fri) | \$615 | \$755 | |
| 4 all day (Mon-Thu) | \$515 | \$655 | |
| 3 all day (Mon, Wed, Fri) | \$415 | \$590 | |
| 2 all day (Tue, Thu) | \$375 | \$530 | |

FULL DAY PRESCHOOL 8:30am-3pm

| | Member | Guest | Total |
|-----------------------|--------|-------|-------|
| 5 day (Mon-Fri) | \$495 | \$585 | |
| 4 day (Mon-Thu) | \$415 | \$500 | |
| 3 day (Mon, Wed, Fri) | \$350 | \$435 | |
| 2 day (Tue, Thu) | \$305 | \$385 | |

Will your child require a nap on the days they attend _____ yes _____ no (please check one)

HALF DAY PRESCHOOL 8:30am-11am

| | Member | Guest | Total |
|------------------------|--------|-------|-------|
| 5 day AM (Mon-Fri) | \$290 | \$435 | |
| 4 day AM (Mon-Thur) | \$250 | \$355 | |
| 3 day AM (Mon,Wed,Fri) | \$225 | \$325 | |
| 2 day AM (Tue,Thu) | \$205 | \$295 | |

Total to be paid MONTHLY _____

Parent Signature _____ **Date** _____

_____(Initial) I would like to have my payments paid through **Scheduled Payments** and will file proper paperwork with the Child Development Director. Payments will be taken the first of every month. I DO NOT HAVE TO BE A MEMBER TO USE THIS OPTION

*****There will be a \$10.00 discount if payments are scheduled instead of paid monthly by check, cash or card*****



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Financial Agreement

I agree to pay the Ashland YMCA Preschool the stated amount of tuition indicated for my child's care. Tuition is due September through May. A two week notice of withdrawal is required from preschool. To receive the member rate, I understand that my child must be an active member. Tuition is due monthly by the first week of each month, and a late fee of \$20 will be assessed after the 10th of that month. **JFS Families only:** If I am a JFS family I will have all proper paperwork completed before attendance begins and will keep up on my entries to receive these benefits. If I am more than 10 days behind on entries, I agree that I will self-pay for the time that has been used at the rate of \$45/day.

*Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

Swimming, Gymnastics and Walking Field Trip Permission

Child's Name _____ DOB: _____

Please check all that apply:

My child has my permission to participate in the YMCA swimming program that will take place in the West Pool in the main building. The center will have two supervising staff and a certified life guard on duty at all times.

My child also has permission to participate in gymnastics lessons and activities. Children will be supervised and assisted during lessons, to maintain a safe and healthy environment.

The YMCA preschool will go on walking trips, weather permitting, within a two-block radius. Children will be taught safety while on the walking trips, under the supervision of classroom staff. During walking trips children will not be near water more than two feet.

There will not be extra staff above the licensing requirements.

*Parent signature _____ Date _____

Parent notes or relevant information regarding these activities: _____

I do not give permission to participate in any of the activities listed above

*Parent signature _____ Date _____

**Swimming and gymnastics will occur one at a time between the months of October and April.



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**Ashland Family YMCA Preschool
Emergency Pickup Information**

Persons authorized to pick up child from school other than custodial parent: Must name AT LEAST one.

Child's Name _____

Child's birthdate _____ Email _____

Address _____

Parent who should be contacted **FIRST:**

(name of parent) _____ (phone number) _____

Person to contact **SECOND**/relationship/phone

(name of contact) _____ (phone number) _____

Authorized pick up individuals:

| <u>Name</u> | <u>Relationship</u> | <u>Phone</u> |
|-------------|---------------------|--------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

Roster Permission

The State of Ohio requires preschools to have a roster of all children enrolled in preschool. HOWEVER, the only thing I need to have on it is the child's name. I make a roster of parent's names, phone, address and email for your convenience. You are welcome to use this info to invite children to play or for party invitations. We do not use it to solicit or harass our families. You can choose what information you wish to share; all or just a few things

Pick what you wish to be listed on roster:

_____ Mom's name _____ Dad's name _____ Email _____ Future School System

_____ Address _____ Phone _____ Child's birthday



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Ashland Family YMCA Preschool
Supply list for the beginning of the year

We **NEED:**

- Silverware (Spoons especially)
- 5 oz cups
- Bowls
- Paper Plates
- Napkins
- Tissues
- Paper Towels

If you **WANT:**

- Markers
- Dry Erase Markers
- Colored Pencils
- Pencils
- Crayons
- Glue Sticks

** These items are not necessary but if your child would like to bring school supplies in, these are the things we would use.

Once the school year begins these supplies will be refilled by the program

YMCA PRESCHOOL T-SHIRTS

Every school year you may purchase matching t-shirts to wear on special days at our school. The shirts are \$11.00 and cover the cost of the shirt and the printing. Please send this in with a check for \$11.00 made payable to the Ashland YMCA. **This is not required** of the children but we will have days where they will be given the opportunity to wear the shirts as a school. Please write a separate check and give to administration for proper record keeping. **This is only an option to buy until school begins in September.**

-----cut here-----

Child _____

My child will need a CXS _____ CS _____ CM _____ CL _____

For office use only

| | |
|--------------------------------|---------------------------------|
| Payment received date _____ | T-shirt delivered date _____ |
|--------------------------------|---------------------------------|



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Preschool Scheduled Payment Authorization/Agreement

I _____ authorize my bank to make payment to the Ashland YMCA by method indicated below, and post it to my account for my child _____'s

care at the Ashland YMCA Preschool. (please circle the appropriate **category, amount of days and membership status.**)

- | | | |
|--------------------|--------|------------|
| ALL DAY CARE | 2 DAYS | Member |
| FULL DAY PRESCHOOL | 3 DAYS | Non-member |
| HALF DAY PRESCHOOL | 4 DAYS | |
| | 5 DAYS | |

Amount Paid _____ on the _____ of each month (if no date is given it will be taken on the first of every month)

Checking _____ Bank Name _____

NOTE: for checking account authorization, a voided check is needed

Account # _____ Routing # _____

Credit Card _____ Mastercard _____ Visa _____ Discover _____ Other _____

Account # _____

Expiration Date ____/____ (For credit card payments)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

I understand that I am in full control of my payment, and if at any time I decide to make any change or discontinue the service, I will call or write the above company. A two-week notice is needed to make any changes. Change of payment will not affect other provisions and terms of my contract.

Signature _____ Date _____

Staff Witness _____ Date _____

Scheduled Payment Agreement

I UNDERSTAND that when enrolling in the Ashland YMCA Preschool using Scheduled Payment as the method of payment, I am committing to a nine-month period of time for the school year, which will be taken out of my checking, savings, or credit card account monthly on the **first of every month**. I also understand that any outstanding payments not received within 60 days will be turned over to RBC Collection agency. Returned items or denied

transactions will have a fee of \$15.00 charged. **Initials**_____



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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

1. video film or footage of me,
2. sound track recordings of me
3. photo reproductions of me
4. any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

1. All works shall belong to YMCA of the USA;
2. The Y has no duty of confidentiality regarding any licensed uses;
3. YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
4. The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Printed Name (of child): _____ Age: _____

Address: _____

I am the parent or legal guardian of _____ . I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

Sign this form only if you give permission to use your child’s picture on the YMCA website, social media or advertisements



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Support Identification

In an attempt to provide a supportive learning environment and promote positive behaviors, we recognize supports and accommodations enable children to reach their fullest potential in a safe environment. Therefore, we have identified several types of strategies that may be helpful to participants. We also recognize that the introduction of these strategies may impact our staff to child ratio and the well-being of all the children in attendance.

For all applicants, we are documenting and reviewing supports identified by the parents/caregivers as they enroll their child in the program. With this information we determine if we are capable of providing a safe and effective learning environment, we make decisions on whether we are the appropriate placement for each child who desires to enroll in the YMCA program.

*Child's Name _____
_____needs no supports at this time. Please sign below.

_____needs the following supports and I have the documentation needed to receive these supports. Please mark appropriate supports and sign below.

- | | |
|------------------------------|--|
| _____ Behavioral Supports | _____ Health Supports |
| _____ Communication Supports | _____ Instructional Supports |
| _____ Natural Supports | _____ Social Supports |
| _____ Transition Supports | _____ Universal and Accessible Physical and Program Design Supports |

If you have information on recent assessments in the areas listed below that would help identify appropriate strategies. Please provide documentation and sign below.

- | | |
|------------------------------|--|
| _____ Behavioral Supports | _____ Health Supports |
| _____ Communication Supports | _____ Instructional Supports |
| _____ Natural Supports | _____ Social Supports |
| _____ Transition Supports | _____ Universal and Accessible Physical and Program Design Supports |

***Must be documented by a professional in written form prior to attendance and implementation. Please see next page for support explanation.**

Parent/Care Giver Signature

Date

Support Definitions

Behavioral Supports- intended to minimize challenging behaviors. These behaviors are intended to communicate and when attempting to eliminate behavior child's frustration may be magnified. Professionals need to pinpoint what is being communicated and what environmental factors are contributing to the behaviors. When it is known what is communicated and contributes to the behavior positive support can be implemented to eliminate the risk of behaviors being displayed.

Communication Supports- intended to ensure the child understands thoroughly what is expected. Each intervention must be clear and purposeful in communication through verbal, nonverbal and kinesthetic feedback. Professionals will willingly communicate expectations, requests, and acceptable behavior parameters to create motivating and safe environments. The communication the child receives will assist them in being able to sort out what is important and respond to what they hear.

Health Supports- intended to accommodate physiological well-being and function at their maximum capacity. The use of proper diet, rest, pain management and sunlight exposure is managed. Use of quiet spaces to help regain composure as well as medications and physical activity levels will be monitored to support the child.

Instructional-leadership Supports- intended to support engagement. Professionals will plan and structure predictable environments to focus on strengths and goals.

Natural Supports- intended to be support from a family member whose preferences support the child. Support occurs when there are balanced meals and there are designated areas for appropriate choices.

Organizational Supports- intended to be supports given by collaborative team of professionals and care givers. An inclusive plan will be developed to support the child and a zero-tolerance approach will be taken to implement the support.

Social Supports- intended to help the child gain social competence, become aware of social expectations, gain information through interactions and exchange feelings during an experience.

Transition Supports- intended to help the child transition from one location to another or to another program. This support can also be used to move from one activity to another within the classroom.

Universal Design and Program Supports- intended to assist in designing structures for all children regardless of ability. Barriers are minimized and access is maximized by, for example, signs and checklists to cue children. Multiple engagement opportunities are offered to include children with a range of diverse abilities and skills.



Child's Name _____ Birthdate _____

Future School System _____

Will attend Kindergarten in the year 20

Child Information List

____ Registration Form & Fee ____ cash ____ check ____ pd date _____

____ Medical Statement Expiration Date _____ Completed by _____

____ Child Enrollment/Health Information

____ Medical Physical Care Plan (if applicable)

____ Family Information Sheet

____ Financial Agreement

____ Swimming, gymnastics, local walking permission

____ Assessment Permission

____ Handbook Acknowledgment

____ Photo release for Homeroom

____ Pick up Information

____ Roster Permission

____ YMCA Photo Release

____ Support Identification

____ T-shirt Order

____ Scheduled Payment Form

Registration Completed when: (Office Use Only)

____ Daxko

____ Scheduled Payment Y / N

____ Physical List

____ Photo Release Y / N Homeroom Y / N YMCA

____ Roster

____ Medical Alert

____ Attendance

____ Email List

____ Google Calendar

____ Welcome Email sent _____



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**Family Information For Step Up to Quality
PRESCHOOL**

| | | |
|---------------------|---------|--------------------|
| Child's Name (Last) | (First) | Nicknames (if any) |
|---------------------|---------|--------------------|

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child

| | |
|---|----------|
| Who is in the child's immediate family? | |
| Who lives at home with the child? | |
| What is the primary language spoken in your child's home? | |
| Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, divorce, new home, death or birth of a family member, friend or pet. | |
| Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, etc) | |
| Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes circle one: Center based, in home, with family, with parents, other _____) | |
| Are there foods your child dislikes/ likes that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Likes | Dislikes |
| Are there any foods that your child should not be fed? (allergies, culture, religion based) <i>Licensing documentation be completed for children with food allergies and/or dietary restrictions</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your child's personality and behavior | |

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

Other comforting techniques you may use?

What can cause your child to be angry or frustrated? How do you respond?

What is the discipline policy in your home?

Does your child nap? __Yes __No

| | |
|---|--|
| What is your child's mood upon waking up? | How long does your child nap at home? |
| Does your child have trouble sleeping? | Does your child need something to comfort them while sleeping? |

Does your child need assistance using the toilet? How do they let you know when they need to use the toilet? (words, gestures, signs)

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

Any other information that would be helpful for the staff caring for your child to know?

Parent Signature

Date

JFS FORM 0511



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Ashland YMCA Preschool Calendar

Specific dates will be given at the beginning of the school year and be listed on the Google Calendar

September

Open house will be the Tuesday after Labor Day

First day of school will be the Wednesday after Labor Day

October

Mid month- No school but ADC provided

November

Thanksgiving Break NO School

Care Provided ADC Families on days other than days listed below

Center Closed Thursday and Friday for Thanksgiving

December

Christmas Break NO School

Care Provided for ADC except for Christmas Eve, Christmas day, New Year's Eve and New Year's Day

January

Center closed the first weekday after New Year's for deep cleaning

MLK Day NO School

Care provided for ADC Families

February

President's Day NO school

Care Provided for ADC Families

March/April

Spring Break

Care Provided during break for ADC families

Center Closed- Good Friday

May

Last Day of School the Friday before Memorial Day

Care provided for ADC families transitioning into Summer Camp for the time between Preschool and Summer Camp

****ADC= All Day Care**

If Ashland City Schools have an Early Release the Preschool will run as usual.

We will follow the Ashland City Schools Delay and Cancellations. Please check your email, our Facebook page and/or Homeroom page for updates due to weather.

There may be other days off each month that will be communicated in the newsletters and our Google Calendar.
You will be signed up for the google calendar upon registration.