



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 Membership for All 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. Welcome emails will not be sent until on or after June 15th, once Summer Camp is underway. 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@ashlandy.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.

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.

Ashland YMCA Preschool Registration

School year enrolling **2024/2025**

Will your child attend kindergarten in the 2025/2026 school year? YES NO
(most area schools, child must be 5 by September 30th to enroll in kindergarten the following year)

Your child will attend _____ Elementary in _____ school district 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 _____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

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

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-Thu)	\$250	\$355	
3 day AM (Mon,Wed,Fri)	\$225	\$325	
2 day AM (Tue,Thu)	\$205	\$295	

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

Parent Signature _____ **Date** _____

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 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 _____

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 always have two supervising staff and a certified lifeguard on duty.

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.

Assessment Permission and Authorization

The children will be assessed at least three times throughout the school year for academic gains and developmental assessment will be gathered using Ages and Stages Questionnaire, TS Gold and other methods a minimum of once a year. I give permission for the teachers to perform such assessments and share the information with us and the school they will attend upon leaving the Ashland YMCA Preschool.

***Parent/Guardian Signature** _____ Date _____

Handbook Acknowledgment

Handbook is available on our website to read. If you would like a paper copy please ask and one will be printed for you. This acknowledgment needs signed before your child may attend the program.

I acknowledge that I have received a copy of the parent handbook for the Ashland YMCA Preschool. I agree to follow all policies outlined within.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

**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

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parents 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.soundtrack 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, soundtrack 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 [REDACTED]. I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: [REDACTED]

Printed name: _____

Sign this portion only if you give permission to use your child's picture on the YMCA website, social media or advertisement

Homeroom Page Photo Release

The Ashland YMCA Preschool shares photographs of classes and participants on our gethomeroom.com website to show families what we do all day. We would like your permission to use photographs of our day on our restricted page. Only authorized people indicated by the administration can see the posts. If you do not grant permission, please indicate this below.

I give the YMCA permission to use photographs of my child/children on gethomeroom.com

X _____ Date _____

OR

I **DO NOT** grant permission, and the YMCA may not use my photos on gethomeroom.com

X _____ Date _____



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Family Information For Step Up to Quality PRESCHOOL

Child's Name (Last)	(First)	Nicknames (if any)
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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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Likes</td> <td style="width: 50%; padding: 5px;">Dislikes</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	Likes	Dislikes		
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

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell# <input type="checkbox"/> Home# <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell# <input type="checkbox"/> Home# <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or **medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

This portion does not pertain to this program

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every N/A hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ___ hours.

Emergency Transportation Authorization

Table with 2 columns: Give Permission to Transport, Do Not Give Permission to Transport. Includes fields for Program or Home Name (Ashland YMCA), Parent's Signature, and Date. A central 'OR Do not sign both' box is present.

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Signature lines for Parent/Guardian Signature(s) and Administrator/Designee Signature, each with a Date field.

Table with 4 columns: Parent/Guardian Initials, Date of Review, Administrator/Designee Initials, Date of Review. Includes a header row and three data rows.

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

**We are a fully potty trained facility.

We cannot diaper the children in our care.***

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: _____
Signature of Examining Health Care Practitioner	
Date of Examination	
Name of Examining Health Care Practitioner	
Telephone Number	
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent Date