



For Office Use:
Class: _____
Start Date: _____
*Allergy Plan: _____
Withdraw Date: _____

FIVE STAR KIDS PRE-K ENROLLMENT FORM

Please complete all blanks on this form. Incomplete enrollment forms will not be accepted.

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted.

CHILD'S INFORMATION:

Full Name: _____ Nickname: _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Program Attended: _____ Gender: **M / F**

Race: _____ Ethnicity: _____ Language spoken at home: _____

Typical: Drop off time _____ AM Pick up _____ PM Regular Napper: Yes/No

Family and Medical Information: In the event of an emergency, please number in order of priority (1-6) which phone to contact.

Sponsor Active Duty? **Yes/No** Branch: _____ Rank: _____

Guardian #1 Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name/Address of Employment: _____

Cell: _____ # _____ Work Phone: _____ # _____ Home: _____ # _____

Guardian #2 Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name/Address of Employment: _____

Cell: _____ # _____ Work Phone: _____ # _____ Home: _____ # _____

Doctor's Name: _____ Phone: _____

Address: _____

Emergency Contacts: TWO people, at least 18 years old, **who live within 45 minutes**, to be called if we cannot reach either guardian.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Work Phone: _____ Home: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Work Phone: _____ Home: _____

Authorized Pick Up List: Persons authorized to pick up your child **in addition** to parents & emergency contacts listed above:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

***Additional Information**

Are there any diagnosis, special needs, medical conditions, birthmarks, and/or allergies, food intolerances we should be aware of?

What are the symptoms? What actions are to be taken, if an emergency should occur?

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

I understand that my weekly tuition is due by 5:30pm on the Friday before each week of care. Payments made after this deadline will be assessed an additional \$20 late fee.

I understand that there is no reduction in fees due to absences, holidays or emergency school closings. School closures are listed on the calendar.

I understand that Five Star Kids Pre-K reserves the right to end the enrollment of a child at any time for any reason deemed appropriate.

I understand that my child, if enrolled for full day care, must be picked up by 6:00pm. I will be charged \$15 for each 15 minute interval past 6:00pm.

I understand that I am not to leave my child at the ASYMCA or program site unless an ASYMCA Child Care staff member is there to receive and supervise my child.

I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out must be done on the kiosk. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. The ASYMCA cannot release minors to minors.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.

I understand that ASYMCA staff and volunteers are not allowed to babysit or transport children at any time outside the ASYMCA facilities and program. If a violation of this policy is discovered, the ASYMCA will take immediate disciplinary action toward staff and volunteers.

I understand that as a student of the ASYMCA Pre-K program, my child will be assessed on many levels. I give consent for this information to be shared for data purposes and transferred to my child's next program upon request.

I understand that state law mandates the ASYMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I am an adult over 18 years and wish to have my child participate in ASYMCA of Hampton Roads Five Star Kids Pre-K program. I understand that even when every precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in the ASYMCA Child Care, I understand and expressly acknowledge that I, for myself and anyone entitled to act on my behalf, waive and release the ASYMCA sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation at or sponsored by the ASYMCA. I further agree to indemnify and save harmless the ASYMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the ASYMCA, its staff, directors, and guests. I have read and am voluntarily signing this authorization and release.

I have received a copy of the parent handbook that includes the Child Abuse Prevention, Discipline and Guiding Appropriate Behavior, and Emergency Policies, Daily Activities and Parental Involvement.

I understand that the Armed Services YMCA of Hampton Roads is not responsible for personal property lost, damaged, or stolen while using the ASYMCA facilities on the ASYMCA premises, or involved in ASYMCA programs.

I understand and give my child permission to be transported by an ASYMCA vehicle and to participate in all ASYMCA program activities and related field trips. Notice will be given to me at least 2 weeks in advance.

Parent/Guardian Signature

Date

MEDICAL

1. The ASYMCA agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 45 minutes of receiving a call that your child is ill. (A temperature of 101 degrees F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the ASYMCA.) My child cannot return until they are symptom free, for 24 hours, without the aid of medication.
2. The parent/guardian authorizes the ASYMCA to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.
3. The parent authorizes the application of sunscreen for his/her child by ASYMCA staff. (Please note any adverse reaction to sunscreen of which you may be aware).
4. The parent authorizes the application of insect repellent for his/her child by ASYMCA staff. (Please note any adverse reaction to insect repellent of which you may be aware.)
5. The parent agrees to inform the ASYMCA Child Care staff/director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately. I have been informed of my ASYMCA Child Care program's Emergency Preparedness Plan, and it is posted on parent board at all times.
6. I agree to keep immunization and physical form updated.

By signing below, you acknowledge and authorize that you have read and understand the statements above.

Parent/Guardian Signature

Date

MODEL RELEASE

I consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of the Armed Services YMCA of Hampton Roads.

Please Initial One: Accept _____

Decline _____

Parent Handbook

I confirm I have received and read a copy of the Parent Handbook.

Parent/Guardian Signature

Date