



# PNC Grow Up Great Preschool Enrollment Form

Please provide all requested information.

To comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care

Date Enrolled \_\_\_\_\_

Date Withdrawal \_\_\_\_\_

## CHILD'S INFORMATION

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Resides with: \_\_\_\_\_ Sex:  Male  Female Ethnicity: \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN

Name: _____	Name: _____
Relation to Child: _____	Relation to Child: _____
Address:(if different from child's)	Address:(if different from child's)
Street Address: _____	Street Address _____
City/Zip: _____	City/Zip: _____
Driver's License Number: _____	Driver's License Number: _____
E-mail: _____	E-mail: _____
Home #: _____	Home #: _____
Cellular #: _____	Cellular #: _____
Work # with extension: _____	Work # with extension: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's 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 the case of divorce or legal separation are you  Sole Custodial Parent  Residential Custodial Parent  Non-Residential Parent  Legal Guardian Please provide copies of court documentation.

## ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____	Name: _____
Address: _____	Address: _____
Relation to child: _____	Relation to child: _____
Office #: _____	Office #: _____
Cell/Pager #: _____	Cell/Pager #: _____
Home #: _____	Home #: _____

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

My child **HAS** a regular physician. Below is the information for my physician, clinic/hospital preferences.  
 My child **DOES NOT HAVE** a regular physician. We use any doctor on duty at the clinic/hospital listed below.

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Clinic/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.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## 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 director and visit the program prior to enrolling your child.

*Please give information about special concerns and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalizations in the past 12 months, long-term health problems, continuous use medication, etc. Please write in N/A if none apply to your child.*

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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?

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Does your child require any special accommodations?  Yes  No (If Yes, please contact the YMCA's Preschool Director)

**Please read each statement below, check yes or no, then sign and 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 video taped participating in the program.  Yes  No

My signature below gives my consent to have periodic e-mails sent to me by the YMCA informing me about 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 and Family Services.

My signature below acknowledges my receipt of my agreement to follow all policies in the Parent Handbook which includes YMCA operational and parent policies.

**Parent Statement of Understanding:**

My signature acknowledges that I understand the 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:**

Electronic Fund Transfer is the only option to pay for the PNC Grow Up Great Preschool. A payment of \$48.00 per child is withdrawn each Thursday to pay for the following week's fees. My signature acknowledges that I authorize the Kankakee A YMCA to present an electronic fund transfer against my account for my Grow Up Great 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 EFT 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 the above guidelines and by signing I agree to abide by all the YMCA policies.

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Signature of Parent or Legal Guardian

Date