

REACH CYA PRE-K ENROLLMENT FORM

Today's Date: _____ Home Elementary School _____

Child's Name _____ **Age as of 9/08** Yr. ____ Mos. ____ **Birthdate** _____ **Gender** _____ **Ethnicity** _____

I would like to enroll for:

- Morning Session 2 days 3 days 5 days
 Afternoon Session 2 days 3 days 5 days

Parents/Guardians:

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email: _____ Email: _____

Business Name _____ Business Name _____

Business Phone _____ Business Phone _____

Married _____ Divorced _____ Separated _____ Single _____

Who has legal custody of the child? _____

Parent Restrictions: _____

****Where restriction is requested you must provide documentation showing legal rights.**

DEPARTURE PROCEDURES / EMERGENCY CONTACTS:

Children must be signed out as instructed. List the persons authorized to call in case of an emergency or to pick up your children, other than yourself.

1. Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Pick-up password _____

This password is used to verify your identity over the telephone and will be requested in the event that someone other than those people listed above will be picking your child up from school. This information is to be used between our office staff and yourself. Your child does not need to know this information.

**REACH CYA PRE-K
MEDICAL/CONSENT FORM**

Please list any allergies your child has; please mark N/A if not applicable:

- Food: _____
- Medications: _____
- Anesthetics: _____
- Stings/insect bites: _____
- Other: _____

Note: No medication of any type including, but not limited to, any prescription drugs, cough drops, vitamins, aspirin or ear drops may be administered by REACH CYA staff.

A child cannot attend the REACH CYA Pre-K program until his/her parent/guardian has provided proof that the child is in good health and has had a recent health examination. An up-to-date record of immunizations must be kept on file.

Child's Physician's Name: _____

Address: _____

Phone: _____

Medical Insurance Co. Name: _____

Policy Holder Name: _____

Policy Number: _____

Emergency Medical Release:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the REACH CYA staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I release the REACH CYA staff and volunteers from any liability or legal action.

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

REACH CYA PRE-K BEHAVIOR AGREEMENT

*Please read this agreement with your child and discuss it.
Complete with your signature.*

- **I agree not to hit, punch, kick, push, wrestle or put my hands on anyone in a mean or aggressive way.**
- **I agree that if I'm angry or upset about the way someone behaves towards me that I will find an adult to talk to.**
- **I agree that words can hurt people too, and I will not use bad language or say mean things.**
- **I agree that everyone is different and may do things differently than me. I will not make fun of other people or the way they do things.**
- **I agree that I must pick up after myself and put things away.**
- **I agree to listen to adult staff members and follow their direction.**

Adult Signature: _____

REACH CYA PRE-K PARENT AGREEMENT

In order to enroll my child in the REACH CYA Pre-K Program, I agree to:

1. I am a resident of the Half Hollow Hills School District.
2. Checks should be made payable to REACH CYA, Inc.
3. I agree to pay \$_____ per month for Pre-K. I understand that tuition is due one month in advance on the tenth day of the month (i.e. September payment is due on August 10th). My child may be excluded from Pre-K if an outstanding balance is due. **If tuition is not paid by the tenth of the month, I agree to pay a \$10.00 late fee.**
4. I understand that the registration fee and tuition deposit are non-refundable.
5. I agree to pay a \$20.00 fee if my check is returned for insufficient funds.
6. My child will be fully able to attend to bathroom needs independently by the first day of school.
7. I will pick up my child at dismissal time from the Pre-K Program and sign her/him out. **Any child picked up past dismissal of class will be charged \$1.00 per minute for every minute they stay late.** Repeated late pick ups may result in suspension from the Pre-K program.
8. I will notify REACH CYA if someone other than my spouse or myself will be picking up my child. All other adults who pick up my child must be on the authorized list and provide photo ID.
9. I understand that REACH CYA reserves the right to call my emergency numbers and arrange for someone to pick up my child if I am late, if s/he appears ill, or if the program closes early due to emergency weather conditions. I will leave alternate phone numbers when applicable.
10. I understand that I will inform REACH CYA of any special needs or problems my child may have.
11. I understand that inappropriate behavior by my child may result in his/her suspension or permanent exclusion from the program.
12. I agree to submit all required paperwork prior to my child's attendance. **If work or emergency numbers change during the year, I will inform REACH CYA immediately.**
13. The program will follow the school district calendar. **No refunds will be given for snow/emergency days or for absences. Make-ups are not allowed.**
14. I give permission for REACH CYA to use photographs of myself and/or my child for display or publication purposes.
15. I understand that REACH CYA will not be held responsible for any missing or damaged articles (i.e. book bags, clothing, toys).
16. I understand and agree that if my account is referred to a collection agency my account balance will be increased by 25%. In the event that my account is referred to an attorney, I will pay all lawyer fees of 25% of the total unpaid balance plus court costs.

I HAVE READ THIS AGREEMENT CAREFULLY AND AGREE TO ITS CONTENTS.

Signature _____ Date _____

For office use only

Registration fee _____ Tuition Deposit _____ Check # _____ Date _____ Rec'd by _____

Birth Certificate

Proof of Residency

Physical/Immunization Report

INTAKE FORM

Date _____

CHILD'S NAME _____ Girl Boy

Name you prefer your child to be called: _____

Other children in family:

Name _____ Birthdate _____ Name _____ Birthdate _____

Name _____ Birthdate _____ Name _____ Birthdate _____

Please inform me of future Pre-K Registration for the _____ school year.

Child's special interests (toys/games/activities) _____

Does your child dress and undress independently? (specify articles of clothing that are a problem) _____

Does your child attend to bathroom needs independently? _____

How does your child express feelings/control temper/handle separation from parents? _____

Does your child have any fears (i.e. heights, animals, loud noises)? _____

When did s/he start talking? _____

Language/languages spoken at home? _____

What is your child's primary language? _____

Does your child follow simple directions? _____

How does s/he interact with other adults and children? _____

How does s/he react to strangers? _____

What form of discipline is used at home? _____

How does your child respond to discipline? _____

Has your child ever participated in any organized group activities? If yes, please specify _____

Did your child separate well? _____

Are there any family or special situations we should be aware of when working with your child? _____

How did you hear about us? _____