



**NEW ROCHELLE YMCA
Universal Pre-K Program
Application-Child Information Form**

This program is offered to children 4 years old, who will be attending Kindergarten next year September. It is funded by the City School District of New Rochelle and is Free to New Rochelle Residents.

Child's Name: _____ Date of Birth: _____ Gender: M ___ F ___

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ DOB _____ Home# _____ Cell# _____

Work# _____ Email _____

Father's Name: _____ DOB _____ Home# _____ Cell# _____

Work# _____ Email _____

Guardian's Name: _____ DOB: _____ Home# _____ Cell# _____

Work# _____ Email _____

Morning Class - 9:00am - 11:30am _____
Afternoon Class - 12:30pm - 3:00pm _____

*****If one parent retains sole legal custody, for the protection of the child, a copy of the court order must accompany this form.**

Is your child enrolled in any other Free Universal Pre-K programs funded by the New Rochelle School District? Yes ___ No ___

*****If yes, and you would like to enrolled in this program, the cost will be \$270.00 per month.**

List two additional emergency contact persons, who may pick your child up. We will not release your child to anyone, other than persons stated below, unless, specified in writing prior to the pick up. Telephone or fax approval is not acceptable. I understand and agree that once my child is released into the custody of any of the above or below named individuals, the YMCA and its staff no longer has any responsibility for my child.

Name _____ Home# _____ Cell# _____
Address _____ City _____ Zip Code _____

Name _____ Home# _____ Cell# _____
Address _____ City# _____ Zip Code _____

Parent/Guardian _____ Date _____
Signature

Permission Form

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the center.

I hereby grant permission for my child to be included in evaluations and pictures connected with the child care program.

I hereby grant permission for the director or acting director to take whatever steps may be necessary to obtain emergency medical care if warranted as stated on the Emergency Medical Authorization Form.

I understand expenses incurred in obtaining medical treatment are my responsibility.

I understand and give permission for the YMCA to add my email address to the email blast via constant contact.

I understand that the center is not responsible for anything that might happen as a result of false information given by a parent or guardian.

I understand that the YMCA and the center will not assume responsibility for a child who had not been signed in when he/she arrives for the day, if enrolled in the before school program.

Child's
Name _____ School/Site _____

Parent/Guardian
Signature _____ Date _____

PICK-UP AUTHORIZATION FORM

YMCA POLICY: Your child will not be released into the custody of any person that you have not specified below as an accepted pick-up person, even including other family members. Telephone approval is not acceptable. Please print below the full names of any and all persons you authorize to pick up your child (list your name first).

My child _____ may be picked up only by the following:

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____
4. _____ Phone # _____
5. _____ Phone # _____
6. _____ Phone # _____
7. _____ Phone # _____
8. _____ Phone # _____
9. _____ Phone # _____
10. _____ Phone # _____

I understand and agree that once my child is released into the custody of any of the above named individuals, the YMCA and its staff no longer has any responsibility for my child.

We recommend that you establish a secret password with your child to be used in an emergency situation.

Late Pick Up: A grace period of **5 minutes** will be allocated for your convenience. If a child is pickup up after that a charge of **\$1.00 a minute** will be applied to your bill. **Habitual late pick-ups may result in suspension from the program. Please be on time!**

Parent/Guardian _____
Signature

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

