Form A
YAFC LF Pre K Program
Registration Information

__ **$20.00 Registration fee**
___ Medical Forms / vacc
Date Paid ____ /____/____

Accepted ____/____/____Initial_____
S/W _____
via phone/ in person
Receive___ am snack __ pm snack
Start Date ____/____/____
office use only

Child's Name: _____
Home Address: _____
_____
Phone: _____
Date of Birth: _____ Age: _____
Gender: □ Male □ Female
Allergies:_____ **Medical Alert:**_____

Sibling(s)/Age(s): _____

Mother: DOB_____
Name _____
Address_____
_____
Daytime phone_____
Employer:_____ wk#_____

Father: DOB_____
Name_____
Address_____
_____
Daytime phone _____
Employer:_____ wk #_____

With whom does your child reside? __Both parents __Mother __Father __Guardian

Little Falls Benton Hall Academy Pre K Programs

- □ 3 Year old class –Tues & Thurs, 8:30 –11:00 am
- □ Full day Childcare-complete SCHOOL YEAR drop off/pick up time below
- □ UPK Wrap around childcare AM or PM -complete SCHOOL YEAR drop off/pick up time below

Please circle above am or pm

SCHOOL YEAR for UPK Wrap around / Childcare

	Drop off / Pick up time: AM / PM
□ Monday	_____ / _____
□ Tuesday	_____ / _____
□ Wednesday	_____ / _____
□ Thursday	_____ / _____
□ Friday	_____ / _____

□ I give my child permission to nap, I understand that if my child does not nap he/she will not be confined to a sleeping surface during scheduled naps-quiet activities will be offered.
□ I authorize the staff of the YAFC of the Mohawk Valley to give FIRST AID when appropriate.
□ I authorize the YAFC staff to apply bug spray/ sunscreen/ topical ointment on my child if needed.
□ I give permission for my child listed above to go on walking field trips.
□ I give permission for my child listed above to be photographed for social and/or promotional purposes as s/he is attending YAFC activities.

Please check all that apply

I agree to enroll my child in the YAFC of the Mohawk Valley's childcare program, as indicated above. I understand, by my signature below, that I am contracting for these days and times for my child's participation, and that the weekly fee indicated in the Parent Handbook is due in advance **weekly or bi-weekly** payable to the YAFC of the Mohawk Valley whether or not I have my child use this time. I am in agreement with and will abide by the procedures and rules stated in the Parent Handbook, which I have received and read.

_____ _____
Parent Signature Date

Form B

YMCA LF Pre K Program

Emergency Contact/Authorized pick up / Medical Information / Consent

Child's Name:_____

Emergency Contact Information / Authorized Persons to Pick Up:

All people who are authorized to **pick your child up** from our day care programs must be listed below.

*****(We will call parents first; then Emergency Contacts)*****

Name: _____
Phone: _____
Address: _____
Relationship to Child_____

Name: _____
Phone: _____
Address: _____
Relationship to Child_____

Name: _____
Phone: _____
Address: _____
Relationship to Child_____

Name: _____
Phone: _____
Address: _____
Relationship to Child_____

Physician's Name: _____
Telephone: _____
Address: _____
_____

Has your child had any illness, allergies, operations, accidents or recent hospitalization? Yes / No.
If yes, please explain: Please circle
Additional medical consent forms are required if your child needs an epi-pen or an inhaler.

_____
_____
_____

Form C
YAFC LF Pre K Program
Consent

Child's Name:_____

Does your child require any special attention, medication, or have routines that need to be taken into consideration during their time at our program. We will do our best to meet the needs of your child with the assigned staff, however should your child require additional staffing due to special needs, we reserve the right to limit or terminate services. Yes / No

Please circle

_____
_____
_____

I understand that every effort will be made to contact me in the event of an emergency requiring medical or dental attention for my child listed at the top of this form. However, if I cannot be reached, I hereby authorize the staff of the YAFC of the Mohawk Valley to transport my child the nearest hospital and to secure my child the necessary medical or dental treatment. Please specify hospital if you have a preference: _____.

_____ _____

Parent Signature Date