



Date Begins \_\_\_\_\_  
Date Dropped \_\_\_\_\_

Circle days attending:  
M T W Th or ALL

## 2009-2010 Preschool Play Center Registration Form

Preschool Play Days (4-5 years)                       Lunch Bunch (3-5 years)  
 Friends & Fun (3-4 years)                                       Preschool P.E. (3-5 years)  
 Toddler Time (2 years)

(The Lincoln Area YMCA requires that each line be completed with information or the word "none" inserted)

Child's Name: \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_                      Age \_\_\_\_\_                      Male / Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Address (if different than above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email (For Y newsletter & teacher contact only) \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address (if different than above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email (For Y newsletter & teacher contact only) \_\_\_\_\_

**LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT) \*\*\*MUST BE FILLED OUT!!**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

List below any information regarding allergies, medications, special needs, and handicap situations, etc.  
that will help us care for your child:

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The Lincoln Area YMCA requires that each line be completed with the information or the word "None" inserted. *This portion must be completed to assist medical professionals.*

Preferred Hospital/Physician \_\_\_\_\_

Physician Address/Phone# \_\_\_\_\_

Insurance Company/Group/Expiration Date \_\_\_\_\_

If my child, \_\_\_\_\_, should become ill or injured at, Lincoln Area YMCA  
(Child's full name)

Preschool Play Center Days Programs, I understand that the facility will: (1) Contact me immediately or (2) contact the person(s) I have designated if I can not be reached.

Should the facility be unable to reach me or / person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

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

\_\_\_\_\_  
Date

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## RELEASE OF LIABILITY

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or I may sustain during any of the Lincoln Area YMCA programs and/or activities.

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

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

Check/Money Order # \_\_\_\_\_ Total amount Paid \$ \_\_\_\_\_ Amount of Scholarship \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_ Registration Paid \$ \_\_\_\_\_ Membership Paid \$ \_\_\_\_\_

Names of additional children with the registration payment \_\_\_\_\_

## STATEMENT OF AGREEMENT

1. I, \_\_\_\_\_ parent/guardian of, \_\_\_\_\_, hereby sign  
(Print parent/guardian name) (Print participants name)  
that I agree to read the attached parent's Handbook and that I understand and agree to abide by the policies and procedures of the Lincoln Area YMCA Preschool Play Center Programs.
2. I grant full permission to the Lincoln Area YMCA to use photographs and/or videotape of my child for use in YMCA publicity publications. *Failure to circle below will automatically provide for the authorization of photos/videotapes to be taken and used for publication purposes.*

**Please circle one:    YES    NO**

3. I have received in writing the tuition payment policy and understand and agree to abide by such policy and procedures of the Lincoln Area YMCA.
4. I have received in writing the absence, and illness policies and agree to abide by such policies and procedures of the Lincoln Area YMCA.

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

\_\_\_\_\_  
Date

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## FIELDTRIP/TRANSPORTATION PERMISSION SLIP

I give permission for the above listed child, a participant in the Lincoln Area YMCA Play Center programs, to participate in any fieldtrips and to be transported from the YMCA Activity Center to the designated area, and back, either by the YMCA Van and/or by other vehicles owned and driven by parents.

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

\_\_\_\_\_  
Date

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### PLEASE TELL US HOW YOU HEARD ABOUT THIS PROGRAM

- Friend                       Brochure                       Website                       Newspaper
- Other \_\_\_\_\_

**Would you be interested in volunteering at the YMCA?**                      \_\_\_ Yes                      \_\_\_ No

# Y Preschool

We build strong kids, strong families, strong communities  
2009-2010 Preschool Play Center Participant Schedule

Child's Name (please print) \_\_\_\_\_

\_\_\_Preschool Play Days

\_\_\_Friends and Fun

\_\_\_Toddler Time

September 2009						
Su	M	Tu	W	Th	F	S
		1	2	3	■	5
6	■	8	9	10	■	12
13	14	15	16	17	■	19
20	21	22	23	24	■	26
27	28	29	30			

October 2009						
Su	M	Tu	W	Th	F	S
				1	■	3
4	5	6	7	8	■	10
11	■	13	14	15	■	17
18	19	20	21	22	■	24
25	26	27	28	29	■	31

November 2009						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	■	7
8	9	10	■	12	■	14
15	16	17	18	19	■	21
22	23	24	25	■	■	28
29	30					

December 2009						
Su	M	Tu	W	Th	F	S
		1	2	3	■	5
6	7	8	9	10	■	12
13	14	15	16	17	■	19
20	■	■	■	■	■	26
27	■	■	■	■		

January 2010						
Su	M	Tu	W	Th	F	S
					■	2
3	4	5	6	7	■	9
10	11	12	13	14	■	16
17	■	19	20	21	■	23
24	25	26	27	28	■	30
31						

February 2010						
Su	M	Tu	W	Th	F	S
	1	2	3	4	■	6
7	8	9	10	11	■	13
14	■	16	17	18	■	20
21	22	23	24	25	■	27
28						

March 2010						
Su	M	Tu	W	Th	F	S
	1	2	3	4	■	6
7	8	9	10	11	■	13
14	15	16	17	18	■	20
21	22	23	24	25	■	27
28	■	■	■			

April 2010						
Su	M	Tu	W	Th	F	S
				■	■	3
4	■	6	7	8	■	10
11	12	13	14	15	■	17
18	19	20	21	22	■	24
25	26	27	28	29	■	

May 2010						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	■	8
9	10	11	12	13	■	15
16	17	18	19	20	■	22
23	24	25	26	27	■	29
30	■					

I understand that:

- I am required to pay tuition for the amount of the days and times I have marked above.
- Tuition is due in full by the last Monday of each month.
- A \$15 late fee per child will apply after Monday tuition due dates.
- I cannot switch or change days that my child is scheduled to attend unless I complete a new enrollment schedule by noon Wednesday prior to the scheduled week to attend.
- Tuition is non-transferable and non-refundable.
- Program staff can only accept check or money orders. Cash payments must be made at the office during office hours.
- Days with a black box are days that the program is not offered. YMCA Preschool Programs will follow Dist. 27 school calendar.**

I have registered my child for the above Preschool Play Center Days. I have read and understand the policies regarding registration, registration changes and tuition payments that are explained in the parent handbook.

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

Date \_\_\_\_\_



Preschool