



PRESCHOOL CHILDCARE PROGRAM

PH: 617- 661-9622 x722

Fax: 617-864-0996

Date: _____ Date of Admission: _____

Child's First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ Primary Language: _____

Age at Admission: _____ Gender: _____ Race: _____

Height: _____ Weight: _____ (lbs.) Eye color: _____ Hair color: _____

Identifying marks: _____

Parent/Guardian #1: _____ Daytime Phone: _____

Place of Employment: _____ Days & Hours: _____

Work Address: _____

Home Address if different from child's: _____

City: _____ Zip: _____ Cell # (if applicable): _____

Email (if applicable): _____

Parent/Guardian #2: _____ Daytime Phone: _____

Place of Employment: _____ Days & Hours: _____

Work Address: _____

Home Address if different from child's: _____

City: _____ Zip: _____ Cell # (if applicable): _____

Email (if applicable): _____

Name of child's physician and/or clinic: _____

Address: _____ Phone: _____

Does your child have any allergies (including food allergies)? NO: _____ YES: _____

If yes, please explain: _____

Has your child ever been stung by a bee? NO: _____ YES: _____

As required by Massachusetts's law, documentation for my child's immunizations, physical exams, and lead screening (children ages 7 and under) is on file. YES: _____ NO: _____

Please provide a detailed explanation of any unusual physical or emotional conditions, dietary restrictions, or medications used (use an additional sheet if necessary): _____

Parent Signature: _____ **Date:** _____

Developmental History and Background Information

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ **Date of Birth:** _____

*Note: Please provide information for infants and toddlers (marked *) as appropriate to the age of your child.

Developmental History

Age began sitting: _____ Crawling: _____ Walking: _____ Talking: _____

*Does your child pull up? _____ Walk w/ support: _____

Special notes to describe needs: _____ Any history of Colic: _____

Language Spoken at home: _____ Any speech difficulties: _____

*Does your child use pacifier or suck thumb: _____ *When: _____

*Does your child have a fussy time: _____ *When: _____

How do you handle this time: _____

Health Conditions

Any known complications at birth: _____

Serious illness and/or hospitalizations: _____

Allergies (asthma, hay fever, insect bites, medicine, food): _____

Regular medication: _____

Eating Habits

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparations in detail: _____

Favorite Foods: _____ Foods Refused: _____

*Is your child fed held in lap: _____ *High Chair: _____

Does child eat with spoon: _____ Fork: _____ Hands: _____

Toilet Habits

*Are disposable or cloth diapers used: _____ Is there frequent occurrence of diaper rash: _____

*Do you use (please circle: oil powder lotion other: _____

*Are bowel movements regular: _____ How many per day: _____

*Diarrhea Problem: _____ Constipation: _____

*Has toilet training been attempted: _____ Describe procedure to be used at center: _____

What is used at home (please circle): Potty-Chair Special Child Seat Regular Seat

Does your child indicate bathroom needs (include special words): _____

Is your child reluctant to use the bathroom: _____ Does child have accidents: _____

Sleeping Habits

*Does your child sleep in a crib: _____ Bed: _____

Does your child become tired or nap during the day (include frequency and duration) _____

When does child go to bed at night: _____ Wake up in the morning: _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) _____

Social Relationships

How would you describe your child: _____

Previous experience with other children/day care: _____

Reaction to strangers: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.) _____

How do you comfort your child: _____

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

What would you like your child to gain from this childcare experience: _____

Daily Schedule

Please describe your child's schedule on a typical day. *For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

Parent/Guardian Signature: _____

Date: _____



Emergency Card Information

Child's Name: _____ **Date of Birth:** _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Instructions to Reach Parent/Guardian

1. Name: _____ Home Phone: _____

Work Phone (if applicable) _____ Cell Phone: _____

Address: _____

2. Name: _____ Home Phone: _____

Work Phone (if applicable) _____ Cell Phone: _____

Address: _____

Pediatrician or Source of Health Care:

(Doctor's Name, Phone Number, Address)

Emergency Contact Person(s)

1. Name: _____ Home Phone: _____

Work Phone (if applicable) _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Home Phone: _____

Work Phone (if applicable) _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Emergency Treatment:

I hereby give _____ permission to administer basic first aid and /or CPR to
(Name of Program)
my child _____ and/or take my child _____
(Name) (Name)

to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

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

**GROUP DAYCARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM
102 CMR 7.09(3)**

Child's Name: _____ **Date of Birth:** ____/____/____

I authorize staffs in the childcare program that are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____ Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

EMERGENCY CONTACTS (In order to contacted)

Name: _____ Address: _____
Relationship to Child: _____ Phone#: _____
<u>Do you give permission for child to be released to this person? Yes _____ No _____</u>

Name: _____ Address: _____
Relationship to Child: _____ Phone#: _____
<u>Do you give permission for child to be released to this person? Yes _____ No _____</u>

Name: _____ Address: _____
Relationship to Child: _____ Phone#: _____
<u>Do you give permission for child to be released to this person? Yes _____ No _____</u>

Health Insurance Coverage: _____ Policy#: _____

Parent(s) Name: _____ Phone(h): _____ Phone(w): _____

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



Photo Release

Dear Parents:

From time to time the YMCA is honored with the opportunity to be highlighted in a newspaper article, press release, YMCA website, or videotape for classroom purposed. These opportunities often involve photos, videotaping, or other types of recording in the classroom. The form below requires your permission for your child to be included in such events.

I give my permission for my child to be spontaneously photographed, videotaped, or tape-recorded while in attendance at the Cambridge YMCA for any lawful purpose at anytime. I understand that I will not be contacted to inspect or approve the finished product, and that the finished product may or may not be available to me. Photos, videotapes, and or audiotapes may be used for the Cambridge YMCA.

Child's Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

I do not want my child to be spontaneously photographed, videotaped or recorded at any time.

Child's Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Field Trip Permission

I give my child, _____ permission to attend field trips with the
(Child's Name)
Cambridge YMCA Childcare Staff. The trips include, but are not limited to: area parks, pools, local
libraries, stores and walks around Central and Harvard Square areas. Parents will be notified about all
trips in advanced.

Please take note: The methods of transportation for field trips will be the MBTA, walking and/or school
bus.

Parent/Guardian Signature: _____

Date: _____



Pool Permission

I, _____ give my permission for my child _____

to swim in the pool at the Cambridge YMCA. I understand that my child will be escorted by the Childcare Staff to and from the pool area. Also, while in the pool, I understand that my child will be supervised by certified lifeguards on staff at the Cambridge YMCA.

Parent/Guardian Signature: _____

Date: _____



Payment Policy

Program	Hours	Cost Per Month
Full Time Preschool	7:30 am – 5:45 pm	\$1,400.00
Part Time Preschool	7:30 am – 12:00 pm	\$690.00

Cambridge YMCA
Preschool
820 Massachusetts Ave
Cambridge, MA 02139
Phone: 617-661-9622 ext. 722
Fax: 617-846-0996

- Tuition for the Preschool is a FLAT monthly fee and will NOT be prorated for days not attended (i.e. sick, vacation, staff training, special holidays and snow days).
- All tuition fees are due in full, on or before the first day of the month for which childcare is to be provided.
- A \$20.00 late fee will be assessed on the 2nd day on the unpaid fees due. A child cannot be permitted to attend his/her program on the second day until full payment and late fee have been received.
- If tuition and late fee are paid in full before the end of the month, the child will immediately be reinstated.
- Failure to pay tuition and late fee on or before the end of the month will result in the child being terminated from the program as well as the slot being reassigned.
- A \$400.00 Non-Refundable Deposit is due upon registration for both full time and part time slots. The deposit will be put towards the first month's tuition.

Holidays

We are closed on the following 8 holidays:

1. **January**-New Year's Day
2. **January**-Martin Luther King Day
3. **February**- Presidents' Day
4. **May**-Memorial Day
5. **July**-Independence Day
6. **September**-Labor Day
7. **November**-Thanksgiving Day/day after
8. **December**-Christmas Day

We are also closed 2 days at the end of August for Training and Cleaning.

Parent/Guardian Signature: _____

Date: _____



Child's Name: _____

Date: _____

**THE CAMBRIDGE YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, children and next of kin, hereby acknowledges, agrees and represents that he or she releases the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. He or she understands that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members and guests.

It is further warranted that such entry into the UMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersign finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I have read this release:

Parent/Guardian Signature: _____

Date: _____



Child's Name: _____

Date: _____

THE CAMBRIDGE YMCA

CHILD ABUSE REPORTING PROCEDURE

The Cambridge YMCA advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food and restroom privileges, confining children in small locked rooms, or verbal or emotional abuse.

Affectionate touch and the warm feeling it brings is an important factor in helping children grow into loving and peaceful adults. However, the Cambridge YMCA staff and volunteers need to be sensitive to each child's need for personal space (i.e., not everyone wanting to be hugged.) The Cambridge YMCA encourages age-appropriate touch that helps children develop feelings of trust, security, and self-esteem; however, at the same time, it prohibits inappropriate touch; touch that exploits a child, or touch initiated by an adult for the adult's gratification or other means of sexually exploiting children.

In the event that there is an accusation of abuse/neglect, the Cambridge YMCA will take prompt and immediate action as follows:

1. At the first report or probable cause to believe that child abuse/neglect has occurred, the employed staff person it has been reported to will notify the Child Care Director, who will then notify the Department of Social Services. However, if the Child Care Director is not immediately available, this report must be given to the Program Manager, who will then notify the Department of Social Services. If the Program Manager is not immediately available, then another senior staff supervisor will then notify the Department of Social Services. Massachusetts mandates each teacher or childcare provider to report information they have learned in their professional role regarding suspected child abuse. If an individual fails to report child abuse or neglect, they could be held accountable.
2. The Cambridge YMCA will make a report in accordance with relevant state local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.
3. The parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the Department of Social Services.
4. All Cambridge YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the persons named in #1 above.
5. The following procedures are in place to ensure the safety and wellbeing of all children in our care.
6. Any Cambridge YMCA staff accountable of child abuse or neglect will be suspended from the program and/pr working in the childcare office until the Department of Social Services investigation is complete.

Parent/Guardian Signature: _____

Date: _____

Please sign and fill out these forms for our first aid bag.
Having these forms in our first aid bag is very helpful in the
event of an emergency.
Thanks!

Medical Emergency Treatment:

I hereby give **Cambridge YMCA Preschool** permission to administer
basic first aid and/or CPR to my child _____
and/or take my child to a hospital and to secure medical treatment
when I cannot be reached or when delay would be dangerous to my
child's health.

Parent/Guardian Signature: _____ Date: _____

Child: _____

Address: _____

Phone: _____

Mom: _____ cell: _____

Dad: _____ cell: _____

#1: _____ phone: _____

#2: _____ phone: _____