BARBARA BAUER BRIGGS FAMILY YMCA
EARLY LEARNING CENTER PRESCHOOL 2025
Colorado Campus Director: Jackee Steen

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INCOMPLETE FORMS WILL NOT BE ACCEPTED
Use Blue or Black Ink Only. Do Not Use N/A or "Same As"

CHILD'S INFORMATION

Full Name:_____ Date of Birth:_____ Age:_____ Gender: M___ F____

Ethnicity (check one): Caucasian_____ African American_____ Hispanic_____ Asian_____ Other_____

Child Lives With: Both Parents_____ Mom_____ Dad_____ Guardian_____

Child's Address:_____ City:_____ Zip:_____

Date of Enrollment:_____ Date of Admission:_____ Date of Withdrawal:_____

Children 1 year of age must be able to walk independently. Is your child walking? Yes___ No___

Children ages 3-5 must be fully potty trained and out of pull-ups. Is your child potty trained? Yes___ No___

CHECK YOUR CHILD'S CORRECT AGE GROUP

12 MONTHS - 23 MONTHS _____ **OR** **2 - 5 YEARS OF AGE _____**

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION (Second Parent/Guardian May Be Left Blank If Not Active)

(1) Full Name:_____ DOB:_____ Relation to Child:_____

Home Address:_____ City, ST, Zip:_____

Primary Phone #:_____ Secondary Phone #:_____

Email Address:_____

Employer: _____ Employer Phone #:_____

Authorized to pick up: Yes_____ No_____

(2) Full Name:_____ DOB:_____ Relation to Child:_____

Home Address:_____ City, ST, Zip:_____

Primary Phone #:_____ Secondary Phone #:_____

Email Address:_____

Employer: _____ Employer Phone #:_____

Authorized to pick up: Yes_____ No_____

WHEN A PARENT IS NOT AN AUTHORIZED PICK UP, WE MUST HAVE COPY OF COURT DOCUMENTATION

In the case of divorce/legal separation are you:

Managing Conservator____ Possessor Conservator_____ Legal Guardian____

Please provide copies of court documentation.

ELC Enrollments are only accepted Monday-Friday.

ELC enrollments will not be accepted without the child's current Immunization Record and Physician's Statement.

United Way

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ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF AN EMERGENCY

I authorize Barbara Bauer Briggs Family YMCA to release my child to leave the child care operation with the following persons. **Must provide the complete information for at least three different contacts.**

(1) Name:_____
Date of Birth:_____ Relation to Child:_____
Address:_____
City, ST, Zip:_____
Phone Number:_____

(2) Name:_____
Date of Birth:_____ Relation to Child:_____
Address:_____
City, ST, Zip:_____
Phone Number:_____

(3) Name:_____
Date of Birth:_____ Relation to Child:_____
Address:_____
City, ST, Zip:_____
Phone Number:_____

(4) Name:_____
Date of Birth:_____ Relation to Child:_____
Address:_____
City, ST, Zip:_____
Phone Number:_____

AQUATIC ACTIVITIES

(1) Is your child able to swim without assistance? **Yes** ____ **No** ____
(2) Do you want your child to wear a life jacket while in or near a swimming pool? **Yes** ____ **No** ____
(3) Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? **Yes** ____ **No** ____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Name of Physician:_____
Address:_____Phone #:_____
Name of Emergency Care Facility:_____
Address:_____Phone #:_____

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility. I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____ _____
Signature of Parent/Legal Guardian Date

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SPECIAL REQUESTS/NEEDS

The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible.

Please give information about special requests and needs including: allergies, food intolerances, existing illness, previous serious illness, injuries, hospitalization in past 12 months, long-term continuous use of prescriptions, symptoms or indications of complications._____
_____

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help your child in these situations? Does your child have any limitations or require any special provisions? _____
_____

ACKNOWLEDEMENTS

- My signature below acknowledges my understanding that as a participant in a State Licensed Summer Camp Program. My child's records may be reviewed and/or photo copied by a representative of Texas Department of Protective and Regulatory Services.
- My signature below confirms my child's immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Protective and Regulatory Services.
- My signature below acknowledges my understanding that I must keep my child's immunizations current and I must keep a current copy on file with the YMCA ELC at all times.
- My signature below acknowledges my understanding that the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand all precautions will be taken to ensure the safety and health of child
- My signature below acknowledges my understanding that the following meals will be served to my child while in care: **Morning Snack, Lunch, and Afternoon Snack.**
- My signature below acknowledges my understanding that the ELC hours are: **Monday — Friday, 7am — 6pm.**
- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes, **YMCA Operational and Parent Policies.**
- My signature below gives my consent for my child to be transported and supervised by the facility staff in case of emergency. **YES_____ NO_____**
- My signature below gives my consent for my child to participate in and be transported by YMCA bus for scheduled fieldtrips. **YES_____ NO_____**
- My signature below gives consent for my child to be photographed and/or video taped while participating in YMCA programs. **YES_____ NO_____**
- My signature below gives my consent for my child to participate in water activities such as splashing/wading pools, aquatic playgrounds, water table play, sprinklers, swimming pools, and other bodies of water provided by the facility. **YES_____ NO_____**
- My signature below gives my consent for my child to participate in water activities such as splashing/wading pools, aquatic playgrounds, water table play, sprinklers, swimming pools, and other bodies of water provided by the facility. **YES_____ NO_____**

_____ _____
Signature of Parent/Legal Guardian Date

YMCA CHILDCARE PROGRAM CODE OF CONDUCT

The YMCA program will foster a climate of mutual respect for the right of others. Children are expected to respect the rights and privileges of other children, counselors and YMCA staff. This code of conduct is established to achieve and maintain order in the Preschool Program. Children who violate the rights of others or who violate the organization involved with the Preschool Program will be subject to disciplinary measures designed to correct the misconduct and to promote adherence by all parties involved.

The YMCA Program Code of Conduct is to assist children, parents, counselors and Preschool Administration in identifying appropriate and inappropriate behaviors and understanding the rights and responsibilities of each individual.

The Preschool Program Participant has the responsibility to:

- Conduct himself/herself in a safe and responsible way.
- Seek help from Program Staff or Leaders when having problems with the program.
- Demonstrate an attitude of respect toward individuals and property.
- Use appropriate language when speaking with others.
- Be familiar with and obey Preschool Program rules and regulations.
- Follow the Preschool Staff's directions and instructions.
- Cooperate with the YMCA staff in all matters.
- Follow the rules outlined in the YMCA ELC Parent Handbook.

_____	_____	_____
Signature (Child)	Print Name (Child)	Date
_____	_____	_____
Signature (Parent/Guardian)	Print Name (Parent/Guardian)	Date

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YMCA CHILDCARE PROGRAM PARENT'S HANDBOOK PARENT'S ACKNOWLEDGEMENT

I, hereby, state that I have read the YMCA CHILDCARE PROGRAM PARENT HANDBOOK and have been given the opportunity to discuss the policies with the staff and understand the policies therein.

The handbook can be found attached to this enrollment form, at the YMCA Front Desk or downloaded at ymcagoldencrescent.org.

_____	_____
Signature of Parent/Legal Guardian	Date

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DISCIPLINE AND GUIDANCE POLICY FOR: Barbara Bauer Briggs Family YMCA Early Learning Center North
(Name of Operation)

A. Discipline must be:
(1) Individualized and consistent for each child;
(2) Appropriate to the child's level of understanding; and
(3) Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
(1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
(2) Reminding a child of behavior expectations daily by using clear, positive statements;
(3) Redirecting behavior using positive statements; and
(4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
(1) Corporal punishment or threats of corporal punishment;
(2) Punishment associated with food, naps, or toilet training;
(3) Pinching, shaking, or biting a child;
(4) Hitting a child with a hand or instrument;
(5) Putting anything in or on a child's mouth;
(6) Humiliating, ridiculing, rejecting, or yelling at a child;
(7) Subjecting a child to harsh, abusive, or profane language;
(8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
(9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

_____ _____
Signature of Parent/Legal Guardian Date

I am (check one):
Parent/Guardian_____ Employee/Caregiver_____ Household Member of Child Care Home_____

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Auto-Pay Childcare Payment Agreement USE THIS FORM TO OPT-IN TO AUTO-PAY

Child's Name:_____ Parent/Guardian Name:_____

Child's DOB:_____ Phone Number:_____

Do You Receive Tuition Assistance From The CCS Program?:_____ Caseworker Name:_____

- I understand tuition fees are due weekly and will be deducted from my Bank Account or Credit/Debit Card EVERY FRIDAY at 2:00am, for the following week of child care.
  Initials _____
- I understand enrollment fees are non-refundable.
  Initials _____
- I understand weekly rates are a flat rate and I will not be refunded or credited for time missed.
  Initials _____
- I understand a $25 late fee applies to payments made after the due date. These fees will not be waived.
  Initials _____
- I understand a $30 return fee applies to payments declined by my financial institution. These fees will not be waived.
  Initials _____
- I understand I will be charged a late pick-up fee of $1 per minute that my child is left past the designated pick-up time.
  Initials _____
- I understand past due balances, late fees, and return fees must be paid in full before my child or family members can return to any YMCA Program, including, but not limited to Child Care, Sports, and Membership.
  Initials _____
- I understand it is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
  Initials _____
- I understand Auto-Pay remains in effect until I request to cancel my child care account.
  Initials _____
- I understand if I need to cancel or change my child care account, I must email the Childcare Billing Director at meorsak@ymcavictoria.org.
  Initials _____
- I understand a two-week notice is required to withdraw my child from the ELC Preschool.
  Initials _____
- I understand the YMCA or it's employees will not replace/reimburse for any items lost, stolen, or damaged while in our care.
  Initials _____

AUTOMATIC PAYMENT INFORMATION (CHOOSE ONE)

Effective January 1, 2025, we impose a flex fee of 3% on all credit card transactions.
This fee does include debit cards with the Visa/MasterCard logo linked to a bank account.

Credit/Debit Card Information

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City & State: _____ Zip Code: _____

Bank Account Information

Account Type: Checking ____ Savings ___

Name on Account: _____

Routing Number: _____

Account Number: _____

_____ _____
Signature of Person Responsible for Payments Date

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In-House Childcare Payment Agreement USE THIS FORM TO OPT-OUT OF AUTO-PAY

Child's Name:_____ Parent/Guardian Name:_____

Child's DOB:_____ Phone Number:_____

Do You Receive Tuition Assistance From The CCS Program?:_____ Caseworker Name:_____

- I understand tuition fees are due by 8pm, every Friday, for the following week of care.
  Initials _____
- I understand enrollment fees are non-refundable.
  Initials _____
- I understand weekly rates are a flat rate and I will not be refunded or credited for time missed.
  Initials _____
- I understand a $25 late fee applies to payments made after the due date. These fees will not be waived.
  Initials _____
- I understand a $30 return fee applies to payments declined by my financial institution. These fees will not be waived.
  Initials _____
- I understand I will be charged a late pick-up fee of $1 per minute that my child is left past the designated pick-up time.
  Initials _____
- I understand past due balances, late fees, and return fees must be paid in full before my child or family members can return to any YMCA Program, including, but not limited to Child Care, Sports, and Membership.
  Initials _____
- I understand it is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
  Initials _____
- I understand if I need to cancel or change my child care account, I must email the Childcare Billing Director at meorsak@ymcavictoria.org. **A two-week notice is required.**
  Initials _____
- I understand the YMCA or it's employees will not replace/reimburse for any items lost, stolen, or damaged while in our care.
  Initials _____

IN-HOUSE PAYMENT INFORMATION (OPTIONAL)

Effective January 1, 2025, we impose a flex fee of 3% on all credit card transactions.
This fee does include debit cards with the Visa/MasterCard logo linked to a bank account.

Credit/Debit Card Information

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City & State: _____ Zip Code: _____

Bank Account Information

Account Type: Checking ____ Savings ___

Name on Account: _____

Routing Number: _____

Account Number: _____

_____ _____
Signature of Person Responsible for Payments Date

TEXAS Health and Human Services

Form 2987
October 2023

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

A parent or guardian of a child at a child care facility has the right to:

1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
2) review the child care facility's publicly accessible records;
3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
4) obtain a copy of the child care facility's policies and procedures;
5) review, at the request of the parent or guardian, the facility's:
   a) staff training records; and
   b) any in-house staff training curriculum used by the facility;
6) review the child care facility's written records concerning the parent's or guardian's child;
7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
   a) video recordings of the alleged incident are available;
   b) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
   c) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
9) be provided the contact information for the child care facility's local Child Care Regulation office;
10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature of Parent or Guardian **Date**

Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org

Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation

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YMCA EARLY LEARNING CENTER PRESCHOOL
PARENT ORIENTATION CHECK LIST

I, _____ have gone over the following items before or while enrolling my child(ren) into the YMCA EARLY LEARNING CENTER PRESCHOOL.

- Tour of the facility _____
- Introduction to the Teaching Staff _____
- Parent Visit with the Classroom Teacher _____
- Overview of the Parent Handbook _____
- Policy for Arrival (early or late) and Pick up (late) _____
- Parents are informed of the significance of consistent attendance _____
  (children should arrive before the educational portion of the program begins, to limit disruption and that consistent routines prepare children for the education system)
- Expectations of the family _____
- Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable with the environment _____
- An explanation of the Texas Rising Star Quality Certification is provided _____
- Encourage parents to inform the center/provider of any elements related to their CCS (child care services) enrollment that the provider may be of assistance _____
- An overview of family support resources and activities in the community _____
- Child development and developmental milestones are provided to the family _____
- Statements about limiting technology use on site to improve better communication between staff, children and families _____
  (in order to facilitate better communication between the parent(s) and Center Director it is best if parents are not distracted by the use of electronic devices while present in the center)

Parent Signature: _____ Date: _____