

**YMCA Early Childhood Education
Registration Form
2006 – 2007 School Year**
Please complete one form per child

Child's Name

Address

City State Zip

Date of Birth Home Phone

Mother's Name Work Phone

Employed By

E-mail Address

Father's Name Work Phone

Employed By

E-mail Address

Start Date

YMCA Member Non Member

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT SIGNATURE. By signing this contract, I understand that I have registered for the YMCA Early Childhood Program. Should I need to make changes in my child's schedule, I must notify the Center Director in writing fifteen (15) days prior to that change. If my child is absent for 2 weeks without notification I understand my child will be dropped from the program. I will be responsible for the payment of child care fees. I certify that all information provided is complete and correct, to the best of my knowledge.

Parent Signature _____

Date: _____

YMCA Mission:
To put Christian principles
into practice through
Programs that build healthy
Spirit, mind and body for all.

YMCA of Greater St. Louis
Insert Branch Information
Return Address
Phone Number

YMCA Early Childhood Education

Registration
_____ Family YMCA
YMCA of Greater St. Louis
2006 - 2007



YMCA Early Childhood Education

Our Philosophy

The YMCA Early Childhood Education Program provides a high quality, safe, convenient, recreational and educational environment for children regardless of ability.

1. To provide quality care for children, regardless of socio/economic background.
2. To support and strengthen the family unit.
3. To help children develop their fullest potential.
4. To deliver the program in a positive YMCA environment of safety, support and care.

The YMCA believes that child care should provide opportunities and experiences that stimulate a child's physical, social, intellectual and emotional development.

The YMCA provides activities that involve parents in their child's development.

The YMCA believes that the programs should work in cooperation with the community and other agencies.

The YMCA program has age appropriate Interest Centers with the emphasis on creating through choice. Additional enhancements to compliment the day are also utilized. The YMCA believes that children learn through play and structured educational activities.

YMCA Values:

Caring-Red – The Heart to put others before yourself

Honesty-True Blue – To act in such a way that you are worthy of trust

Respect-Yellow – The Golden Rule to value the work of every person including yourself

Responsibility-Green – To be accountable for your behavior and obligations

YMCA – Our Promise:

We promise our children and families an exceptional experience with every interaction in all that we do:

Every site and its contents will be meticulously clean and maintained

Every staff member will enthusiastically serve you

Every program will be exemplary

Our Program

- * State Licensed for _____ to 6 years.
- * Opens as early as _____ a.m.
- * Closes at _____
- * Trained, educated, caring, professional staff.
- * Planned recreational, educational and enhancement activities focusing on fun, learning and the development of positive self-image.

2006 – 2007 Program Fees

Insert Your Branch Information

Registration Process

To reserve a space for your child(ren) for the YMCA Early Childhood Program, please complete this registration form and submit to the Center Director with your registration fee. To comply with state licensing regulations additional enrollment forms must be completed before children are admitted to program. **Registration fee is non-refundable.**

Financial Assistance

Financial assistance toward tuition is available for those with a demonstrated financial need. Applications are available from the Center Director.

Support Service Available

Our YMCA welcomes participation by people of all abilities. Child care is available to children with developmental disabilities. **All children diagnosed with a disability will be referred to the Support Services Department for assessment.** For more information, contact Davida at 314-962-5979.

Has your child been diagnosed with: (please check) if checked please note your registration will be forwarded to the YMCA Support Services Department for further registration processing.

____ **ADD** ____ **DD** ____ **Cerebral Palsy**
____ **ADHD** ____ **PDD** ____ **Bipolar Disorder**
____ **ODD** ____ **Autism** ____ **Tourette's**
____ **OCD** ____ **Asberger's** ____ **Rett's Syndrome**
____ **MR** ____ **Fragile X** ____ **Down's Syndrome**
____ **Chronic Health Problems**
____ (asthma, diabetes, severe allergies)
____ **Other** _____

Does your child have an IEP or Behavior Management Plan?
____ Yes ____ No

Must submit a current IEP with your enrollment form.

Have you, or any member of your immediate family ever participated in any YMCA program? ____ Yes ____ No

The YMCA provides a recreational educational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation in the programs when appropriate.

Insert Your Branch Information as needed.

Questions

If you have any questions you can contact _____ the Child Care Program Director at _____ or email at _____