



Little Y's Guys Preschool Enrollment Checklist

All forms must be completed before your child will be registered for Preschool.

Required Documentation	Staff Initials	Parent Initials
Enrollment Form- Completed, Signed and Dated		
Medication Authorization Form – Signed & Dated (If applicable)		
Health Examination - Within six months, signed and Dated by a Doctor, Current Immunizations, TB test or Dr's Note, lead Screen Test or Dr's Note		
Original Certified (Stamped) Birth Certificate- We will make a copy of the original		
Parent Handbook- <i>Electronic Signature</i>		
Liability Waiver- <i>Electronic Signature</i>		
Consent Form- <i>Electronic Signature</i>		
Electronic Fund Transfer Authorization Form- Completed, Signed and Dated		
Summary of Licensing Standards for Day Care Centers- Signed and Dated		
Enrollment Agreement- <i>Electronic Signature</i>		

**Kankakee Area Y • 1075 N. Kennedy Drive • Kankakee, IL 60901
815-933-1741 • www.k3ymca.org**

Our Mission: To put Christian principles in to practice through programs that build healthy spirit, mind & body for all



Little Y's Guys Preschool Enrollment Form

Please provide all requested information. To comply with State laws, all sections of this form must be completed before we can accept any child for care.

Date Enrolled:
Start Date:

CHILD'S INFORMATION

Child's Name:	D.O.B.: / /	Age:
Street Address:	City:	State: Phone:
Resides With:	Gender: Male Female	Ethnicity:

PARENT/LEGAL GUARDIAN INFORMATION

Name:	Name:
Relation to Child: D.O.B. ___/___/___	Relation to Child: D.O.B. ___/___/___
Address: (If different than child's)	Address: (If different than child's)
Street Address:	Street Address:
City/Zip:	City/Zip:
Driver's License #:	Driver's License #:
E-mail:	E-mail:
Home #:	Home #:
Work # w/ext.:	Work # w/ext.:
Employer:	Employer:
Employer Address:	Employer Address:
Hours of Employment:	Hours of Employment:
Authorized to pick-up child* <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to pick-up child* <input type="checkbox"/> YES <input type="checkbox"/> NO

*When a parent is NOT authorized to pick up, we MUST have a copy of court documentation.
 In case of divorce or legal separation are you :
 Sole Custodial Parent Residential Custodial Parent Non Residential Custodial Parent Legal Guardian
 Please provide copies of court documentation

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY*Please fill out completely*

Name:	Name:
Address:	Address:
Relation to Child:	Relation to Child:
Work #:	Work #:
Phone #:	Phone #:
E-mail:	E-mail:
Name:	Name:
Address:	Address:
Relation to Child:	Relation to Child:
Work #:	Work #:
Phone #:	Phone #:
E-mail:	E-mail:
Name:	Name:
Address:	Address:
Relation to Child:	Relation to Child:
Work #:	Work #:
Phone #:	Phone #:
E-mail:	E-mail:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

My child HAS a regular physician. Below is the information for my physician, hospital preferences.

My child DOES NOT HAVE a regular physician. We use any doctor on duty at the hospital listed below

Name of Physician:	Address:	Phone:
Hospital Preference:	Address:	Phone:

Is your child covered under any medical insurance policy? YES NO

Insurance Co.:	Group#:
Policy Holder's Name:	Policy#:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant. YES NO

SPECIAL CONCERNS/NEEDS

The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child. *Please give information about special concerns and needs including (but not limited too): allergies, existing illness, previous serious illness and/or injuries, disabilities, hospitalizations in the past 12 months, long-term health problems, continuous use medication, etc. Please write N/A if none apply to your child.*

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help in these situations? Does your child have any limitations or require any special provisions?

Does your child require any special accommodations? YES NO
(If yes, please contact the Sr. Program Director

Please read each statement below, check yes or no, then sign & date.

My signature below gives my consent for my child to be transported and supervised by the facility's staff in case of emergency, on field trips, to and from home and to and from school if applicable. YES NO

My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools and other bodies of water provided by the facility. YES NO

My signature below gives my consent for my child to be photographed and/or videotaped participating in the program. YES NO

My signature below gives my consent the have periodic e-mails sent to me by the YMCA informing me of upcoming programs and/or events. YES NO

My signature below acknowledges my understanding that as a participant in a state licensed child care, my child's records may be reviewed and/or photo copied by representatives of Illinois Department of Children & Family Services. YES NO

My signature below acknowledges my receipt of my agreement to follow all policies in the Parent Handbook which includes YMCA operational and parent policies. YES NO

Parent Statement of Understanding:

My signature acknowledges that I understand the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. The YMCA strives to provide a safe and healthy environment for your child.

Agreement to Adhere to Payment Policies/Procedures

Automatic Bank Draft is the only option to pay for the Little Y's Guys Preschool. Payments will be withdrawn the Thursday prior to each week (weekly) or on the 1st of the month (monthly). My signature acknowledges that I authorize the Kankakee Area YMCA to present an automatic bank draft against my account for my Little Y's Guys Preschool fees according to the payment option that I have chosen. I understand that I may withdraw from the program and cancel the EFT with a two week written notice. I also understand that if my EFT is returned unpaid, I will be charged a service fee of \$25.00 and the bank draft will be presented again for payment.

My child's immunization record is on file with your program with all immunizations, tuberculosis test, lead screen, physical and copy of original birth certificate with stamped official seal.

I have read all of the above guideline and by signing I agree to abide by all the YMCA policies.

Signature of Parent or Legal Guardian

____/____/____
Date

For Office Use			
_____		____/____/____	
____:____	am / pm	Date	Time
Staff Initials			

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



Kankakee Area YMCA Little Y's Guys Preschool Automatic Bank Draft Authorization

Child(ren's) Name(s): _____

Program Enrollment Date: ___/___/_____

Program Start Date: ___/___/_____

Weekly	Member: \$140/week	Non-Member: \$162.50	Draft Amount: \$ _____
-Automatic bank draft occurs the Thursday prior to the week of service. -Weekly participants must pay the additional \$26.00 fee for School's Out Days -Weekly participants receive a 10% discount for additional children			
Monthly	Member: \$560/month	Non-Member: \$650/month	CCR&R Co-pay \$ ____/month
-Fund Transfer occurs on the first of the month of service. -Monthly participants receive a 10% discount for additional children -Monthly participants pay NO additional fee for School's Out Days			

Payment Method:
(Please Circle One)

Checking Account

Credit/Debit Card

Savings Account

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____ Expiration Date: ___/___/___

-Electronic Fund Transfer is the only payment option for the Before & After School Child Care program.
-Weekly participants are responsible for registering to attend any School's Out Day prior to the date of service and for payment of the required fee. School's Out Day fees will not be automatically deducted.

Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic draft, as outlined above, against my account for my Before & After School Child Care fees according to the payment option that I have chosen above. I understand that I may withdraw from the program and cancel the bank draft with a written notice completed at least 10 business days prior to draft. I also understand that if I choose the part-time option, I can cancel specific weeks of service with a written notice completed at least 10 business days prior to the draft.

I also understand that if the draft is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Signature: _____

Date: ___/___/_____

Print Name: _____

For Office Use Only:

Registered

Scheduled

Registration Fee & First Payment Paid

*Please see reverse side for Before & After Care Bank Draft Authorization.



Kankakee Area YMCA Little Y's Guys Before & After Care Automatic Bank Draft Authorization

Child(ren's) Name(s): _____

Program Enrollment Date: ___/___/_____

Program Start Date: ___/___/_____

	Weekly -Automatic Bank Draft Occurs the Thursday prior to the week of Service. -10% discount for add'l children	Monthly -Fund transfer occurs on the first of the month of service. -10% discount for add'l children
Before Care ONLY	\$25	\$100
After Care ONLY	\$50	\$200
Before & After Care	\$62.50	\$250

Payment Method:
(Please Circle One)

Checking Account

Credit/Debit Card

Savings Account

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____ Expiration Date: ___/___

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I also understand that if the draft is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Signature: _____ Date: ___/___/_____

Print Name: _____

For Office Use Only:	<input type="checkbox"/> Registered	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Registration Fee & First Payment Paid
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*Please see reverse side for Preschool Bank Draft Authorization.