



# **RAPPAHANNOCK YMCA PRESCHOOL**

## **King George Family YMCA**

### **2012-2013**



The Rappahannock YMCA preschool is concerned about the growth and development of your child. The preschool is licensed in the State of Virginia. The preschool program is designed to: develop Christian values, social skills, sharing and participating in group activities; promote a genuine love for learning; and help create a good self-image. Our goal is to make your child's preschool experience a memorable one.

The preschool uses a thematic approach to teach different units of study such as Pumpkins, Community Helpers, Weather, or Zoo Animals. The curriculum will provide children the opportunity to ask questions, explore new ideas, and engage in a wide variety of learning activities and experiences. Critical thinking skills are enhanced through our hands-on approach to subject areas such as Science and Math. A strong emphasis on Language Arts encourages students to develop a love for reading.

Parental participation enhances the educational experience for children. Throughout the year, volunteers are needed to help with parties, field trips, fund raising and helping with classroom projects. Our teachers are always available to answer any questions.

Preschool tuition is due by the seventh of the month for the following month. Therefore, your September payment is due August 7th. A late fee will be added after the seventh. Preschool parents are encouraged to set up for automatic draft from a checking or credit card account to pay the monthly tuition. This ensures that all payments are on time, thus eliminating late charges. We have found that many of our parents like having this convenience.

There will be a teacher and an assistant for each class. You will be notified as to the date of open house. If you have any questions please call Victoria Arcement at 775-9622 or [varcement@family-ymca.org](mailto:varcement@family-ymca.org) .



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# Class Schedules and Fees



**Classes Start September 10<sup>th</sup> and 11<sup>th</sup>**

**Registration fee (non-refundable) \$35.00, after Aug. 1 \$45.00**

**3 year old class            9:30 - 12:00            Tues. and Thurs.**  
**Tuition: \$90.00 for members of the YMCA**  
**\$130.00 for participants**

**3 1/2 & 4 year old Combo Class    9:30-12:30            Mon., Wed., Fri.**  
**Tuition: \$130.00 for members of the YMCA**  
**\$170.00 for participants**

**4 year old class            9:30-12:30            Mon. – Fri.**  
**Tuition \$190.00 for members of the YMCA**  
**\$230.00 for participants**

## Registration

To register your child, please fill out the Application for Admission form and attach the registration fee to your paperwork. Please hand this to the front desk for processing.

Thank you for choosing the YMCA to further enrich your child's world.

**We will need to see/make copies of by the start of preschool:**

**Birth Certificate**  
**Physical Form**  
**Shot Records**

***HEALTH FORM MCH 213C (Blue Form) FOR YOUR CHILD MUST BE ON FILE BEFORE YOUR CHILD MAY ATTEND CLASS. A COPY FROM LAST YEAR IS ACCEPTABLE IF IS WITHIN ONE YEAR OF THE FIRST DAY OF PRESCHOOL. (You can find the form on the YMCA website).***



# 2012-2013

## RAPPAHANNOCK YMCA PRESCHOOL

### APPLICATION FOR ADMISSION



_____ Four Year Old Program	Mon-Fri.	9:30-12:30
_____ 3 1/2 & 4 year Old Program	Mon., Wed., & Fri	9:30-12:30
_____ Three Year Old Program	Tues. & Thurs.	9:30-12:00

**King George Family YMCA Preschool starts Sept. 13 and 14**

*All spaces need to be completed in their entirety. N/A if not applicable*

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Nickname: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Child's B-day \_\_\_\_\_ Enrollment Date \_\_\_\_\_

List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation \_\_\_\_\_  
 Chronic physical problems and pertinent developmental information and any special accommodations needed? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

### PARENT INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Home Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### PRESCHOOL EXPERIENCE

Has your child ever been enrolled at another center? Yes \_\_\_ No \_\_\_  
 If yes, name of the center: \_\_\_\_\_ Dates enrolled \_\_\_\_\_

Student \_\_\_\_\_

**All spaces need to be completed in their entirety.**

**EMERGENCY CONTACTS**

In case of emergency and parents cannot be reached, please contact:  
(Licensing requires two different contacts other than the information listed for parents. They must have different addresses.)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Relation to child = grandparent/neighbor/family friend/etc)

**EMERGENCY AUTHORIZATION**

I authorize the Rappahannock YMCA to obtain immediate medical care if an emergency occurs when I cannot be reached.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance # \_\_\_\_\_

**ILLNESS**

The YMCA will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZED PICK UP**

Who is authorized to pick up your child from school?  
We require ID when picking up a child and names must be on our list—if you need to add someone, please give a written note to a teacher.

\_\_\_\_\_

\_\_\_\_\_

Student \_\_\_\_\_

**All spaces need to be completed in their entirety.**

**PHOTOGRAPH/VIDEO**

Permission to video or photograph children for YMCA purposes only.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Permission to submit class photographs to local newspapers

\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FIELD TRIPS**

I authorize my child \_\_\_\_\_ to participate in field trips with the YMCA Preschool. I understand that I am responsible to provide/arrange transportation to and from preschool field trips.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRESCHOOL HANDBOOK & ORIENTATION**

I have received the preschool handbook. I have also read the front cover of this registration packet and understand open house (preschool orientation) will be scheduled prior to the first day of class. If I decide not to attend this orientation, it is my responsibility to attain the information from the teacher or preschool manager.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**HEALTH FORM MCH 213C (Blue Form) FOR YOUR CHILD MUST BE ON FILE BEFORE YOUR CHILD MAY ATTEND CLASS. A COPY FROM LAST YEAR IS ACCEPTABLE IF IS WITHIN ONE YEAR OF THE FIRST DAY OF PRESCHOOL.**

**To be completed by  
YMCA staff:  
Birth Certificate \_\_\_\_\_  
Physical \_\_\_\_\_  
Shot Record \_\_\_\_\_  
Date \_\_\_\_\_  
Staff Initial \_\_\_\_\_**