

# YWCA DAYCARE REGISTRATION FORM

*Please print all Information*

## BIODATA

<u><b>CHILD</b></u>	<u><b>PARENT / GUARDIAN</b></u>
Name: _____ First Last	Name: _____ First Last
Sex: Male____ Female__	Address: _____
Date of Birth _____ DD MM YY	Email: _____
Social Security Number: _____	Telephone: _____
	Drop Off Time: _____ Pick Up Time: _____

## **INFORMATION ON CHILD**

<u><b>HEALTH</b></u>	<u><b>SOCIAL</b></u>
Allergies? _____	Religious Denomination _____
Is the child suffering from a serious illness?	Emergency phone number: _____
Yes _____ No _____	Emergency contact address: _____
If yes, what? _____	Name of person responsible for collecting child: _____
Does the child have a chronic illness?	_____
Yes _____ No _____	Number of Brothers ____ Number of sisters ____
If yes, what? _____	Position in the family. e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> . _____
Is the child presently receiving any medication?	Bathing is done in emergencies only. Eg. Vomiting, high fever, etc.
Yes _____ No _____	
If yes, which medication? _____	
Dosage? _____	

## **NUTRITION**

A healthy snack will be provided at 8:45 a.m. followed by a nutritious meal at 11:30&11:40 a.m. and another snack at 3:30 p.m.

## **PERMISSION SECTION**

I give permission for my child to go on city tours with his/her care provider(s). He/she can be taken to the city parks, window shopping, and other public places within city limit. e.g. library

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ (\_\_\_\_\_)  
First Last Relationship to Child

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **This section is for official use only**

DATE OF ADMISSION \_\_\_\_\_  
REGISTRATION FEE \_\_\_\_\_  
DAYCARE FEES \_\_\_\_\_  
REC #: \_\_\_\_\_

### **Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARENT INTERVIEW FORM

## IMPORTANT INFORMATION ABOUT YOUR CHILD

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

Has he/she ever been in day care before? YES/NO

### MEDICAL INFORMATION

Has he/she had any childhood illnesses? YES/NO

If yes what illnesses? \_\_\_\_\_

\_\_\_\_\_

Has he/she ever been hospitalize? YES/NO

For how long? \_\_\_\_\_

For what cause? \_\_\_\_\_

### RESTING HABITS

When does he/she wake up in the mornings? \_\_\_\_\_

Does he/she take a nap? \_\_\_\_\_

For how long? \_\_\_\_\_

### EATING HABITS

Does he/she eat well? YES/NO

What does he/she like to eat? \_\_\_\_\_

What does he/she not like to eat? \_\_\_\_\_

How often does he/she eat? \_\_\_\_\_

At what times? \_\_\_\_\_

Are there any food that he/she is allergic to? \_\_\_\_\_

### TOILET TRAINING

Is he/she toilet trained? YES/NO At what age was he/she trained? \_\_\_\_\_

### PLAY ACTIVITIES

Are there any favorite toys that he/she enjoys? \_\_\_\_\_

### OTHRE COMMNETS

\_\_\_\_\_

\_\_\_\_\_

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION  
DAY CARE CENTER  
EMERGENCY INFORMATION RECORD**

Child's name \_\_\_\_\_

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

\_\_\_\_\_  
Father's name/Husband                      Place of Employment                      Bus. Phone  
(or guardian)

\_\_\_\_\_  
Mother's name/Wife                      Place of Employment                      Bus. Phone  
(or guardian)

Please fill in information below so that the school may act more effectively in event of illness or injury to the child.

EMERGENCY: Person to be called if parent (mother or father) cannot be reached.

\_\_\_\_\_  
Name                      Address                      Phone

\_\_\_\_\_  
Date                      Parent's Signature (or guardian)

**STATEMENT OF HEALTH  
OF CHILD TO BE ENROLLED**

I, \_\_\_\_\_, have examined

(Physician/Public Health Nurse name)

\_\_\_\_\_ and have determined that

(Child's name)

he/she (circle one) is in good physical and mental health to attend and participate at

\_\_\_\_\_

day care facility.

Immunizations are up to date: \_\_\_\_\_ Yes \_\_\_\_\_ No ( as appropriate)

Immunizations

needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special health conditions, allergies, problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of contagious disease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician/Public Health Nurse Signature

\_\_\_\_\_

Date

## Y.W.C.A. DAYCARE CHARGES

### Full Day

7:30 a.m. – 5:30p.m.

**\$80.00 weekly**

### ½ Day

7:30 a.m. – 12:45p.m. or 11:30 a.m. – 5:30 p.m.

**\$60.00 Weekly**

### **PLEASE NOTE CAREFULLY**

**A non refundable registration fee of \$50.00 is required.**

Payment **must** be made on **Monday** of each week. Allowance is made for payment on any day of the week for that week.

A fee of \$10.00 will be charged to your account for late payment.

A \$10 fee will be charged to your account for each late pick-up (after 5:30)

Please make sure that your payment arrangement to us is your first priority.

**Arrears must not be owed** for more than **TWO WEEKS**, as this may result in discontinuation of our services to you so that space can be given to another client on our waiting list.

If an arrangement has been made with the manager for payments on the **1<sup>st</sup>** and **15<sup>th</sup>** of the month, these must be done on time.

**DOCUMENTS REQUIRED (Copies):** Child's Social Security Card, Birth Certificate, Clinic Card, and Parents Social Security.

### **Please note:**

- **No hair beads or very small clips are allowed due to the infants in our care.**
- **Harvest donation will be in October**
- **Fund raisers are held throughout the year. The major ones are: Valentine's Goodie Bag Sale in February and Day Care Prince/Princess in March. You are expected to participate fully in these events and all new fundraisers that might be added during the year.**
- **Picking up a child is discouraged during nap time (1:00 p.m. – 3:00 p.m.)**
- **A fee of \$55 will be charged to the parent once the child has to be taken to the police station, 1 hour after exceeding the stated pick up time, this is an addition to the \$10 late fee for the extra hour beyond 5:30 p.m.**
- **Any type of money transaction must be paid to the bank. A screenshot of your receipt must be sent too 624-4561 via WHATSAPP only and a copy must be handed in to the Daycare Manager.**

### **Payment Information:**

**After registration approval you will receive your child's student account number to make payments.**

## Bag Pack

### 3 Months to 1 year

- 5 diapers
  - If bottle fed, the mix is placed in the amount of bottles she/he takes for the day
  - 1 pk. wipes (preferably in container)
  - Powder, lotion (if the child uses these)
  - 2 change of clothes
  - 1 warm jacket daily
  - 1 hard cover/pages picture book
  - 1 sturdy toy (NO GUN)
- 

### For 1½ to 2½ Years

- 3 diapers and 4 panties or briefs
  - If bottle fed, mix is placed in the amount of bottles she/he takes for the day
  - 1 sipper cup
  - 1 pk. wipes (preferably in container)
  - Powder, lotion (if the child uses these)
  - 2 change of clothes
  - 1 warm jacket daily
  - 1 hard cover/pages picture book
  - 1 sturdy toy (NO GUN)
- 

### 3 to 4 Years (Preschoolers)

- 1 hard cover/pages story book
  - 1 change of clothes
  - 1 panty or brief
  - 1 pk. wipes (preferably in container)
  - 1 sweater or jacket daily
  - 1 sturdy toy (NO GUN)
- 

### ¾ Day (Preschoolers)

- Uniform on a hanger
- Underwear and socks
- Snacks for Preschool
- Girls must also have tights
- 1 pk. wipes (preferably in container)
- Powder, lotion (if the child uses these)
- Warm jacket daily
- 1 hard cover/pages picture book
- 1 sturdy toy (NO GUN)

# YWCA DAYCARE MENU

## Toddler and Preschoolers

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Mid-Morning Snacks 9:00 a.m.</b>				
Fruits- Banana	Fruits- Apple/Yogurt	Fruits- Oranges	Fruits- Watermelon & Cantaloupe Cubes	Fruits- Fruit Salad
<b>LUNCH 10:45 a.m. – Morning Sessions ----- 11:30 a.m. Afternoon Sessions</b>				
Ground chicken and macaroni and cheese	Chicken soup with vegetables & White rice	Vegetable Rice w/ Ground Steak	Mash potato, broccoli & Chicken Strips	Spaghetti & Cheese w/ tomato sauce
Juice	Water	Orange Juice	Water	Juice
Water		Water		Water
<b>Evening Snacks 3:00 p.m.</b>				
Fruits- Cantelope	Fruits- Watermelon	Fruits- Fruit Salad	Fruits- Banana	Apple & Yogurt
Water	Water	Water	Water	Water

# DAYCARE TIMETABLE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 - 8:20	Arrival and Breakfast		Arrival and Breakfast		Arrival and Breakfast
8:20 – 8:50	Devotion and Circle Time			Devotion and Circle Time	
8:50 – 9:00	Exercise	Exercise	Exercise	Exercise	Exercise
9:00 – 9:30	Snack and Bathroom/Potty Training				
		Park Day		Park Day	
9:30 – 10:10	Free Play ( Packaged Activity)		Free Play (Pacakaged Activity)		Free Play ( Pacakaged Activity)
10:10 – 10:15	Clean Up		Clean Up		Clean Up
10:15 – 10:30	Fine/Gross Skills Activity	Sensory Skills Activity	Phonological Awareness Activity	Early Math Skills	Creative Development Activity
10:30 – 10:45	Preparation	For	Lunch	Time	for P.M. Preschoolers
10:45 – 11:10	Lunch	For	P.M.	Preschooler	and Toddlers
11:10 – 11:20	Preparation	For	Lunch	Time	for P.M. Preschoolers
11:20 – 11:45	Lunch		For	A.M.	Preschoolers
11:45 – 12:20	Preparation of A.M. Preschoolers for Nap Time			& Educational Videos for all	
12:20 – 12:30	RESTROOM CHECK		RESTROOM CHECK		
12:30 – 1:00	Soft Music in Preparation for Nap Time				
1:00 – 2:30	NAP TIME (with 1:30/2:00 p.m. restroom check )				
2:30 – 3:00	Grooming (change clothes)				
3:00 – 3:30	Snack and Water				
3:30 – 4:00	Pledges, National Symbols, Days of the Week, Months of the Year, Counting in English and Spanish ABC Song				Educational Video
4:00 – 4:15	STORY TIME				
4:15 – 4:45	Paper Work	Picture Reading	Games	Show Case	
4:45 – 5:30	Preparing For Departure /Free Play				



