



Preschool

2012-2013

Contact Information

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Preschool

The Preschool program at the Fallbrook 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 & Registration Dates

Session Dates Aug 27, 2012 - May 17, 2013 **Registration Dates** Y Members Begins March 5, 2012 Non Y Members Begins March 19, 2012

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

Time

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

Age requirements apply, please see below.

Fees

Registration Fee		\$35.00/per child
3 classes/week	Lincoln Y Family Member	\$76/Month
3 classes/week	Y Youth Member/Non-Member	\$102/Month
2 classes/week	Lincoln Y Family Member	\$61/Month
2 classes/week	Y Youth Member/Non-Member	\$87/Month

Age Requirements

Children must be age 4 by July 31, 2012 to enroll in 3 classes/week.
Children must be age 3 by July 31, 2012 to enroll in 2 classes/week.

Children must meet the age requirements of the class regardless of when your child begins the preschool program. Our 2 classes/week class is the best class for children who will be taking two years of preschool. Our 3 classes/week class is the best class for children who will be entering kindergarten in the Fall of 2013.

Toilet Training

Children must be toilet trained prior to beginning the program.

Activities

Activities may include: academics - learning letters, numbers, colors and shapes; beginning writing; arts and crafts; science and hands-on learning; active play; story time; music and dancing; circle/large group time; field trips; guest speakers and much more.

Swimming Lessons

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 lesson with the group each week.

Snacks

A nutritious snack is provided each day.

Fallbrook Y



Registration Information

Registration is on a first come/first served basis. Children who are currently enrolled in or have been previously enrolled must re-enroll each year.

A \$35 non-refundable/non-transferable registration fee is due at the time of registration.

Required Registration Materials

At the time of registration you will be required to provide the following information:

- Complete Child Enrollment Form
- Complete Child Information Record (both sides)
- Current Immunization Record
- Program Direct Draft Authorization
- Title XX Authorization, if applicable
- \$35 Registration Fee

Your registration will not be accepted unless all of the required paperwork is turned in 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 monthly program fees be automatically withdrawn from a Visa or Mastercard credit or debit card.

Title XX is accepted. Parents/Guardians are required to pay the non-refundable \$35 registration fee at the time of registration. Title XX will not pay the registration fee. Parents/Guardians must obtain an authorization from their caseworker and present it with their paperwork at the time of registration.

Financial assistance is available. Please visit ymcalincoln.org for an application. Allow 10 business days for processing.

Photo/Video Disclosure Statement

The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in printed 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.



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



YMCA PRESCHOOL ENROLLMENT FORM

Child Enrollment Information

Child's First and Last Name: _____ Male Female

Age: _____ Date of Birth: _____ Home Phone: _____

Family Member Youth Member Non-Member

Please place a check mark next to the facility:

Cooper Y Fallbrook Y Northeast Y

Please place a check mark next to the class you would like to enroll your child in:

2 days/week (T/Th)- Morning 3 days/week (MWF)- Morning

Required Registration Materials

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- Title XX Authorization, if applicable
- \$35 Registration Fee

Your registration will not be accepted unless all of the required paperwork is turned in at the time of registration.

Office Use:

Forms Received: Child Information Record Current Immunization Record (or on file)

Program Direct Draft Authorization Title XX Authorization (if applicable)

Fees Paid: \$35 Registration Fee Paid

Date Registration Received: _____ Staff Initials: _____

Registered In Class: Staff Initials _____ Date: _____

Health History: Please check all that apply & complete the information below.

Asthma Seizures Allergies (specify below) Diabetes Heart Problems (specify below)

Physical Limitations or Concerns (specify below)

Additional medical information or special requests can be described below. Please attach an additional sheet if necessary.

1. Does your child have any behaviors or communication difficulties or a history of negative behavioral problems, that you are aware of that may require special assistance from staff? No Yes

If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if necessary.

2. Does your child have a fear of something that she/he may come in contact with during the program that the staff should be aware of? (i.e. fear of heights, storms, dogs, animals, the water)

Medication Competency Statement:

I, _____, have determined the YMCA Program Staff competent to give or apply medication to my child.

Name of Parent/Guardian

I understand I will need to complete a medication request and have it on file with the medication.

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 DAY CAMP. Please attach 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.

Immunization Records Attached On file with the YMCA in a Program: _____ Verified by Front Desk Staff: _____

Late Pick-Up Agreement:

I understand that my child will need to be picked up from the site by 5:45 pm. If I cannot be there by 5:45 pm I understand I must contact the Site Supervisor or Program director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child. Parent or Guardian Initials: _____

Important Reminder:

Please retain a copy of the Program Brochure, which includes important and specific information regarding the program, including program hours, dates and fees.

Permission Form: Please read carefully and select yes or no accordingly.

- 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 would supervise all swimming activities.
- Yes** **No** I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

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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: _____



PROGRAM DIRECT DRAFT AUTHORIZATION

Program Name: _____ Program Location: _____

1. Account Information:

I (we) hereby authorize the YMCA of Lincoln, NE to make the following pre-authorized debit transactions against my (our):

Credit/Debit Card: Visa Or Master Card

Number: _____ - _____ - _____ - _____ Expiration Date: _____

Financial Institution Name: _____

Do you use this CREDIT/DEBIT CARD to pay for YMCA:

Membership, Child Care Programs, or other programs?

If other programs, which one(s)? _____

2. Payment Information:

Monthly Draft (per registrant): \$ _____

3. Terms & Conditions - I further agree to the terms and conditions stated below:

In the event I want to cancel this authorization, I will provide the YMCA a written notice two weeks prior to the next scheduled payment date. The YMCA may cancel this authorization at any time by sending me a written notice of cancellation. Account Owner Initial _____

If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments. Account Owner Initial _____

Applicant Information & Signature:

Participant Name (Please Print): _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City/State/Zip: _____

Email: _____ Home Phone: _____

Account Owner's Signature: _____ Date: _____

For Office Use Only:
Entered By (Print Name): _____ Verified By (Print Name): _____

Last Name, First Name (print): _____

Program Ends/Cancellation Date: _____