



2019  
2020



# CAMBRIDGE YMCA PRESCHOOL APPLICATION



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Janet Belanger – Childcare Director  
P: 617-661-9622 ext. 722  
E: jbelanger@cambymca.org  
Fax: 617-864-0996

**CHILD INFORMATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_

Hours at Work: \_\_\_\_\_



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Name of child's physician and/or clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your child have any allergies (including food allergies)? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child ever been stung by a bee? NO: \_\_\_\_\_ YES: \_\_\_\_\_

As required by Massachusetts's law, documentation for my child's immunizations, physical exams, and lead screening (children ages 7 and under) is on file. NO: \_\_\_\_\_ YES: \_\_\_\_\_

Please provide a detailed explanation of any unusual physical or emotional conditions, dietary restrictions, or medications used (use an additional sheet if necessary):

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Developmental History and Background Information**

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

\*Note: Please provide information for infants and toddlers (marked \*) as appropriate to the age of your child.

***Developmental History***

Age began sitting: \_\_\_\_\_ Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ Walk w/ support: \_\_\_\_\_

Special notes to describe needs: \_\_\_\_\_ History of Colic? \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Speech difficulties? \_\_\_\_\_

\*Does your child use a pacifier or suck thumb? \_\_\_\_\_ \*If so, when? \_\_\_\_\_

\*Does your child have a "fussy" time: \_\_\_\_\_ \*If so, when? \_\_\_\_\_

How do you handle this time? \_\_\_\_\_

***Health Conditions***

Any known complications at birth: \_\_\_\_\_

Serious illness and/or hospitalizations: \_\_\_\_\_

Allergies (asthma, hay fever, insect bites, medicine, food): \_\_\_\_\_

Regular medications: \_\_\_\_\_

***Eating Habits***

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on special formula, describe its preparations in detail: \_\_\_\_\_

Favorite foods: \_\_\_\_\_ Foods refused: \_\_\_\_\_

\*Is child fed while held in lap: \_\_\_\_\_ High chair: \_\_\_\_\_

Does child eat w/ a spoon: \_\_\_\_\_ Fork: \_\_\_\_\_ Hands: \_\_\_\_\_

***Toilet Habits***

\*Are disposable or cloth diapers used: \_\_\_\_\_ Is there frequent occurrence of diaper rash: \_\_\_\_\_

\*Do you use (please circle) : oil powder lotion other: \_\_\_\_\_

\*Are bowel movements regular: \_\_\_\_\_ How many per day: \_\_\_\_\_

\*Diarrhea problem? \_\_\_\_\_ Constipation? \_\_\_\_\_ \*Has toilet training been attempted? \_\_\_\_\_

Describe procedure to be used at Center: \_\_\_\_\_

What is used at home (please circle): potty-chair special child seat regular seat

Does your child indicate bathroom needs? (include special words) \_\_\_\_\_

Is your child reluctant to use the bathroom: \_\_\_\_\_ Does child have "accidents": \_\_\_\_\_



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***Sleeping Habits***

\*Does your child sleep in a crib: \_\_\_\_\_ Bed: \_\_\_\_\_

Does your child become tired or nap during the day? (include frequency and duration: \_\_\_\_\_

When does your child go to bed at night: \_\_\_\_\_ Wake up in the morning: \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood upon waking, etc.) \_\_\_\_\_

***Social Relationships***

How would you describe your child? \_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_

Favorite toys/activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

***Daily Schedule***

Please describe your child's schedule on a typical day. \*For infants, please include wakening, eating, time out of crib/bed, napping, toilet habits, "fussy" time, night bedtime, etc. \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Emergency Card Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### ***Instructions to Reach Parent/Guardian***

Name #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name #2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### ***Pediatrician or Source of Health Care***

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

#### ***Emergency Contact Person(s)***

Name #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name #2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### ***Medical Emergency Treatment:***

I hereby give \_\_\_\_\_ permission to administer basic first aid and/or CPR to my child \_\_\_\_\_ and/or take my child \_\_\_\_\_

To a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**GROUP DAYCARE AND SCHOOL AGE CHILD CARE  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM  
102 CMR 7.09(3)**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

I authorize staffs in the childcare program that are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**EMERGENCY CONTACTS (In order to contacted)**

Name: _____ Phone Number: _____
Address: _____
Relationship to Child: _____
<b>Do you give permission for child to be released to this person? Yes _____ No _____</b>

Name: _____ Phone Number: _____
Address: _____
Relationship to Child: _____
<b>Do you give permission for child to be released to this person? Yes _____ No _____</b>

Name: _____ Phone Number: _____
Address: _____
Relationship to Child: _____
<b>Do you give permission for child to be released to this person? Yes _____ No _____</b>

Health Insurance Coverage: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **Photo Release**

Dear Parents:

From time to time the YMCA is honored with the opportunity to be highlighted in a newspaper article, press release, YMCA website, or videotape for classroom purposed. These opportunities often involve photos, videotaping, or other types of recording in the classroom. The form below requires your permission for your child to be included in such events.

I give my permission for my child to be spontaneously photographed, videotaped, or tape-recorded while in attendance at the Cambridge YMCA for any lawful purpose at any time. I understand that I will not be contacted to inspect or approve the finished product, and that the finished product may or may not be available to me. Photos, videotapes, and or audiotapes may be used for the Cambridge YMCA.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*I do not want my child to be spontaneously photographed, videotaped or recorded at any time.\**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## **FIELD TRIP PERMISSION**

I give my child, \_\_\_\_\_ permission to attend field trips with the Cambridge YMCA Childcare Staff. The trips include, but are not limited to: area parks, pools, local libraries, stores, and walks around the Central and Harvard Square areas. Parents will be notified about all trips in advance.

*PLEASE NOTE:* The methods of transportation for field trips will be the MBTA, walking, and/or school bus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **POOL PERMISSION**

I give my child, \_\_\_\_\_ permission to swim in the Pool at the Cambridge YMCA. I understand that my child will be escorted to and from the Pool by the Childcare Staff. Also, while in the Pool, I understand that my child will be supervised by certified lifeguards on staff at the Cambridge YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Cambridge YMCA Waiver Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION, of being permitted to utilize the facilities, services, and programs of the Cambridge YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, children and next of kin, hereby acknowledges, agrees and represents that he or she releases the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in the Cambridge YMCA activities whether on or off the YMCA 's premises. He or she understands that this release included any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members and guests.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I have read and understand this release:**

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_



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## PAYMENT POLICY

Program	Hours	Cost Per Month
Full-Time Preschool	7:30 am – 5:45 pm	\$1,400.00
Part-Time Preschool	7:30 am – 12:00 pm	\$690.00

Cambridge YMCA  
Preschool  
820 Massachusetts Ave  
Cambridge, MA 02139  
Phone: 617-661-9622 ext. 722  
Fax: 617-846-0996

- Tuition for the Preschool is a FLAT monthly fee and will NOT be pro-rated for days not attended (i.e. sick, vacation, staff training, special holidays and snow days).
- All tuition fees are due in full, on or before the first day of the month for which childcare is to be provided.
- A \$20.00 late fee will be assessed on the 2<sup>nd</sup> day on the unpaid fees due. A child cannot be permitted to attend his/her program on the second day until full payment and late fee have been received.
- If tuition and late fee are paid in full before the end of the month, the child will immediately be reinstated.
- Failure to pay tuition and late fee on or before the end of the month will result in the child being terminated from the program as well as the slot being reassigned.
- A \$400.00 Non-Refundable Deposit is due upon registration for both full time and part time slots. The deposit will be put towards the first month's tuition.

### ***Holidays***

We are closed on the following holidays:

1. **January** - New Year's Day
2. **May** - Memorial Day
3. **July** - Independence Day
4. **September** - Labor Day
5. **October** - Columbus Day
6. **November** - Thanksgiving Day/Day After
7. **December** - Christmas Day

\*We are also closed 3 days at the end of August for Training and Cleaning\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## THE CAMBRIDGE YMCA CHILD ABUSE REPORTING PROCEDURE

The Cambridge YMCA advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food and restroom privileges, confining children in small locked rooms, or verbal or emotional abuse.

Affectionate touch and the warm feeling it brings is an important factor in helping children grow into loving and peaceful adults. However, the Cambridge YMCA staff and volunteers need to be sensitive to each child's need for personal space (i.e., not everyone wanting to be hugged.) The Cambridge YMCA encourages age-appropriate touch that helps children develop feelings of trust, security, and self-esteem; however, at the same time, it prohibits inappropriate touch; touch that exploits a child, or touch initiated by an adult for the adult's gratification or other means of sexually exploiting children.

In the event that there is an accusation of abuse/neglect, the Cambridge YMCA will take prompt and immediate action as follows:

1. At the first report or probable cause to believe that child abuse/neglect has occurred, the employed staff person it has been reported to will notify the Child Care Director, who will then notify the Department of Social Services. However, if the Child Care Director is not immediately available, this report must be given to the Program Manager, who will then notify the Department of Social Services. If the Program Manager is not immediately available, then another senior staff supervisor will then notify the Department of Social Services. Massachusetts mandates each teacher or childcare provider to report information they have learned in their professional role regarding suspected child abuse. If an individual fails to report child abuse or neglect, they could be held accountable.
2. The Cambridge YMCA will make a report in accordance with relevant state local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.
3. The parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the Department of Social Services.
4. All Cambridge YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the persons named in #1 above.
5. The following procedures are in place to ensure the safety and wellbeing of all children in our care.
6. Any Cambridge YMCA staff accountable of child abuse or neglect will be suspended from the program and/or working in the childcare office until the Department of Social Services investigation is complete.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and fill out these forms for our first aid bag. Having these forms in our first aid bag is very helpful in the event of an emergency. Thanks!

### MEDICAL EMERGENCY TREATMENT:

I hereby give the Cambridge YMCA Preschool permission to administer basic First Aid and/or CPR to my child \_\_\_\_\_ and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay could be dangerous to my child's health.