



YMCA @ HURLEY RANCH ELEMENTARY 2023 /2024 EARLY LEARNING REGISTRATION

Child's name _____ Birthdate _____ M / F _____

Parent's name _____ Birthdate _____ (Required for registration)

Address _____ City _____ AZ Zip code _____

Primary Phone (C) or (H) _____ Work _____

Parent's E-mail address (Required) _____

Requested Start Date: _____

Draft on the 1st & 15 th of every month (circle rate)	Member**	Non-Member
PRESCHOOL: THREE AND FOUR YEAR OLDS		
Ages 3-4 years and potty-trained	\$ 460/draft	\$ 510/draft
<ul style="list-style-type: none"> Financial Assistance is available upon request. You must complete an online application and provide proof of income. We accept DES. Please list your caseworker's name _____ 6 and 12-month commitment memberships will receive an additional reduction on childcare fees of 10% 		

Full Day Early Learning Program in session August 1, 2023 through July 31, 2024

Care is offered from 6:30 AM – 6:00 PM. Early Learning instructional hours are 9:00 AM – 3:00 PM. To maximize your child's early learning experience, we ask all children to be dropped off by 8:45 AM and picked up after 3:15 PM when we conclude afternoon enrichment.

PROGRAM CLOSED • Labor Day • Veteran's Day • Thanksgiving Day and day after • Christmas Eve/Day
• New Year's Eve/Day • Martin Luther King Day • Presidents Day • Good Friday • Memorial Day

Any other closure days will be posted in advance if needed. Minimum enrollment during select holidays is required to operate.

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:

☐ Signed Registration Form ☐ Emergency Card ☐ Immunization Record ☐ About Me Form ☐ DES Certificate of Authorization (if applicable)

FEES DUE AT TIME OF REGISTRATION

\$ 35 or 0	Child Care Registration Fee/per child or waived with Family Membership	FOR OFFICE USE ONLY:
\$	First month childcare payment (if registration not received 10 days prior to the 1 st)	Date Received: / /
\$	TOTAL DUE TODAY	Scholarship Slot? _____
Draft Begins on: / /		Staff Initials Upon Registration: _____

PAYMENTS AND BILLING:

- All plans use the ATS Bank Draft (credit/debit card) system and are withdrawn on the 1st and 15th of each month.
- Our billing is based on tuition multiplied by 2 for 24 drafts done on the 1st and 15th of each monthly regardless of the number of days actually occurring in that month.
- The Y does not give credits for illnesses, absent days, holidays or family vacations taken during school days.
- Payments returned NSF for any reason will be re-posted electronically and you will be charged a \$25 processing fee.
- If you are late in picking up your child(ren) \$1.00 per minute/ per child late fee will be applied to your account.
- You may dis-enroll with a 30-day prior written notice. This notice must be turned into the YMCA.

DUE DATES/BANK DRAFT DATES:

2023 8/1 & 15 9/1 & 15 10/1 & 15 11/1 & 15 12/1 & 15

2024 1/1 & 15 2/1 & 15 3/1 & 15 4/1 & 15 5/1 & 15 6/1 & 15 7/1 & 15

☐ Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies

I have read, understand, and agree to adhere to the YMCA child care program Parent Handbook, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

My signature acknowledges my understanding and agreement to the above.

Parent/Guardian's Signature _____

Date _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ABOUT ME QUESTIONNAIRE

This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? (Email/Phone/Text) _____

Provider/Center Name: _____

Has your child previously attended child care? ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) _____

What did you like most about your child's previous child care setting?

What did you like the least?

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? ☐ Alone ☐ Other Children

Does your child have a favorite toy or comfort object? ☐ Yes ☐ No

If yes, what? _____

What is your child's current sleep schedule?

Does your child fall asleep easily? ☐ Yes ☐ No

What is your child's mood like upon awakening?

What does your child like?

What does your child dislike?

Special things you say or do to comfort your child are:

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens:

Something happens they don't like:

They are scared:

Other:

Does your child have any health issues? ☐ Yes ☐ No

If yes, please explain:

Has anything happened recently in your child's life that might affect them? ☐ Yes ☐ No*Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.*

If yes, please explain:

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?**Is your child in Foster Care?** ☐ Yes ☐ No

If yes, please list the Case Manager's Name and Contact Information:

_____ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: _____ Date: _____