



**BLOSSMAN YMCA
PRESCHOOL APPLICATION
2020-21**

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Child's Name: _____ **DOB:** _____
First Middle Last

Parent's Name: _____ **Parent's DOB:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell: _____ **Home Phone:** _____ **Email(required):** _____

Employer: _____ **Employer Phone:** _____

Child's Gender: Male Female **Select Classroom:** ___ 1 & 2 YO ___ 3-5 YO **Start Date:** _____

Hours of care needed _____ Meals needed: AM snack___ Lunch___ PM snack___

Child's Race: ___ Asian/Pacific Islander ___ African American/Black ___ Alaskan Native ___ Hispanic
___ Native American ___ Other ___ Unspecified ___ Caucasian/White

Child's Race is essential for YMCA use in obtaining outside funding. This information is kept in strict confidence.

Two emergency contacts if the parents or guardians cannot be located promptly:

Name	Address/City/State/Zip Code	Phone

List any special information concerning the child's growth and development, any special needs and/or allergies:

The following person(s) is/are allowed to pick up and drop off my child:

My child may be photographed/videotaped at the YMCA: YES NO by Media: YES NO

Is your child toilet trained: YES NO *If NO, I understand that there will be a conference with my child's caregiver when my child begins toilet training.*

My child may participate in approved field trips sponsored by the YMCA: YES NO *I understand a separate permission form must be signed for each field trip.*

The YMCA has my permission to obtain emergency medical treatment for my child: YES NO

If no, list instructions: _____

The YMCA has my permission to apply sunscreen/insect repellant to my child as needed for outdoor play according to the following: Sunscreens (Any Brand) YES NO Repellent (Any Brand) YES NO

I will supply a specific sunscreen product for my child's use: YES NO

I will supply a specific repellant product for my child's use: YES NO

I understand I am required to bring sunscreen and repellant supplies labeled with my child's name for his/her use only. Comments/Instructions: _____

Swimming: Proficient _____ Beginner _____ Needs Lessons _____ Does not swim _____

Child's Physician & Contact Info: _____

Please read and initial each statement.

___ I understand breakfast is not provided at the center, and that I must feed my child breakfast before arrival to the YMCA.

___ I have received the Blossman YMCA Preschool Childcare's Center Parent Handbook which provides information concerning the Center's policies and procedures, childcare regulations summary for parents, and the statement of liability insurance. I have also received information concerning payments, discipline, and illnesses.

___ I hereby release all rights and claims against the MS Gulf Coast YMCA for any and all injuries, accidents including transportation to and from the Y activity or for emergency treatment.

Parent/Guardian Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____



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PRE-APPROVED PAYMENT AUTHORIZATION

Child's Name(s) _____ Home Phone _____

REGISTRATION FEE IS NON-REFUNDABLE AND IS DUE AT TIME OF REGISTRATION. Anyone registering for the preschool or school age programs **MUST** either pay in full for all weeks at the time of registration at the MAIN BRANCH or supply draft information for electronic funds transfer (EFT).

I understand and agree that fees will be debited from my account/credit card **based on the schedule selected below.** I understand that this automatic withdrawal is a continuous payment plan. I agree to give a **written, ten (10) business day notice** to the Center Director of any changes regarding my account (new bank account, new credit card number). I agree to give a **written notice** to the Center Director of any changes regarding my child's attendance (vacation days, withdrawal from the program). I understand that the Center Director has **ten (10) business days** from receipt of such notice to make any such adjustments to my account.

I understand and agree that if a payment does not clear my bank account, or my credit card is not approved to cover my drafted fees, I will be assessed an additional **\$30.00 handling charge** by the YMCA or a third party acting on the YMCA's behalf. The original payment amount as well as the handling fee may be drafted again on the same account without additional authorization. I understand in order for us to service your account or to collect any amounts owed, we or our third party acting on the YMCA's behalf may contact you by telephone at any telephone number associated with your account or any telephone number we may discover, including wireless telephone numbers, and that such contacts could result in charges to you. You agree that methods of contact may include using pre-recorded voice messages and/or the use of an automatic telephone dialing system, as application, emails and facsimiles.

If I do not reimburse the MS Gulf Coast YMCA in full before the next pre-authorized withdrawal, I understand that care for my child may be denied unless special arrangements are made.

I hereby authorize the MS Gulf Coast YMCA to withdraw my childcare fees from the following bank or credit card account.

____ Checking Account (voided check attached) ____ Savings Account (copy of account card attached)

____ VISA ____ MASTERCARD ____ DISCOVER ____ AMEX

Credit Card Number _____/_____
Expiration Date CVC

Account Holder Name (as it is on the card/account) _____
Account Holder Signature

____ **Monthly (1st)** ____ **Semi-Monthly (1st & 15th)** ____ **Weekly (Sunday)**

Parent/Guardian Signature _____
Date

Staff Signature _____
Date