



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Rappahannock Area YMCA Preschool

Massad Family YMCA

2011-2012

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

Each month, Preschool will focus on a different themed unit such as: Fall, Community Helpers, Snowmen and Habitats. The curriculum will provide children with 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 subjects as Science and Math. A strong emphasis on Language Arts encourages students to develop a love for reading.

A school is a good as the parents behind it. We will be asking for volunteers to help with parties, field trips, fundraising, swimming and helping out in the classrooms. Our teachers are always available to answer any questions concerning your child, at the end of the day. We want to make this first school experience for both you and your child the best it can be.

Preschool tuition will be paid monthly on the 7th of every month. At time of registration, the registration fee is due along with the first month's tuition. Therefore, your September payment would be due August 7th. The last payment for Preschool would be April 7th. We ask that all parents set up automatic draft from a checking account or credit card to pay tuition each month. Setting-up the automatic draft ensures that all payments are on time, which eliminates 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. Your child's teacher will be in contact with you over the summer, before Preschool begins.



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PRESCHOOL CLASSES BEGIN SEPTEMBER 12TH

Non-Refundable Registration fee: \$35.00

Monthly Preschool Fees are as follows:

3/4 Combo Class: \$185 Members; \$225 Participants

4 day 4 yr. old Class: \$185 Members; \$225 Participants

5 day 4 yr. old Class: \$210 Members; \$250 Participants

If you have any questions, please feel free to contact Karla Peot at
540-371-9622 ext.1038, kpeot@family-ymca.org.

Enrollment date: _____ Last Day: _____

_____ 3/4 Combo class- Monday- Thursday- 9:30-12:30

_____ 4 day 4 year old class- Monday- Thursday- 9:30-12:30

_____ 5 day 4 year old class- Monday- Friday- 9:30-12:30

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CHILD'S INFORMATION:

Last Name: _____ First _____ Middle _____

Male: _____ Female: _____ Nickname: _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Child's Birthday: _____



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List any allergies, intolerance to food, medication, or any substance, and actions to take in an emergency situation

Chronic physical problems and pertinent developmental information and any special accommodations needed?

Physicians Name: _____ Physicians Phone: _____

PARENT'S INFORMATION:

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Child's T-shirt size: _____



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In case of emergency and parents can't be reached, please contact:
(Emergency contacts must live in 2 different households including
parents address. Complete addresses including zip code.)

Name : _____ Address: _____

Home Phone: _____ Cell Phone: _____

Name : _____ Address: _____

Home Phone: _____ Cell Phone: _____

Who is authorized to pick up your child?

Permission to video tape or photograph your child for YMCA
purpose.

_____ Yes _____ No

Permission to swim

_____ Yes _____ No

WHEN YOUR CHILD BECOMES SICK WHILE AT KINDERCAMP

The YMCA will notify parent's when their child becomes ill. The
parent's will make arrangements for the child to be picked up as
soon as possible. **The child may not return to Kindercamp for
24 hours.** This also includes, but not limited to vomiting, fever or
has diarrhea.

Parent's Signature

Date



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The YMCA must be notified within 24 hours if your child or any member of the household has been diagnosed with a communicable disease.

Parent's Signature

Date

EMERGENCY TREATMENT

I authorize the Rappahannock Area YMCA to obtain immediate medical care if any emergency occurs when I can't be reached.

Parent's Signature

Date

Insurance Company: _____

Policy Number: _____ Phone Number: _____

PAPER WORK DUE AT TIME OF REGISTRATION:

Birth Certificate: _____

Shot Record: _____

Physical: _____