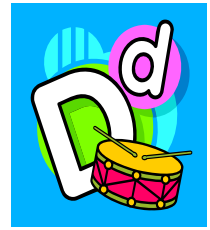
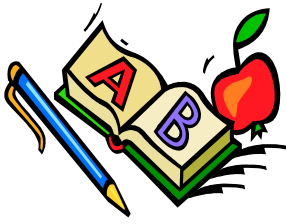


Please fill out the following form and either fax it or mail it.

Fax: (401) 729-0450

**MacColl Field YMCA**  
Attn: Child Care Registration  
26 Breakneck Hill Road  
Lincoln, RI 02865

MACCOLL FIELD YMCA  
CHILD CARE SERVICES APPLICATION  
2008-2009



**PRESCHOOL/ PRE-K**

6:30am - 5:45pm

**SERVING ALL AREAS**

Ages 3 - 5

(must be toilet trained)

Please note: Pre-school children must be 3 years old by September 1, 2008 to enter into the Preschool program.

Child's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ Estimated Drop off time: \_\_\_\_\_

Estimated Pick up time: \_\_\_\_\_

Please provide a preferred e-mail address that you would like us to use to contact you: \_\_\_\_\_ contact name: \_\_\_\_\_

**\*\*REGISTRATION Fee of \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE\*\***

*Potential Savings  
with  
MacColl YMCA  
Family Membership  
\$336 - \$630*

**WEEKLY CHARGES**

\*\*\*\*Prices Subject to Change\*\*\*\*

MacColl YMCA  
Family Membership  
\$108

	Member Rate	Participant Rate
_____ 5 Days	\$150.00	\$165.00
_____ 3 Days	\$126.00	\$139.00
_____ 2 Days	\$84.00	\$92.00

\*If choosing a partial week please specify which days your child will be attending. You will be responsible for payment for these days regardless of attendance. There are no discounts for holidays or illness.

Monday

Tuesday

Wednesday

Thursday

Friday

**I have received a copy of the MacColl Field YMCA Parent Handbook**

\_\_\_\_\_  
(Parent / Guardian Signature)

_____ Start Date	_____ Medical Form	_____ Payment Form
_____ Processing Fee	_____ Staff Initials	_____ Today's Date

*All applications are updated annually.  
Parents must **immediately** notify the site and  
MacColl Field of any changes on the child's  
information sheet, and on the pick-up list.*

### CHILD'S INFORMATION SHEET

Child's name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child resides with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Other (please specify) \_\_\_\_\_

#### Parent / Guardian information

Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

#### Parent / Guardian information

Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

---

#### **Emergency Contact (other than parent)**

1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

*All applications are updated annually.  
Parents must **immediately** notify the site and  
MacColl Field of any changes on the child's  
information sheet, and on the pick-up list.*

**MACCOLL FIELD YMCA  
PICK UP LIST**

**Child's name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_

Please fill out the following information for parents/ guardians who are **ALLOWED** to pick up the child:

**Mother's name:** \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

List the names and addresses of individuals **ALLOWED** to pick up your child from the MacColl Field YMCA program sites.

NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

\*\*\*\*\*

List the names and addresses of individuals **NOT ALLOWED** to pick up your child from the MacColl Field YMCA program sites. **(Please attach a copy of any custody or restraining orders in effect.)**

NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



**MACCOLL FIELD YMCA  
AGREEMENT OF MEDICAL SERVICES**

In consideration of admittance, I \_\_\_\_\_  
(parent or guardian)  
hereby authorize the MacColl Field YMCA to arrange for medical  
examination and/or treatment of my child \_\_\_\_\_  
(child's name)

should an emergency arise at the center or on a field trip. It is  
understood that a conscientious effort will be made by the center to  
contact me at the emergency numbers I have provided, before any  
medical action is taken.

I would prefer to have my child, if the need arises, taken to  
\_\_\_\_\_ Hospital\*.

\*Choice of hospital may be limited by service of local rescue squad.

I have received a copy of and understand the health care policy.  
(attached - please retain for reference)

X \_\_\_\_\_  
Parent/Guardian Signature

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Please list any medical conditions your child has:

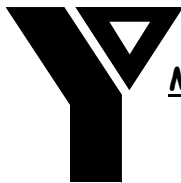
Medical concerns/ conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List ALL Medications your child is currently taking: *(it is important that the  
parent/guardian update this list as applicable)*

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





MACCOLL FIELD YMCA

## HEALTH CARE POLICY

### \*\*\*Keep for your Records\*\*\*

- Please use good judgment when sending your child to child care.
- Children must be able to participate in all activities.
- All allergies must be noted at time of registration.
- Any child who is sent home with a rash or fever, or wakes up with such, must remain home for 24 hr. NO EXCEPTIONS.
- FIRST AID
- A counselor will administer First Aid to your child. All are currently certified in First-Aid and CPR. Parents will be notified, within 24 hours, or sooner when first aid has been applied.
- MEDICATION
- All medication must be in the original container.
- Please hand medication in to the site director only.
- Please do not leave in lunchbox or child's backpack.
- A written note from the physician must accompany non-prescription medication. It needs to state the specific medication, and the exact dose and length of time to be given NO EXCEPTIONS.
- Parents need to fill out a medical release form which can be found at the parents table, for all medications
- Children with asthma may, with written parental consent, and authorization from the physician, carry their own inhalers and use them as needed. Any use of the inhaler will be documented on the child's medical log.
- Children with allergies to bee stings may carry epi-pens to be used as needed. Use will be documented on the child's medical log.
- If your child becomes ill, he/she will be separated from the group to rest quietly. We will contact a parent or emergency contact to pick up the child. Please assure that your contact numbers are accurate.
- COMMUNICABLE DISEASE
- Any child who contracts a fever or rash during child care hours will be isolated from the others, and contacts will be called to pick up child immediately.
- HEAD LICE: are insects that feed off the human body to survive. They lie in the human scalp and are about the size of a sesame seed. Head lice hatch from eggs called nits. These tiny eggs are grayish white, and shaped like tear drops. They attach themselves to the hair shaft and are very difficult to remove. Head lice are very contagious. The YMCA maintains a no nit policy. Children may not return to childcare until they are nit free.