



PRESCHOOL

Date Begins _____
Date Dropped _____

2011-2012 Preschool Program Registration

YMCA Preschool Programs are for children ages 3 – 5 years

See Page 4 for Fee and Tuition Information

- ___ **Preschool Play Day Program** **9:00 – 11:00 am** **M-Th**
Circle days attending: M T W Th or ALL
- ___ **Preschool Creative Activity Program** **12:00 – 2:00 pm** **M-Th**
Circle days attending: M T W Th or ALL

(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 important Y messages & teacher contact only) _____

Father’s Name _____ Home phone _____

Cell Phone _____ Work Phone _____

Father’s Address (if different than above) _____

Place of Employment _____

Email (For important Y messages & 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:

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 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

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

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

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 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

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

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 _____