



Preschool

2011-2012

Registration Dates

Y Members Begins February 28
Non Y Members Begins March 14

Contact Information

Kim Pair
402.323.6408
kpair@ymcalincoln.org

Preschool

The Preschool program at the Cooper Y is a licensed preschool that provides developmentally appropriate group and individual experiences for children ages 3 to 5 years in a traditional half-day preschool setting.

Session Dates

The Preschool program will run approximately 9 months of the year at the Cooper Y. This program will follow the Lincoln Public Schools academic calendar for elementary students for all breaks and holidays during the session dates.

August 29, 2011 through May 18, 2012

Time

3 classes/week:	Monday, Wednesday and Friday	9:00 am to 11:30 am or 12:30 pm to 3:00 pm
2 classes/week:	Tuesday and Thursday	9:00 am to 11:30 am or 12:30 pm to 3:00 pm

Age requirements apply, please see below.

Fees

3 classes/week	Lincoln Y Family Member	\$74/Month
3 classes/week	Y Youth Member/Non-Member	\$98/Month
2 classes/week	Lincoln Y Family Member	\$59/Month
2 classes/week	Y Youth Member/Non-Member	\$83/Month

Age Requirements

Children must be age 4 by July 31, 2011 to enroll in 3 classes/week.
Children must be age 3 by July 31, 2011 to enroll in 2 classes/week.

Toilet Training

Children must be toilet trained prior to beginning the program.

Activities

Activities include: arts & crafts, academics, active play, field trips, guest speakers, stories, music & group time.

Swimming

Throughout the program there will be 4 six-week sessions of swimming lessons incorporated into the preschool curriculum. During these sessions children will receive one 30-minute lesson with the group each week.

Snacks

A nutritious snack is provided each day.

Cooper Y



Registration Information

Registration is on a first come/first served basis. A \$35 non-refundable registration fee is due at the time of registration.

Cancellations

Written notice is needed for any change or cancellation at least 2 weeks prior to the end of the month.

Payments

The Lincoln YMCA requires that monthly program fees be paid via automatic draft of a bank account or credit card.

Title XX is accepted. Parents/Guardians are required to pay the non-refundable \$35 registration fee at the time of registration. Parents/Guardians must obtain an authorization from their caseworker and send it to the Cooper Y within a week of registration.

Program assistance is available, please visit ymcalincoln.org for an application. Please allow 2 weeks for processing.





COOPER Y REGISTRATION & CHILD INFORMATION FORM

Preschool Registration: Please complete one form for each child enrolled.

Child Enrollment Information:

Child's First and Last Name: _____

Male Female Age: _____ Date of Birth: _____

Please place a check mark next to the class your child is attending:

MWF		T/Th	
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Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married
Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

Mother/Legal Guardian Information:

First & Last Name: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ E-Mail Address: _____

Father/Legal Guardian Information:

First & Last Name: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ E-Mail Address: _____

Emergency Contacts in Case of Emergency and Parent/Guardian cannot be reached:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Work Phone: _____	Work Phone: _____

Child Information:

Authorized Escorts other than Parent/Guardian or Emergency Contacts: (NA if not applicable)

Name: _____	Phone: _____
Name: _____	Phone: _____

Medical Contacts:

Physician: _____	Phone: _____
Dentist: _____	Phone: _____

Hospital Preference: _____

Child Information Continued:

Health History: please check all that apply

Asthma Seizures Allergies (specify below) Diabetes
 Heart Problems Physical Limitations or Concerns

Additional medical information or special requests: _____

Immunization History

Nebraska State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND PRESCHOOL. Please enclose a photocopy of your child's up-to-date immunization history. Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive Pneumococcal Disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

Permission Form:

- Yes** **No** I give staff permission to transport my child for the purpose of program activities.
- Yes** **No** I give my permission for my child to participate in all swimming activities scheduled by YMCA staff.
I understand that certified lifeguards will supervise all swimming activities.
- Yes** **No** I give permission for the YMCA to arrange for emergency treatment and to contact our family health care provider if parent/guardian cannot be reached and it is necessary to preserve the health of my child until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**** Please note,** The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the YMCA of Lincoln, Nebraska to use these photographs and/or video in its marketing and public relations efforts.

By signing below I give permission for my child to participate in program activities. I understand that the YMCA does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent Signature: _____ Date: _____

Cooper

6767 S. 14th Street
Lincoln, NE 68512
(402) 323-6400

Downtown

1039 P Street
Lincoln, NE 68508
(402) 434-9230

Fallbrook

700 Penrose Drive
Lincoln, NE 68521
(402) 323-6444

Northeast

2601 N. 70th Street
Lincoln, NE 68507
(402) 434-9262

Youth Sports

570 Fallbrook Blvd., # 210
Lincoln, NE 68521
(402) 434-9217

Camp Kitaki

570 Fallbrook Blvd., #210
Lincoln, NE 68521
(402) 434-9225