



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Guided Discovery Parents:

Welcome to Guided Discovery Preschool at the magic Valley YMCA. We are confident that this year is going to be a wonderful experience for you and your child!

We are currently registering for the 2017-2018 school year. We encourage you to complete the registration process as soon as possible to secure a place for your child in our preschool program.

Below is the tuition for the 2017/2018 school year. We think you will find them comparable to other preschool programs in the area, while still enjoying the benefits of the Y's superior programming and staff.

To complete the registration process please:

1. Complete and sign all the documents in this registration packet. Return the completed forms to Katy Beggs, program Coordinator. (In August you will be asked to turn in a copy of your child's immunization records.)
2. Pay the \$75.00 registration fee and the first month's tuition. You can pay these fees by attaching a check or money order. More information in the attached packet. The registration fee and half of the first month's tuition are non-refundable.

Thank you for choosing Guided Discovery Preschool. We are honored that you entrust your child in our care each day. Every day we witness how proper nurturing in early childhood results in confident, competent children who exemplify the YMCA character values of caring, honesty, respect and responsibility.

If you have any questions about the registration process, feel free to contact me at any time.

Sincerely,

Katy Beggs
Coordinator, Guided Discovery Preschool
Magic Valley YMCA
208-733-4384 ext. 106
katye@ymcatf.com



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EMERGENCY INFORMATION FORM

General Information (Please print)

YMCA Preschool Program _____ Start Date _____

Child's Last Name _____ Child's First Name _____

M F Date of Birth _____ YMCA Member YES NO

Address _____

City _____ Zip _____

1st Parent/Guardian Last Name _____ Date of Birth _____

1st Parent/Guardian First Name _____ YMCA Member YES NO

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Home Address (if different from child's) _____

2nd Parent/Guardian Last Name _____ Date of Birth _____

2nd Parent/Guardian First Name _____ YMCA Member YES NO

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Home Address (if different from child's) _____

HEALTH HISTORY AND INFORMATION FORM

Has your child had any serious or severe illnesses or accidents in the last 3 years?

YES NO (If yes, explain) _____

Does the child take any medication during the day? YES NO

If yes, Medication Release Form is required. Please list medications:

Does your child have allergies? YES NO If yes, list:

Does your child have asthma? YES NO

If yes, what causes the onset of your child's asthma?

Do you have any concerns about your child's health or development that we need to be aware of? YES NO

If yes, explain: _____



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MAGIC VALLEY GUIDED DISCOVERY PRESCHOOL SCHEDULE REQUEST - 2017-2018 School Year

Child's Last Name _____ Child's First Name _____
Child's Date of Birth _____

I need preschool care in:

- Morning Class 9:00 am - 12:00 pm
 Afternoon Class 12:30 pm - 3:30 pm

Full payment is required to secure your spot in the 2017-2018 School Year

- \$75.00 registration fee*
 First months tuition

I would like to make payment by:

- Attached check

*The registration fee is non-refundable.

Parent/Legal Guardian Signature: _____ Date: _____



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MAGIC VALLEY GUIDED DISCOVERY PRESCHOOL PAYMENT POLICY

The following terms and conditions apply for all childcare accounts. **Please initial each statement after reading:**

Registration Fee

Payment of the registration fee and first months billing **must be included with the registration packet.**

Parent initial here _____

Payment Dates

Payment cycles are monthly. All payments are due on the 1st of each month. If the 1st falls on a weekend or holiday, payment is due on the first business day following the weekend or holiday. If you anticipate having difficulty with paying your fees on time, please contact the Child Development accounting office immediately. **If paying by check please be aware that your check may be processed as an electronic funds transfer from your account.**

Parent initial here _____

Additional Charges and Termination of Services

Balances must be paid in full by the 1st of each month. If your account is overdue by more than five business days, you will incur a \$20 late fee. Any payments received after the late fee is assessed will be applied to the late fee first and then to the tuition. An NSF charge will be charged for returned items along with a late charge if applicable. Delinquent accounts will be placed on a termination list. The YMCA reserves the right to terminate care until the account balance is paid in full. If there is a wait list, your child's place may be forfeited and given to the next child on the wait list.

Parent initial here _____

Tuition credits

Tuition is calculated as a monthly rate. There are no tuition credits given for holiday closures, child illness or closing due to weather or an emergency situation. A list of holiday closures can be found in your parent handbook, on the parent information board at the child care center or by speaking with the Guided Discovery Coordinator.

Parent initial here _____

Withdrawal Policy

To withdraw your child from the Magic Valley YMCA Guided Discovery Preschool, a Withdrawal Request Form must be filled out and submitted at least **two weeks in advance of the intended final day of attendance.** Final payment will be prorated for a partial billing cycle. If a child leaves the program without advance notice, you **will be charged** for those final two weeks. If you choose to withdrawal from the program prior to the first day, we will refund half of the first month's tuition only. **Parent initial here** _____

Collection of Fees

The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance. **Parent initial here** _____



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After Hours Policy

Magic Valley Guided Discovery morning class ends at noon, and afternoon class ends at 3:30pm. If you pick up your child after the closing time, you will be charged \$2.00 for each minute after closing until 4:00 PM at which time Child Protective Services will be called. This charge will appear on your next invoice. **Parent initial here** _____

End of year payment summaries

The primary adult for the child care account will be the parent who has signed all of the documentation in the registration packet. At the end of the year we will send out payment summaries to support customers in filing for the Child Care Credit. This payment summary will be listed under and sent to the primary adult for the child care account. **Parent initial here** _____

I have read and understand the terms and conditions of the Payment Policy and agree to abide by all the above stated terms. I also understand that I, the undersigned, am the person solely responsible for payment of my account regardless of any other parties involved (i.e. co-payer, ICCP, etc.).

Date _____

Child’s Last Name (If different from Parent/Guardian) _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Parent/Guardian Social Security # : _____

Monthly tuition payments for child care can be made two different ways.

Pay in person at Magic Valley YMCA, 1751 Elizabeth Blvd., Twin Falls, ID.

Mail your payment to: Child Development Accounting, 1751 Elizabeth Blvd., Twin Falls, ID 83301.

For billing questions please call Janey at (208) 733-4384, ext. 103



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CONSENT FOR ACTIVITIES

Child's Name (Please print) _____

Permission for swimming and/or wading at any YMCA facility:

Parent initial here _____

Permission to transport on YMCA buses on fieldtrips and walking fieldtrips:

Parent initial here _____

Permission for application of sunscreen:

As a parent/legal guardian, I give consent to have the YMCA Child Development staff apply Coppertone Water Babies 100 SPF sunscreen that will be provided by the YMCA. I understand that I will be responsible to provide sunscreen for my child if I do not give permission.

Parent initial here _____

Permission for Photograph Release:

I authorize the Magic Valley YMCA to utilize photos of my child for on-site publications such as classroom and center newsletters, posters and picture collages. I understand that these publications may be posted inside classrooms, center hallways, entrances and may be sent to center participants via e-mail. I also understand that these publications will not be used by the YMCA for Association or mass media publications. I may revoke this consent at any time, by submitting a written request to the Site Coordinator.

Please Select One

I **DO** authorize the Magic Valley YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: _____ Date: _____

I **DO NOT** authorize the Magic Valley YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: _____ Date: _____



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MANDATORY RISK WAIVER AND MEMBERSHIP UNDERSTANDING

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Magic Valley YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence, the negligence of my family participating in said activities, or the negligence of the Magic Valley YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While on the premises of Magic Valley YMCA facility or enrolled in any YMCA programs, my family and I agree to act with Caring, Honesty, Respect and Responsibility.

Primary Parent/Legal Guardian signature: _____ Date: _____

Secondary Parent/Legal Guardian signature: _____ Date: _____

Name(s) of minor child(ren) I am responsible for:

_____	_____
_____	_____
_____	_____
_____	_____



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MEDICATION AUTHORIZATION FORM

Authorization to Administer Medication

Parents: You must complete all three sections of this form before hand delivering this document and the medication for your child to your child's YMCA teacher. Failure to complete the requirements will result in your child not receiving his/her medication.

SECTION 1

Child's name _____
Name of medication _____
First date to administer medication / /
Last date to administer medication / /
Times to be given _____
Dosage to be given _____
Method to administer medication _____
Special instructions _____
Possible side effects _____
Emergency contact name _____ Phone _____
Additional comments _____

SECTION 2

I, _____, give representatives of the Treasure Valley Family YMCA authority to administer to my child medications as detailed above. I agree to furnish the correct amount of medicine and detail the times at which it is to be administered. I understand that this is done at my request and I agree not to hold the YMCA responsible should complications occur. I also agree to provide emergency information in the event of any side effects which may occur.

 / / _____
Date Signature of YMCA representative acknowledging medication received from parents

SECTION 3

 / / _____
Date Signature of YMCA representative acknowledging medication received from parents



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Magic Valley YMCA
1751 Elizabeth Blvd.
Twin Falls, ID 83301
(208) 733-4384
FAX (208) 733-4386

MEDICAL CONSENT FORM

Child's name _____
Last First Middle

As parent and/or guardian, I do hereby authorize for the treatment of my child/children in the event of a medical emergency situation which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted **ONLY** after a reasonable effort has been made to reach me.

Name(s) of parent or guardian: _____

Address: _____

Home phone: _____

Mother's or guardian's business phone: _____

Father's or guardian's business phone: _____

Name of family physician: _____

Physician's phone: _____

This release form is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances during my absence.

Signature

Date



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