

CONFIDENTIAL
PERSONAL HISTORY OF YOUR CHILD'S DEVELOPMENT

CHILD'S NAME _____ NICKNAME _____
PHONE _____ ADDRESS _____
DATE OF BIRTH _____ RACE _____

I. CHILD'S FAMILY/PARENTS OR GUARDIANS

NAME _____ NAME _____
Occupation _____ Occupation _____
Student's Major _____ Occupation _____

Status of parents (check): Living together _____ living apart _____
Child lives with _____

Other children in the family: (list in order of birth)

Name	Sex	Birth Date	Grade in School

Additional members of household (give number and relationship: friend, relative, boarder, other) _____

What part do these other persons have in the care of your child _____

Has your child been separated from his/her parents(s) for long periods of time, and if so, why _____

How long have you been at your current address? _____

What language is spoken in your home? _____

(If more than one, what other languages are spoken?) _____

II. DEVELOPMENT IN EARLY CHILDHOOD

When did your child walk? _____ When did your child talk? _____

Is your child adopted? _____ Does he/she know? _____

Does your child have a bladder control? _____ Child's terminology _____

Does your child have bowel control? _____ Child's terminology _____

Does your child need help when going to the bathroom? _____

Does your child need reminding about going to the bathroom? _____

Does your child usually take a nap? _____ At what time? _____ How long? _____

Describe any special needs, handicaps, or health problems _____

Does your child have any difficulty saying what he/she wants or do you have any
Trouble understanding his/her speech? _____

Does your child have tubes in his/her ears now? _____ Ever? _____ When? _____

III. EATING HABITS

Is your child allergic to any foods? _____
What is your child's general attitude towards eating? _____
What foods does your child especially like? _____
For which meal is your child most hungry? _____
Does the child feed himself entirely? _____
Does your child dislike any food in particular? _____
Does your child take a bottle? _____ If not what age did he/she stop? _____
Do you have any concerns about your child's eating habits? _____ Explain _____

IV. PLAY AND SOCIAL EXPERIENCES

Has your child participated in any group experiences? _____
Where? _____ When? _____
Did your child enjoy it? _____
Does your child worry a lot or is he/she afraid of anything? _____
Does your child have imaginary playmates? _____ Explain _____

Is there anything about your child's play or playmates which the school should know?

V. DISCIPLINE

In most circumstances, do you consider your child easily managed, fairly easy to manage or difficult to manage? _____

How does your child handle frustration? _____
How is discipline handled in your home? _____

VI. PARENTS IMPRESSIONS, ATTITUDES AND EXPECTATIONS

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, Divorce)? _____

What are your expectations of your child's experiences at the Child Development Center? _____

What are your expectations of your child's teachers? _____

In what ways would you like to see your child develop? _____

VII. FAMILY TRADITIONS

What holidays are celebrated in your family? _____

What special things do you do for these holidays? _____

Where did your family come from originally? _____
Are there any songs, dances, stories or other traditions passed on to you? _____

What are some of your family's favorite foods, hobbies or games? _____

PARENT AGREEMENT
YMCA Child Development Center

Child's Name: _____

Classroom/Program: _____ Weekly Fee: _____

YMCA Child Development Center is open Monday through Friday 6:30 a.m. – 6:00 p.m. We accept children one year through five years of age and in PreK, without regard to race, national origin, sex or religion.

PAYMENT INFORMATION

Payments are made in advance, and are due on Friday prior to child's attendance. Co-pays are due at the first of the month and are late if not paid by the end of the first week of each month.

Payments are considered late at the close of business on Monday. *Late payments will be assessed a fee of \$5.00 per day.* Children will not be admitted to the Center on the following Monday if program fees, late fees, and the current fees are not paid. There are no exceptions to this policy.

A \$25.00 fee is charged for any returned check. The Center reserves the right to require future payments to be made by cash or money order. Outstanding balances on returned checks may result in the termination of enrollment.

Weekly tuition payments include snack, breakfast and lunch, unless otherwise noted. Additional payments may be required for optional meals, field trips and /or enrichment programs and items. Upon enrollment and EVERY January there is a non-refundable \$25.00 enrollment fee.

Attendance and Late Pick-up Fees

It is your responsibility to notify the Center of any changes in your child's attendance schedule.

Two weeks notice of withdrawal from the program is required. Outstanding balances that have accrued are still due and payable. If it becomes necessary to enforce collection of balances, the parent or legal guardian will be responsible for the payment of all attorney fees and collection costs.

When a child is picked up after our designated closing time (6:00 p.m.), the parent will be charged a late fee of \$2.00 per minute per child. The late fee doubles after 7:00 p.m.

In accordance with Oklahoma law, a prolonged wait may result in a report to Child Protective Services or the Weatherford Police Department.

CHILD'S ILLNESS

Children who are ill may not be accepted to the Center. There are no discounts in tuition for illness. Before any medication can be dispensed to a child, the parent must complete the Medication Permission form provided by the center. (Ipens, inhalers, diaper rash cream and diabetic medication only)

HOLIDAYS AND CLOSINGS

The Center will be closed on New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday after, and Christmas Day.

IMPORTANT: Effective January 1, 2006, full-time children enrolled at the Center will be allowed one week vacation after a minimum of three months enrollment. This excludes children taken out during the summer months. Ages 1 – 5 are enrolled on a full time basis.

HEALTH RECORDS/INCIDENT REPORTS

Certain health records are required by state regulatory agencies and continued attendance is guaranteed only if the parent provides these records to the Center in a timely manner (ex. Current immunization record).

The Center agrees to keep the parent informed of unusual incidents involving the child, including illness, injuries, adverse reactions to medications, or exposure to communicable diseases. The Center also agrees to obtain written authorization from the parent before the child participates in routine transportation, field trips, or water-related activities in water over two feet.

CENTER DISCRETION

If it is determined, through the Center Director and classroom teacher, that your child is not adjusting to the Center, or if other issues require cancellation of enrollment, a written notice will be given stating that enrollment will be canceled in one week. If it is determined that a child is of potential harm to himself or to other children or staff, withdrawal can be required without notice(director’s discretion).

I have read and understand the parent agreement Center policies and procedures, licensing regulations (where applicable), and Parent Handbook, and I agree to abide by the Center and state policies as stated.

Parent Signature: _____

Parent Signature: _____

Approved:

Center Representative:_____ Date:_____

RELEASE OF CHILDREN POLICY

TO ENSURE THE SAFETY OF YOUR CHILDREN, PLEASE OBSERVE THE FOLLOWING GUIDELINES:

- 1. The list of persons authorized to call for the child must be current and accurate.**
- 2. Changes in persons authorized to call for the child must be made in writing and submitted to the CDC director or Assistant director.**
- 3. Changes in custody agreements will be accepted only with a copy of the court order that specifies the change and designates the person named as having legal custody of the child.**
- 4. Identification is required by any person calling for the child.**
- 5. Persons must come into the child care facility before the child is to be accepted /released.**
- 6. No child in our care will be released to persons not authorized to do so by the enrolling parent. In case of emergency, please contact the CDC director or Assistant director.**
- 7. If a person calling for a child displays signs of being impaired or in some way unable to provide safe transportation for the child, the director will suggest alternate transportation with an alternate adult on the authorized list.**
- 8. It is essential that the proper release form and complete enrollment information be on file at the CDC at all times.**

I HAVE READ, AND WILL COMPLY WITH, THE YMCA RELEASE OF CHILDREN POLICY.

I UNDERSTAND THAT I AM RESPONSIBLE FOR KEEPING MY CHILD'S ENROLLMENT CURRENT AND ACCURATE. FURTHERMORE, I UNDERSTAND THAT THE ENTIRE ENROLLMENT FORM MUST BE COMPLETE, ALONG WITH A COMPLETED FOOD PROGRAM FORM.

MEDICAL PERMISSION

I HEREBY AUTHORIZE THE YMCA CDC OF WEATHERFORD, OKLAHOMA TO ADMINISTER _____ THE MEDICATION LISTED SEPARATELY (which has been supplied by me and which is clearly labeled) ACCORDING TO THE INSTRUCTIONS LISTED ON FORM AND ON THE LABEL.

IMMUNIZATION RECORD

I UNDERSTAND THAT AN IMMUNIZATION RECORD MUST BE UP-TO-DATE AND ON FILE WITH THE CENTER FROM THE FIRST DAY OF ATTENDANCE IN THE CENTER.

I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE CENTER AND SHOW DOCUMENTATION TO VERIFY ANY IMMUNIZATION UPDATES REQUIRED.

PARENT HANDBOOK

I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK AND UNDERSTAND THAT I AM RESPONSIBLE FOR FOLLOWING ALL CENTER POLICIES STATED WITHIN THE HANDBOOK.

THE YMCA CDC OF WEATHERFORD, OK HAS MY PERMISSION TO: (please check those agreeable to you)

_____ **In case of emergency, call an ambulance to take my child to any available physician at my expense.**

_____ **Involve my child in field trips that are properly supervised and meet child safety restraint guidelines.**

_____ **Involve my child in photographs taken for publicity purposes.**

PARENT/ GUARDIAN SIGNATURE_____

DATE_____

FIELD TRIP PERMISSION

Field trips are an excellent learning tool and therefore, play an important role in our curriculum. Parents will be notified at least one week in advance of ANY and ALL field trips. ALL children must have a permission slip on file before the child will be permitted to participate.

Field trips do include swimming at the Carl Dunn Aquatic Center located in the YMCA building. The YMCA CDC swimming activities are for 3 and 4 year olds. Swimming activities are only provided in June, July and August. Swimming authorization forms must be completed prior to any child swimming.

All children in diapers/pull-ups will be changed at the YMCA CDC. All diapers are checked every hour and changed as needed.

After this signed permission slip is on file for your child, your child will be permitted to participate in any field trip scheduled unless we receive written notice from you, the child's parent or guardian, that your child cannot participate. Any such written notice must be addressed to the Director of the Child Development Center, and must be received by the Director before the day of the scheduled event in order to be effective.

PLEASE READ CAREFULLY. THIS PERMISSIONS SLIP CONTAINS A RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS.

My child, _____ has permissions to attend the field trips scheduled for his/her class. I understand that I will be notified of every field trip whether it is a walking field trip or a field trip requiring transportation. I further understand that I must give written notice to the Director to cancel this permission for any field trip prior to the day the field trip is scheduled.

In consideration of my child being allowed to participate in field trips, the sufficiency of which is hereby acknowledged, I/we release Great Plains Family YMCA Child Development Center and all related or affiliated entities, the Director and the teacher and any assistants from any and all claims of whatever nature known or unknown, whether accrue in the future. This is a full and general release covering all unknown, undisclosed and unanticipated losses, wrongs, injuries, claims or damages which could arise as a result of my child's participation on a field trip.

Both parents (if available) need to sign this form

Parent or Guardian

Parent or Guardian

Date

PHOTO/ PUBLICITY/ INTERVIEW RELEASE AGREEMENT

YMCA Child Development Center

By signing this agreement, parent/guardian also agrees to allow permission for the center representatives to take photographs, video, recordings or interviews for use in the center for security or evaluative purposes or center and classroom projects. These materials will not be used for any other purposes without the parent's permission.

Parent Signature _____

Parent Signature _____

Center Director _____

Photo Release: Photographs are occasionally taken of participants in YMCA programs for publicity purposes. By signing this agreement, permission is granted to the YMCA to use photographs of myself or any family members for these purposes.

Parent Signature _____

Parent Signature _____

Center Director _____