

## PROGRAM SELECTION FORM

### Dale Turner Family YMCA Preschool Child Care (Located at Chase Lake Elementary School)

#### FAMILY INFORMATION (Please PRINT)

Parent/Guardian Name:	Daytime Phone #:	
Email Address:		
Parent/Guardian Name:	Daytime Phone #:	
Email Address:		
Child's Name:	Age:	Date of Birth:

#### PROGRAM INFORMATION (Please Note: Your child **MUST** be potty trained before enrolling in this program.)

Program Option (Please Circle to Select)	Days (Please Circle)	Start Date (DD/MM/YYYY)
<b>Preschool Child Care – Full Time (\$687/month**)</b>	N/A	
<b>Preschool Child Care – Part Time (\$470/month**)</b> <i>Part Time is up to 25 hours of care per week.</i>	M T W Th F	

*\*\*Rate is good until December 31<sup>st</sup>, 2009.*

#### **Registration Costs are as Follows:**

- \$35 Program Membership Fee
- \$100 Deposit –or– First Month's Fee if start date is less than 2 weeks from date of registration.

For office use only:

**Completed Forms:**

- |  |  |
|--|--|
| <input type="checkbox"/> Blue Cover Sheet                            | <input type="checkbox"/> Instruction for Medication  |
| <input type="checkbox"/> Youth Program Registration (YPR)            | <input type="checkbox"/> Medical Plan  |
| Health Notes?(circle one)   YES   NO                                 | <input type="checkbox"/> Emergency Plan for Food Allergic Reaction                                 |
| <input type="checkbox"/> Certificate of Immunization                 | <input type="checkbox"/> Disaster Plan   |
| <input type="checkbox"/> Parent Questionnaire (PQ)                   | <input type="checkbox"/> Parent/Guardian Statement of Understanding                                |
| <input type="checkbox"/> Health History Form                         | <input type="checkbox"/> Consent for Exchange of Information                                       |
| <input type="checkbox"/> Description of Medical and/or Special Needs | <input type="checkbox"/> Payment Plan Selection Form<br>(CC or Bank Draft form as well, if needed) |

**Make 2 photo copies of the YPR and 1 photo copy of the PQ. If YES for Health Notes, photo copy the YPR on salmon colored paper as well. Place all copies in the Preschool Director's box.**

**Registration Information:**

Start Date: \_\_\_\_\_  
Initial Payment: \_\_\_\_\_  
\_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

**Initial & Date For:**

Copies to Director: \_\_\_\_\_  
Salmon Copy to Director (if needed): \_\_\_\_\_  
  
Data Checked: \_\_\_\_\_