



1<sup>ST</sup> DAY OF ATTENDANCE\_\_\_\_\_

LAPORTE County YMCA Educare  
APPLICATION/INTAKE AGREEMENT

Date of Application\_\_\_\_\_

Half Day/Full Day 3yr\_\_\_\_\_4yr\_\_\_\_\_

1<sup>st</sup> Choice School\_\_\_\_\_ 2<sup>nd</sup> Choice School\_\_\_\_\_

(All forms must be completed by the 1<sup>st</sup> day of attendance)

For Youth Development  
For Healthy Living  
For Social Responsibility

### **CHILD'S INFORMATION**

Child's Full Name\_\_\_\_\_

Nickname (s) \_\_\_\_\_ Sex\_\_\_\_\_

Sex\_\_\_\_\_ Present Age\_\_\_\_\_ Date of Birth\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Home Phone\_\_\_\_\_

### **FAMILY INFORMATION**

Mother's Name\_\_\_\_\_ E-Mail\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Phone\_\_\_\_\_

Name of Employer\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Phone\_\_\_\_\_

Father's Name\_\_\_\_\_ E-Mail\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Phone\_\_\_\_\_

Name of Employer\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Phone\_\_\_\_\_

Name of responsible person who can be called to come for my child in case of illness or other emergency if parents can't be reached:

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Phone\_\_\_\_\_

(This information is required in order for your child to be enrolled.)

### **CHILDCARE FEES WILL BE PAID BY:**

Mr. / Mrs. / Ms. First\_\_\_\_\_ Last\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Company Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone Number\_\_\_\_\_

### THIRD PARTY PAY

Will a third party be paying for your childcare expenses? If so, we will need a written confirmation from the third party. If the third party declines payment, you are then personally responsible for those charges.

Third party \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Hours of Operation / Child's Schedule**

The center is open from 7:30 a.m. to 5:30 p.m., Monday thru Friday. There is an extra charge of \$1.00 per child for every minute you are late to pick up your child. If a family has repeated lateness, the Center will not be able to continue to serve that family. Part time care must be scheduled in advance. Please see back pages of our center handbook for Childcare Fee schedule explanation.

Child will attend: Mon – Tues – Wed – Thurs - Fri  
(Circle all that apply)

Time child will be dropped off for care \_\_\_\_\_  
Time child will be picked up from care \_\_\_\_\_

### **PR RELEASE**

The Center MAY MAY NOT use photographs, reproductions and/ or sound recordings of my child. Such use may include advertising and publicity purposes in newspapers, TV, etc.

The Center MAY MAY NOT use pictures taken by the teacher for classroom use.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **EMERGENCY MEDICAL AUTHORIZATION**

I agree and by my signature give consent, that in case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. Including transportation by ambulance if necessary. I understand that I will also be responsible for any costs incurred by this. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**ILLNESS POLICY FOR LAPORTE YMCA CHILDCARE CENTER**

I understand if my child becomes ill, my emergency contact person or I will be called to pick up my child. If my child is exposed to a contagious disease I agree to notify the Center immediately. I understand you are reserving a slot for my child and the normal weekly rate will be charged even though my child is not in attendance.

Parent / Guardian signature\_\_\_\_\_ Date\_\_\_\_\_

**AUTHORIZATION FOR PICK UP**

Children will only be released to authorized persons listed below. This person must be at least 18 years of age. A COURT ORDER is required to restrict a parent's access to his/her child. Without a Court Order, the La Porte YMCA Community Child Care and Learning Center has no jurisdiction. .

The individuals named below have my authorization to pick up my child.

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_  
Phone\_\_\_\_\_

\*\* Children must be accompanied into the classroom and signed in. Please use your full name when signing in and out on the sign in/out sheet. (Do not use mom, dad, grandma, etc.)

\*\* You must make sure that a staff member is aware of the child's arrival and departure.

### **STATEMENTS OF UNDERSTANDING**

1. I understand that I may not leave my child at the YMCA Educare Classroom unless a YMCA staff is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the Center with an unauthorized person. Any person authorized to pick-up my child must either be listed in the enrollment paperwork.
3. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police, for the child's safety. Please do not put staff in a position where they have to make this judgment call.
4. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I agree that I will not knowingly send my child to the LaPorte YMCA Educare with a communicable illness.
6. My signature below indicated that I have received and read a copy of the YMCA's Childcare Handbook/Parent Policies and Procedures. It also signifies that I have read the statements above and that the information I have provided is true and accurate to the best of my understanding.
7. I understand that I will have to update the enrollment packet annually.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **HOW DID YOU LEARN ABOUT OUR EDUCARE CENTER**

\_\_\_ Word of mouth

\_\_\_ Family Focus Magazine

\_\_\_ Newspaper

\_\_\_ Older Sibling Attends our Care

\_\_\_ Child Care Resource and Referral

\_\_\_ Preschool

\_\_\_ Downtown YMCA

\_\_\_ Other (Please Specify) \_\_\_\_\_

**INFORMATION THAT IS HELPFUL TO YOUR CHILD'S TEACHER'S**

1. Are there any food allergies, medical or physical problems, or religious customs that we should be aware of?  
(If your child has a food allergy, please ask for correct food form)
  
2. Does your child exhibit specific fears? If so, please list them.
  
3. If your child is upset, how can we best comfort him/her?
  
4. Please describe your child's speech:  
Rapid \_\_\_ Slow \_\_\_ Moderate \_\_\_ Clear \_\_\_ Talks constantly \_\_\_ Seldom speaks \_\_\_ Uses many words \_\_\_  
Uses few words \_\_\_ Talks only during play \_\_\_ Other characteristics \_\_\_\_\_
5. Family Type: Two parent family \_\_\_ Single Parent \_\_\_ Other \_\_\_\_\_  
Sibling's names and ages \_\_\_\_\_
6. Previous school or childcare \_\_\_\_\_
7. Tell us about your child's positive traits  
\_\_\_\_\_
8. Is your child enrolled in the First Steps or the Special Education Cooperative Preschool? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes,  
please provide us with a copy of your child's IFSP or IEP.
9. Other information you feel would be important for us to know  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PARENT HANDBOOK ACKNOWLEDGEMENT**

I have received a copy of the Parent Handbook for the LaPorte YMCA Childcare Center.

Today's Date: \_\_\_\_\_

Child(ren)'s name(s):

\_\_\_\_\_

Parent's Signature:

\_\_\_\_\_

Please sign the form above and return to the front desk staff, along with all other start up registration paperwork.

Thank You!