

2008 to 2009

Little Wonder's Preschool

Dear Families,

Welcome to the YMCA of Norwalk Little Wonder's Preschool – a responsive environment for your child and for you! The Little Wonder's Preschool is fully licensed with the State of Connecticut, Department of Public Health and implements an excellent curriculum and focuses on having high quality staff. The Little Wonder's Preschools are part time or full time (370) preschool centers located at 394 and 370 West Ave. The children's ages range from two years old through five years old.

The Little Wonder's Preschool has a diverse population of teachers and children, all from various cultures and nationalities. This diversity enables each child within it to become familiar with and aware of different socio-economic cultures. The exposure to a diverse environment is a positive experience for each child, because it promotes awareness of differences and similarities within the group.

It is very important to the staff and the administration that you feel you haven chosen a high quality early education program. The teachers and advisors of the Little Wonder's Preschool will provide a loving and fun environment for each child to grow emotionally, socially and cognitively.

We realize that communication is a key factor in the success of your child's education. Therefore, the staff of the YMCA Little Wonder's Preschool is always available to allow you to voice your comments and/or concerns. I am here for you so feel free to call or stop in at any time.

Thank you for your ongoing support and your interest in the YMCA of Norwalk's Little Wonder's Preschool programs.

Sincerely;

Joyce A. Murray
Little Wonder's Preschool Director
(203) 866-4425x338



Please check one of the following boxes for the program that you would like.

Child's Name: _____ DOB: _____

Pre-School Classes located in the YMCA building 370 West Ave.

Check One

- Pre-School M/W/F LW370PREMWF \$350 month
- Pre-School Mon – Fri LW370PREM-F \$500 month
- Pre-School Mon – Fri LW370PREM-F \$850 month

Pre-School Classes located in 394 West Ave.

Check One

- Pre-School M/W/F LW394PREMWF \$350 month
- Pre-School Mon – Fri LW394PREM-F \$500 month

Toddler Classes located in 394 West Ave.

Check One

- Toddler M/W/F LW394TOTMWF \$350 month
- Toddler Mon – Fri LW394TOTM-F \$500 month

Attention Staff

Session Code for this program is:
08-09

Attention Parents

All registrations require the first month paid in full at time of registration.



YMCA of Norwalk Little Wonders

_____	_____	_____	_____
Child's First Name	Last Name	Nickname	Date of Birth
_____/_____/_____	_____		
Child's Social Security Number	Adult(s) Child Lives With	<input type="checkbox"/> Male	<input type="checkbox"/> Female

_____	_____	_____/_____/_____			
Mother's/Guardian's Name	Last Name	Social Security Number			
_____	_____	_____			
Home Address	City	State	Zip	(____)_____	Home Phone
Employer _____					
Employer Address: _____ City _____ State ___ Zip _____					
Phone (____) _____ Cell (____) _____ E-Mail _____					

_____	_____	_____/_____/_____			
Father's/Guardian's Name	Last Name	Social Security Number			
_____	_____	_____			
Home Address	City	State	Zip	(____)_____	Home Phone
Employer _____					
Employer Address: _____ City _____ State ___ Zip _____					
Phone (____) _____ Cell (____) _____ E-Mail _____					



I give permission for the following:

- ❖ For my child to have his/her picture taken to be used for advertisement or other forms of public relations.
- ❖ I give permission for administrators, teaching staff and regulatory authorities to access my child's records.
- ❖ For my child to be transported by YMCA vehicle, (i.e. school bus, van etc.), and YMCA staff.
- ❖ For my child to participate in any field trips planned by the YMCA. I understand that the YMCA will provide transportation, and that I will be notified in writing prior to each trip.
- ❖ In the event that I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- ❖ I give permission for treatment provided by EMT's and by YMCA staff trained in first aid. Also that transportation will be provided to the nearest hospital by the YMCA or emergency services at the parent's expense.

Parent/Guardian Comment(s): _____

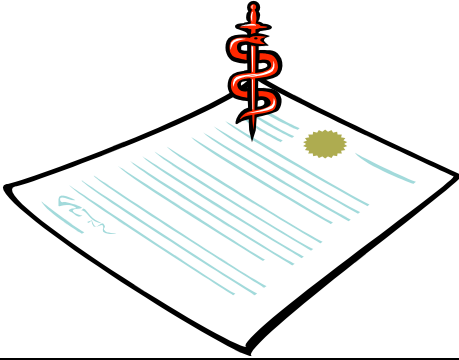
Parent(s)/Guardian(s) Certification: I/We hereby certify I/We have read and understand this Registration Form and the Family Handbook. I/We agree to the financial terms and conditions indicated in the attached financial information sheet and the fee schedule. Both parents and/or guardians **MUST** sign this registration form.

Parent/Guardian Signature(s): _____

Date: _____

How did you hear about our Center? Tabloid Newspaper Agency Referral
 Friend/Family Work YMCA Staff Other _____

<u>To be completed by YMCA:</u>		First Day of Enrollment: _____	
Registration Fee:	\$ _____	Weekly Tuition Rate:	\$ _____
Membership Fee:	\$ _____	Less 10 percent (2 nd child)	\$ _____
Enrollment Fee:	\$ _____	Amount of Scholarship Awarded	\$ _____
		Adjusted Weekly Tuition	\$ _____



INSURANCE INFORMATION
YMCA of Norwalk – Little Wonders Program

CHILD’S NAME (Please Print): _____

PARTICIPANT’S NAME (Parent/Guardian Name):

COMPANY NAME (Employer): _____

NAME OF INSURANCE COMPANY (Carrier):

INSURANCE ID #: _____

GROUP/POLICY #: _____

**CHECK IF NO INSURANCE:*

PARENT RELEASE FORM



The YMCA of Norwalk does not recommend, condone or take responsibility for any private baby-sitting arrangements made with staff.

In the event that a parent does make private arrangements with a staff member, that staff member must be on file as an emergency contact person authorized to pick up your child.

I understand that the YMCA of Norwalk discourages and does not condone private baby-sitting by either YMCA staff members or volunteers.

Should I as a parent choose to ignore this policy and have an employee or volunteer act as a baby-sitter, I will not hold the YMCA of Norwalk, Incorporated liable and I hereby discharge, release and waive the YMCA from any and all responsibility in connection therewith.

Further, I agree that the YMCA of Norwalk Incorporated, its officers, directors, employees, and independent contracting staff (YMCA of Norwalk), are not liable for, responsible for and do not assume any liability, responsibility or obligations for any and all claims, damages, injuries, accidental or otherwise, including: actions or omissions by other persons if I have YMCA staff or volunteers baby-sit privately for my child (ren).

Child's Name (Please Print Name): _____

Signature of Parent/Guardian:

Today's Date: _____



YMCA of Norwalk Preschool Health Information

Child's Name: _____ DOB: _____
Last First Middle

Does your child have any allergies? If so what?

Do parents or siblings have any allergies that may not have been detected yet in your child?

Does your child take medication regularly? If so, what?

Was your child born prematurely? Yes No If so, how early? _____

Difficulties with pregnancy: _____ Difficulties with delivery: _____

Please list any significant health problems.

Has your child had health problems in the past with?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sinus Infections |
| <input type="checkbox"/> Diaper rash | <input type="checkbox"/> Constipation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Pneumonia, bronchitis | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Urinary tract/bladder infections | | |
| <input type="checkbox"/> Surgery. If so what? | | |
-

ADHD or Family History of ADHD. Please specify.

Other _____

Has your child ever been hospitalized? If so, when and why?

Do you have any concerns about your child's health?

Does your child have problems with any gross or fine motor skills? (Ex.: walking, running, going up/down stairs, drawing, cutting, and picking up small objects)? Please explain.



Health Information Continued Preschool Program:

At what age did your child walk? _____ Does your child have any speech difficulties? _____

At what age did your child talk? _____ Does your child have problems with his/her vision?

Does your child have any problems hearing? _____

Please explain any answers above:

Daily Routine

What foods does your child like?

What foods does your child dislike?

How does your child indicate bathroom needs?

Words used for: Urination _____ Bowel Movements _____ Body parts _____

Do accidents occur under stress or in new situations? Yes No

What is your child's regular sleeping patterns?

Awakes at _____ Naps at _____ to _____ Goes to bed at _____

Has favorite blanket, stuffed toy, or other naptime need:

What help does your child need to get dressed? _____



Health Information Continued Preschool Program:

Social Relationships/Play

Has your child been in a childcare program before? 1Yes 1No

My child is: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

What ages are your child's most frequent playmates? _____

Does your child play well alone? If so, doing what? _____

My child's favorite: Toy _____ Book _____ Activity _____

TV show _____ Video _____

Is your child uncomfortable with/frightened by?

Animals _____ Older Children _____ Dark _____ Loud noises _____ Odors/textures _____ Strangers _____

Thunder/lightening storms _____ Anything else _____

How does your child feel about going to school? _____

How do you comfort your child? _____

What do you, as a parent, wish for your child to gain from this experience?

Is there anything not covered on this form, which you feel we should know about your child?

If other than parents, please list child's guardians.

Information on other children/adults in the family:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>School/Grade</i>

How does your child relate to siblings and other members of the household?



Are there any pets at home? 1 Yes 1No Name(s): _____

In order for us to better aid your child with his/her language development, please provide us with the following information. Thank you.

Child's Name (Please Print): _____

Child's **Dominant Language** is: _____

Child speaks dominant language clearly:

- Occasionally
- Sometimes
- Mostly

Child understands dominant language:

- Occasionally
- Sometimes
- Mostly

If dominant language is not English, please complete the following:

Child speaks English:

- Occasionally
- Sometimes
- Mostly

Child understands English:

- Occasionally
- Sometimes
- Mostly

Is a language other than English spoken at home? (circle one) Yes No

If yes...What language? _____

What is the **primary language SPOKEN TO the child at home?** _____

What language does the CHILD USE at home? (Please check one line)

- Only English
- Mostly English and sometimes _____
- Mostly _____ and sometimes English
- Only _____

Additional Information: _____