

**College Heights Early Childhood Learning Center  
Decatur-Decalb YMCA  
Preschool Parent Enrollment/Orientation Checklist**

We would like to take this opportunity to THANK YOU for entrusting the YMCA with the care of your child. Here at the YMCA we pride ourselves in providing the highest level of quality care possible. As you complete the enclosed documents, please use the checklist below to ensure that we have not neglected to review this information:

**Enrollment Documents:**

Student Enrollment Form \_\_\_\_\_

Preschool Information packet \_\_\_\_\_

School Policies & Procedures \_\_\_\_\_

Parental Agreement \_\_\_\_\_

Emergency Medical Form \_\_\_\_\_

Keeping Kids Safe \_\_\_\_\_

NAEYC Code of Ethical Conduct (for staff) \_\_\_\_\_

Infant Feeding Plan (If applicable) \_\_\_\_\_

Authorization to Dispense External Preparations \_\_\_\_\_

Health Information Form \_\_\_\_\_

YMCA Consent & Waiver \_\_\_\_\_

Roster Information Form \_\_\_\_\_

Health Assessment Form \_\_\_\_\_

**Documents Provided to the School:**

Certificate of Immunization (Form 3231) \_\_\_\_\_

Proof of Residency \_\_\_\_\_

**School Orientation:**

Tour of Facility \_\_\_\_\_

Overview of the HighScope Curriculum \_\_\_\_\_

Class Schedule and Sample Menu \_\_\_\_\_

Opportunity to join the Parent Advisory Council \_\_\_\_\_

Opportunity to join the PTA \_\_\_\_\_

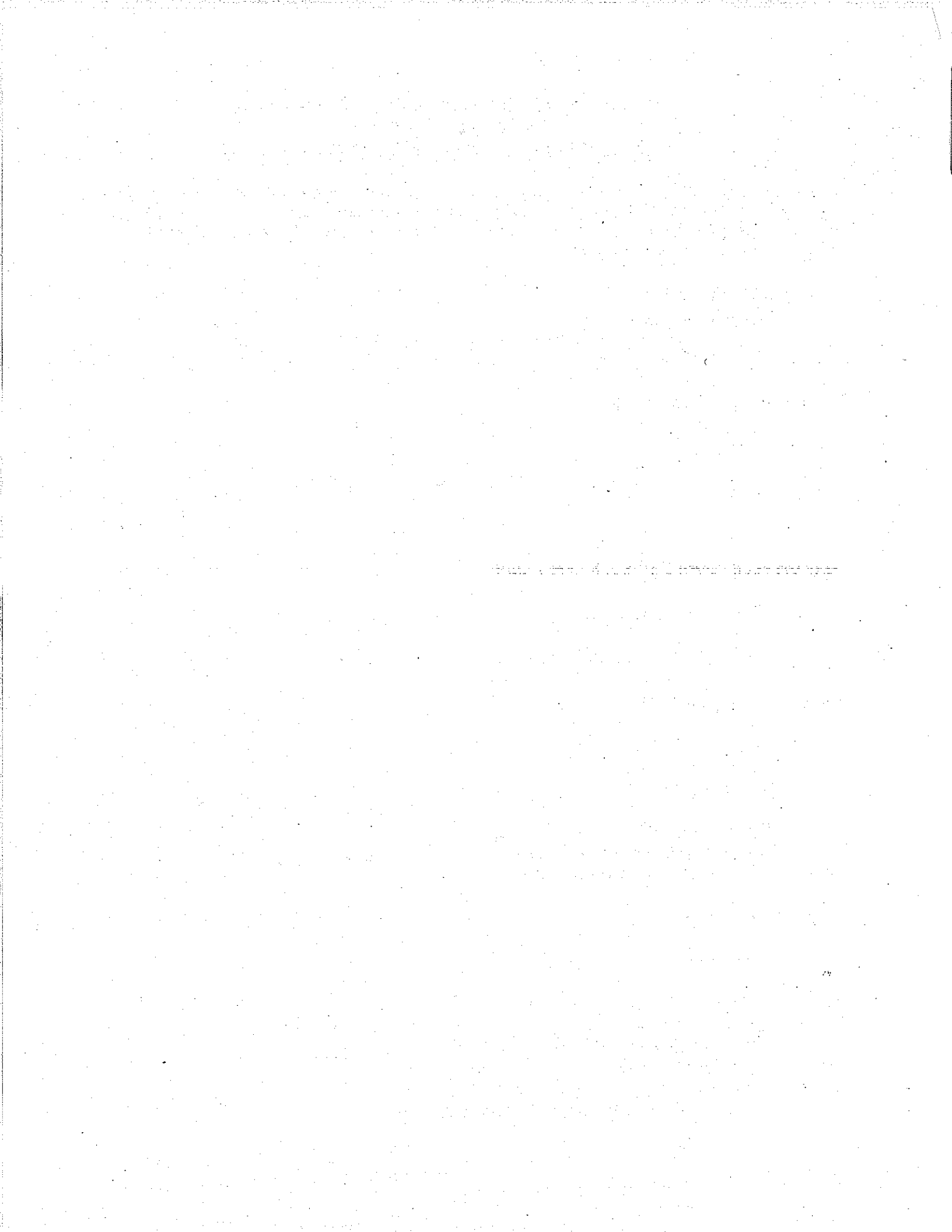
Partner With Youth Campaign information \_\_\_\_\_

Information regarding NAEYC accreditation standards \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_





# College Heights Early Childhood Learning Center

## Children's Enrollment Form

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Father's Name/Home Address/Telephone Number, if different from child's \_\_\_\_\_

Place of Employment/Business Number \_\_\_\_\_ Income \_\_\_\_\_

Mother's Name/Home Address/Telephone Number, if different from child's \_\_\_\_\_

Place of Employment/Business Number \_\_\_\_\_ Income \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other

Child's Legal Guardian(s):  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

Persons to contact in the case of an emergency when parents cannot be reached:

<u>Name</u>	<u>Telephone</u>
_____	_____
_____	_____

Name of public or private school child attends, if any: \_\_\_\_\_

**Children's Enrollment Form** page 2

\_\_\_\_\_  
Child's Physician or Clinic's Name (Child's Primary Health Source)

\_\_\_\_\_  
Telephone Number

My child has the following special need(s):

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

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

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

My Child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

## College Heights Early Childhood Learning Center "PARENT POLICIES & PROCEDURES"

1. The program operates Monday - Friday, from 7:00 a.m., until 6:00 p.m., January through December.
2. The center provides care for ages 6 weeks to 4 yrs of age.
3. The program will be closed on the following days:

August 7 & 8, 2008	-	Teacher's Professional Learning
September 1, 2008	-	Labor Day
October 14, 2008	-	Professional Learning Day
November 4, 2008	-	Election Day
November 26, 2008	-	Early Close (3:00 p.m.)
(Pre-K Classes are closed)		
November 27 & 28, 2008	-	Thanksgiving Day & Friday After
December 22, 2008-January 6, 2009	-	(Pre-K Classes only closed)
December 24, 25 & 26, 2008	-	Christmas Holiday
December 31, 2007	-	Early Close (3:00 P.M.)
January 1 & 2, 2009	-	New Year's Day & Friday After
January 5, 2009	-	Professional Learning Day
January 19, 2009	-	Martin Luther King, Jr. Day
March 13, 2009	-	Professional Learning Day
April 6-10, 2009	-	Spring Break
May 25, 2009	-	Memorial Day
May 27, 2009	-	Last Day of School
(Pre-K & Headstart Classes only)		
June 1, 2009	-	Summer Camp begins
June 29 - July 3, 2009	-	Building Maintenance

4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The center must have an updated Immunization Certificate on file for each child; this is a state requirement. The first certificate must be provided before the first day of attendance and updated thereafter.
6. Parents may provide lunch for their children however the lunch provided must meet the Child and Adult Food Program requirements for a balance meal. If it is observed that meals provided by parents are not balanced, the child(ren) will be offered lunch from the cafeteria and parents will not be allowed to continue to provide meals for the child(ren). Adequate balanced meals are served daily, which include Breakfast, Lunch and afternoon Snack. Food and menu exceptions cannot be made for individual children, unless for documented medical reasons that must be supported by a doctor's statement. Food that comes from home for sharing must be either whole fruit or commercially packaged foods in factory sealed containers.(5.B.02)
7. The center staff will administer only dated, labeled, prescribed medications at mid-day. Parents must sign an authorization form before any medication can be administered. Parents will be notified of any adverse reaction to the medication
8. Parents are required by the state to escort their child(ren) into the center each day and enter in the evening when picking them up. All children must be signed in and out daily. This is to assure that you see proper supervision being provided, as well as assuring that only authorized individuals are picking up your child.
9. Every child must have an afternoon rest/nap, this allows the children an opportunity to have a break from the day's activities and this is also a state requirement.
10. Each child must have a complete change of clothes in case of accidents. All belongings must be labeled with your child's name.
11. The facility agrees to keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases.

12. The center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep. Children with sores on their hands are not permitted to participate in water play activities. (5.A.10).
13. Discipline and guidance at the center is important. We have a policy in place where the teachers use behavior modification techniques to improve the behavior. Physical punishment is never permitted. If it is determined that the behavior is not improving, we will request a parent meeting with the teacher and director's to discuss other possible solutions. At times it maybe necessary to terminate a child's enrollment if it is determined that the center cannot meet the needs of the child.
14. The center makes no arrangements for transportation to or from the center.
15. Children will not be accepted at the center if they are ill, this includes, but is not limited to temperatures of 101 degrees or higher oral temperature and any contagious symptoms; rashes, sore throat, vomiting, etc. Should the child become ill during the day, the parent or designated emergency contact person(s) will be notified to pick up the child.
16. We will post when a communicable disease has been introduced into the center. Children with a communicable disease cannot attend the center and must be free of the illness before re-entering the program.
17. A copy of the State Rules and Regulations which apply to the operation of the center is available for your review. A copy of the most recent licensing review is also available for your review upon your request.
18. We have an agreement with Sallie Dobbins, RN for the City Schools of Decatur that in case of emergency, and we are unable to reach you, your child will be able to receive emergency medical treatment. The center must have current evidence of healthcare coverage in case of emergencies. (5.A.01)
19. In case of violent weather, please do not call the center, we will be busy providing the best possible care for our children. In the event of a fire, gas leak or bomb threat, the children will be evacuated immediately from the center. Emergency plans are posted for your review. In case of inclement weather that may require the closing of the center, we will make such announcements on the recorded voice mail system here at the school.
20. Parents are always *welcomed* and encouraged to visit your child at the center. However, it is required that you make your presence known by signing in at our reception desk. Children should not be removed from the center without proper notification to the staff. Parents are asked to serve on the PTA and the Parent Advisory Board to support the "Y" & CSD Programs.
21. Parents are asked for safety reasons to park only in designated marked parking areas.
22. It is the YMCA mission to serve all kids in need of quality childcare. We will make every effort possible to serve all families requesting services. All kids enrolling in our program must be able to function within staff/teacher ratios as set by the State.
23. Late Pick-up after 6:00 for 0-3 program will be charged a \$1.00 per minute.

I have read the College Heights ECLC/Decatur-Dekalb YMCA Preschool Program Policies and Procedures and will abide by all policies to ensure compliance.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Metro Atlanta YMCA**  
**College Heights Early Childhood Learning Center**  
**KEEPING KIDS SAFE**

The YMCA of Metro Atlanta, as a premier child and family serving agency, recognizes its responsibility to always provide children and youth with the safest possible place. As an employee you are required to abide by the following

**CODE OF CONDUCT**

- 1 In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff person be alone with a single child where the staff and a child cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them.
- 2 Staff shall never leave a child unsupervised.
- 3 Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff. If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff. Staff supervising children with special needs for assistance shall be trained in appropriate assistance techniques and should always try to be where one other staff can see them.
- 4 Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
- 5 Staff shall not abuse children including: physical abuse, (strike, shake, slap); verbal abuse (humiliate, degrade, threaten); sexual abuse (inappropriate touch or verbal exchange); mental abuse (shaming, withholding care, cruelty); neglect (withholding food, water or basic care). Any type of substantiated abuse will not be tolerated and will be cause for immediate dismissal.
- 6 Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint will be used only in pre-determined situations (necessary to protect the child or other children from harm), and is only administered in a prescribed manner and must be documented in writing.
- 7 Staff will conduct a health check of each child each day noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child by a supervisor or program director in a non-threatening way. Any questionable marks or responses should be documented by the supervisor or program director.
- 8 Staff will respond to children with respect and caring and treat all children equally regardless of sex, race, religion or culture, ability or disability.
- 9 Staff will respect children's rights not to be touched in ways that make them feel uncomfortable and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
- 10 Staff will refrain from intimate displays of affection towards others in the presence of children, parents and other staff.
- 11 The YMCA does not discriminate against an individual's lifestyle or habits away from the job provided such does not interfere with quality YMCA program work. It does require that in the performance of their job, staff will abide by the standards of conduct set forth by the YMCA.



**Metro Atlanta YMCA**  
**College Heights Early Childhood Learning Center**  
**KEEPING KIDS SAFE**

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- 12 Staff must appear clean, neat and appropriately attired.
- 13 Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited.
- 14 Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
- 15 Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
- 16 Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
- 17 Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity. (Remember our values: honesty, caring, respect, and responsibility.)
- 18 Understanding that the YMCA cannot control staff outside of the work setting, staff understand that being alone with children they have met in YMCA programs (e.g.: baby-sitting or inviting children to their homes) puts both themselves and the YMCA at risk and is thoroughly discouraged by the YMCA. Staff also understands that all parent packets discourage parents using YMCA staff for baby sitting.
- 19 Staff are not to transport children in their own vehicles. If an exception occurs for program reasons, staff are required to call the branch and inform them when they are leaving and where they are going and the expected time of arrival. Staff will call when they arrive unless they are driving to the branch.
- 20 Adult staff may not date program participants under 18 years of age.
- 21 Under no circumstances should staff release children to anyone other than the authorized parent, guardian or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA). If a dispute arises over child custody, supervisors are to refer to any legal papers filed (as in divorce or separation agreements).
- 22 Staff are required to read and sign all policies related to identifying, documenting and reporting child abuse and attend training on the subject, as instructed by a supervisor.
- 23 An adverse background report as established by the Georgia Department of Human Resources Child Care Division will result in termination as an employee of the YMCA. This includes but is not limited to arrest or conviction involving crimes against youth or children, or sex crimes, drug related convictions, or any felony conviction.
- 24 Staff further understand that if they see any staff person failing to "keep kids safe" they are to report concerns to their supervisor, program director or branch executive.

**PARENT FINANCIAL AGREEMENT**

1. Payments are due Friday. A \$10 late fee will be added per day if the payment is late. Services will not be rendered if payment is not received by the close of the business day on Tuesday. Parents will be given a chance to make a payment arrangement. If at anytime this arrangement is broken, your child(ren) will not be allowed to re-enter the program until payment is made in full.
2. If your child is absent for one (1) full week, you must notify the childcare office in advance. Fees will not be transferred/credited.
3. Because staffing and other operational costs are incurred on the basis of fixed levels of enrollment and few of these costs are eliminated when the child is not in attendance, full tuition weekly rate is due even when your child is absent. The program will be closed two weeks during the year, Spring Break and Building Maintenance. Please see the calendar for the current year. Parents will only be required to 1/2 of the tuition rate for these weeks.
4. Children cannot be picked up later than 6:00 p.m. If a child is picked up after closing, a \$1.00 per minute charge will be paid before the child can return to the program the following business day. If a child remains on the premises longer than thirty minutes after closing, DFCS will be notified of the neglect. Every effort will be made to contact authorized and emergency pickup contacts.
5. A two week written notice must be provided before withdrawing a child. A \$10 reinstatement fee will be charged at the time the child re-enters the program.
6. If we receive a returned check, a \$37.00 return check fee will be charged along with the amount of the original check. If we receive more than two (2) returned checks, future payments must be in the form of a money order. All returned checks should be made with a money order or by automatic deduction. A check will not be accepted for payment of a returned check. **NO EXCEPTIONS.** The YMCA has a third party collections on all returned checks (Checkcare Systems) and they will contact you first.
7. All scholarship and CAPS recipients must pay fee weekly. If at anytime a parent is not meeting their parental responsibilities, it will be reported to the DFCS office after (3) attempts to collect payment.
8. A \$25.00 individual membership or \$35.00 program family membership fee is due at the time of registration for all participants. This fee is required annually.

I elect to pay \_\_\_\_\_ weekly each Friday.

*We accept Visa, Mastercard, Discover, and AMEX cards.*

I elect to pay \_\_\_\_\_ monthly by automatic draft \_\_\_\_\_  
Credit Card Number Exp Date

I elect to pay \_\_\_\_\_ weekly by automatic draft \_\_\_\_\_  
Credit Card Number Exp Date

Please sign below:

I, the undersigned, understand and agree to abide by all policies of the Decatur-Decalb YMCA:

(Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

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



**College Heights Early Childhood Learning Center  
"PARENT FINANCIAL AGREEMENT"**

1. Payments are due Friday before services are rendered. A \$10.00 late fee will be added if the tuition is not paid after Monday. No more than two days of service can be provided without payment of tuition.
2. If your child is absent for one (1) full week, you must pay the full week's tuition in an advance to reserve their space. If your child is absent for more than two days without payment or notice, that space will be filled without prior notice.
3. Attendance of three (3) days constitutes a full week's tuition payment. Attendance of two days or less due to illness or emergencies will not be discounted.
4. Children cannot be picked-up no later than 6:00 p.m. If a child is picked up after closing, a \$1.00 per minute charge will be paid before the child can return to the program the following business day. If a child's remain on the premises longer than thirty minutes after closing, DFCS will be notified of the neglect.
5. A two week's written notice must be provided before withdrawing a child. All parents will receive an exit interview to determine if their child's needs were met.
6. If we receive a return check, a \$37 return check fee will be charged. If we receive more than one (1) return check, future payments must be in the form of a money order.

Please sign below:

I, the undersigned, understand and agree to abide by all policies of the College Heights ECLC/Decatur-Dekalb YMCA Preschool Program:

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Daytime Contact#

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Note: A copy of this agreement will be kept on file

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## **College Heights Early Childhood Learning Center Infant Care Agreement**

1. The infant must be at least six (6) weeks of age before attending the center.
2. There must be an Infant Feeding Form on file before the first day of attendance. This form must be updated as needed. The feeding times cannot be altered unless we receive a written notice from the parents specifying the reason.
3. The parents must provide - Disposable diapers, Baby Wipes, Bibs, Baby food, Formula in bottles labeled with the child's name and dated. It is very important that we have a complete change of clothes in case of accidents.
4. Parents of toddlers shall provide pull-ups and disposable wipes until the child is fully trained.

# College Heights Early Childhood Learning Center Infant Feeding Plan

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

Birthday \_\_\_\_\_

Does the child take a bottle?            Yes  No

Is the bottle warmed?                 Yes  No

Does the child hold own bottle?        Yes  No

Can the child feed self?                Yes  No

Does the child eat:

Strained Foods       Whole Milk   

Baby Foods          Table Foods  

Formula              Other          

What type formula used? \_\_\_\_\_

Amount of formula to be given? \_\_\_\_\_

Updated amounts of formula: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

Does the child take a pacifier? Yes  No   
 When? \_\_\_\_\_

Food likes \_\_\_\_\_ Food dislikes \_\_\_\_\_

Allergies (which includes any premixed formula)? \_\_\_\_\_

Child's Schedule Breakfast	Approximate Time	Types and approximate amounts of food
Lunch	Approximate Time	Types and approximate amounts of food
Dinner	Approximate Time	Types and approximate amounts of food
Morning Nap	Approximate Time	
Afternoon Nap	Approximate Time	

Instructions for the introduction of solid foods \_\_\_\_\_

Any updated instructions regarding adding new foods or other dietary changes please list as needed  
 \_\_\_\_\_  
 \_\_\_\_\_

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

*Metro Atlanta YMCA*  
**College Heights Early Childhood Learning Center**  
**KEEPING KIDS SAFE**

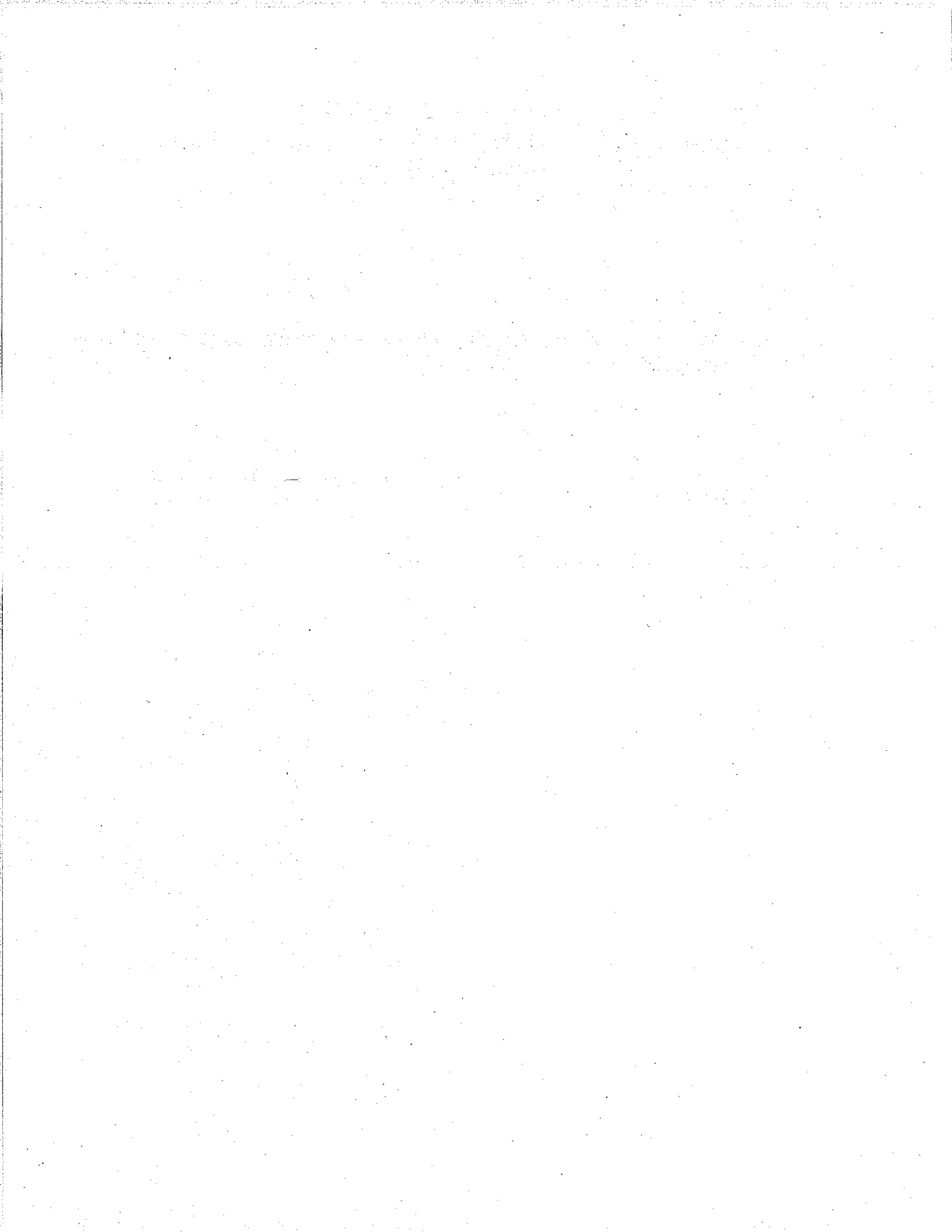
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I acknowledge that I have read the YMCA's policy regarding Keeping Kids Safe and fully understand.

---

Parent's Signature

Date



**College Heights Early Childhood Learning Center  
VEHICLE EMERGENCY MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Persons to notify in case of emergency (if parents can't be reached):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility of family \_\_\_\_\_

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

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

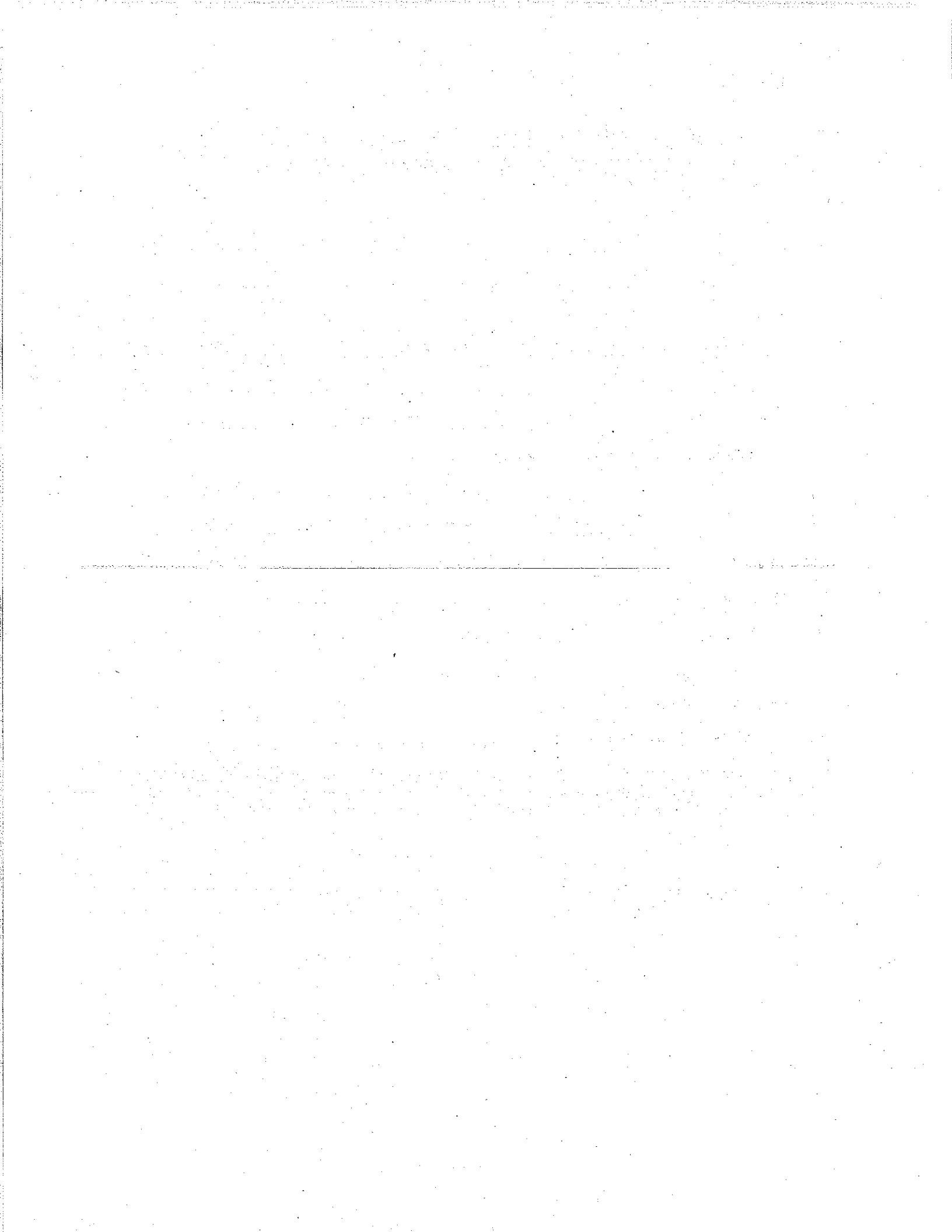
Current prescribed medicine \_\_\_\_\_

Child's special medical needs/conditions \_\_\_\_\_

In the event of an emergency involving my child, and if College Heights Early Childhood Learning Center/Decatur-Dekalb YMCA Preschool Program cannot get in touch with me, I hereby authorize emergency medical care. I further agree to be fully responsible for all medical expenses incurred during treatment of my child.

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





# College Heights Early Childhood Learning Center

## PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

1. The College Heights Early Childhood Learning Center/Decatur-Decalb YMCA Preschool Program agrees to provide day care for \_\_\_\_\_

Name child is called \_\_\_\_\_  
On Monday - Friday \_\_\_\_\_ 7:00 a.m. to \_\_\_\_\_ 6:00 p.m.  
Days of week  
from January to December  
Month month

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast; morning snack; lunch; afternoon snack; evening meal; bedtime snack.

2. Before any medication is dispensed to my child. I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the 'parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. The College Heights ECLC— agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for College Heights Early Childhood Learning Center/Decatur-Decalb YMCA Preschool Program:  
Name of facility \_\_\_\_\_

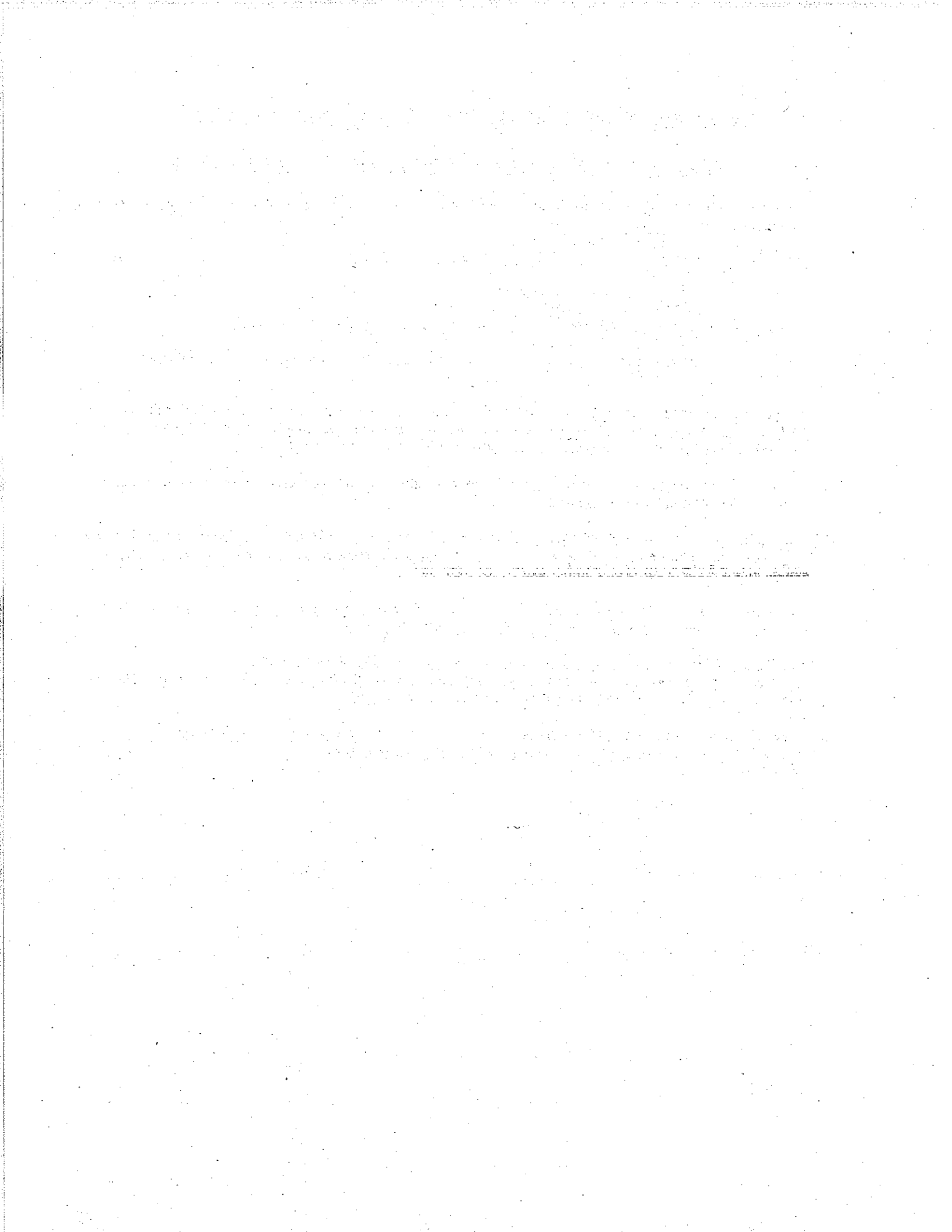
Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Signature (Facility Administrator) \_\_\_\_\_

Date \_\_\_\_\_







**METRO ATLANTA YMCA  
RELEASE, INFORMED CONSENT & WAIVER AGREEMENT FOR  
MEMBERS, GUESTS AND PROGRAM PARTICIPANTS**

**OUR PROMISE TO YOU**

The Metro Atlanta YMCA endeavors to provide a safe environment and programs for you, your family and guests. The YMCA provides exciting, life-changing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions.

**FOR YOUR HEALTH**

- I understand I am engaging voluntarily in YMCA exercise, physical activity and/or recreational programs.
- It is my responsibility to monitor my own condition throughout any activity or program and, should any unusual symptoms occur, I will cease my participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to my participation in a physical activity program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any program. I agree to assume the natural risks associated with exercise and physical activity.

**FOR YOUR SECURITY**

- I understand the YMCA parking lot and locker rooms are provided for members' and guests' convenience while using the facility. The YMCA is not responsible for vandalism, break-ins or thefts of personal property. I understand the YMCA recommends that valuables should not be brought onto the premises. I agree to report any suspicious activity immediately to the YMCA.

**REGARDING YOUR CONDUCT**

- I will not bring weapons, controlled substances or alcohol on YMCA premises.
- I understand that use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing YMCA members' ability to enjoy their membership or YMCA staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with YMCA values, and may result in the termination of my membership.

**YOUR CONSENT AND RELEASE**

- I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes. X \_\_\_\_\_ (Initial to decline)
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

Signature

Name (Please Print)

Date

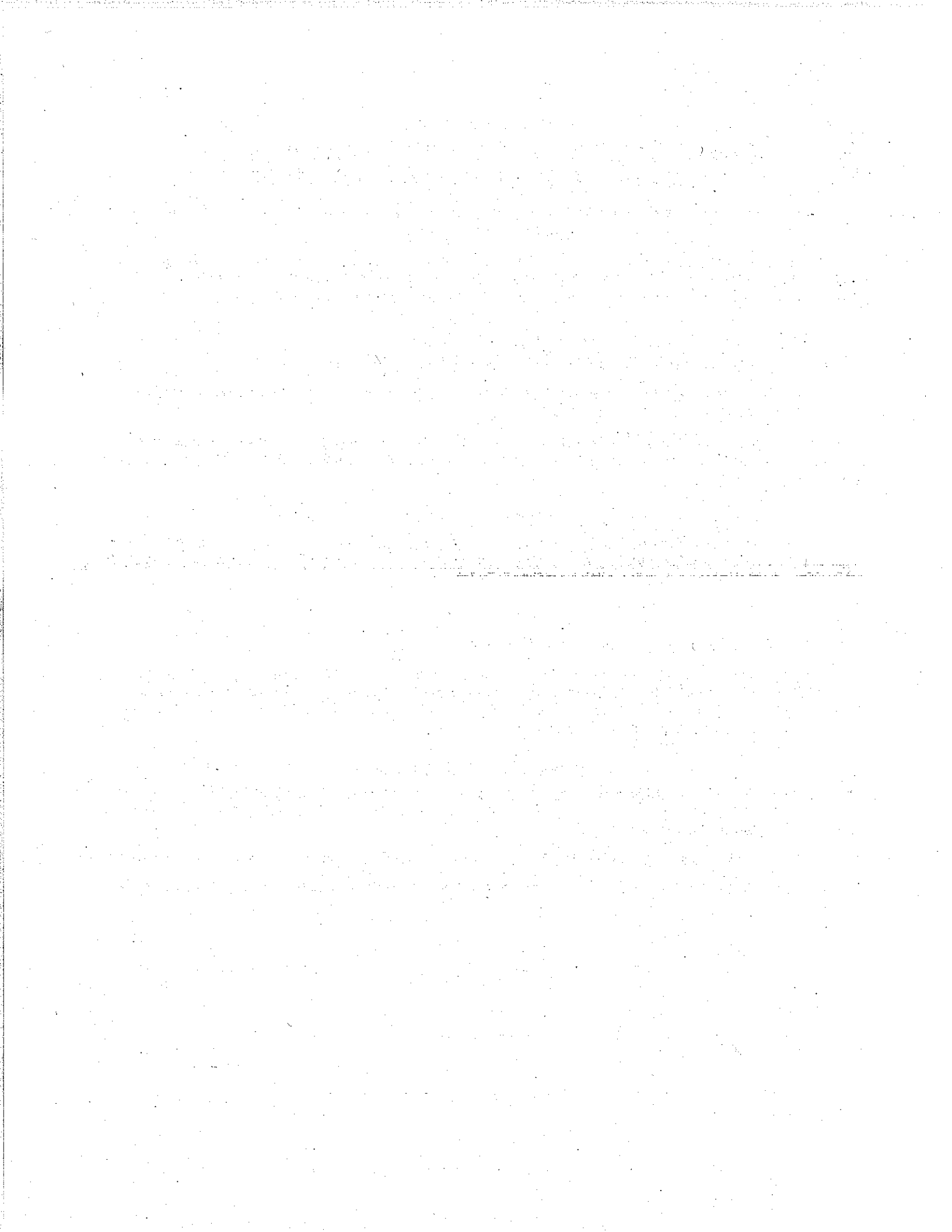
Spouse (if family membership)

Date

Name(s) of Child/Children

Parent/Guardian

Date



## NAEYC Statement of Commitment

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will:

- Never harm children
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.

Honor the ideals and principles of the NAEYC Code of Ethical Conduct

1 Culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.

2 There is not necessarily a corresponding principle for each ideal.

3 The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

4 This Statement of Commitment is not part of the Code but is a personal acknowledgement of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession. This statement may be purchased as a brochure, and the Statement of Commitment is available as a poster suitable for framing. See our catalog for ordering information.



**College Heights Early Childhood Learning Center**

I acknowledge that I have read the NAEYC Statement of Commitment for the staff at College Heights Early Childhood Learning Center and fully understand.

---

Parent's Signature

Date

Teacher \_\_\_\_\_

Year: 2007-2008

### College Heights Early Childhood Learning Center

### Health Information Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

Parent/Guardian \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Individual authorized to have access to health information if parent unable to be contacted:  
Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child does not have a doctor, would you like help finding a doctor? \_\_\_\_ Yes \_\_\_\_ No

Insurance Carrier \_\_\_\_\_ Medicaid/Peachcare \_\_\_\_\_ Policy Number \_\_\_\_\_

#### MEDICAL HISTORY

Please check any condition that your child has/had:

Illness/Conditions \_\_\_\_\_ None

- ADD/ADHD
- Asthma If yes, complete Asthma Care Plan
- Diabetes If yes, complete Diabetes Care Plan
- Depression
- Fainting Spells
- Headaches
- Heart Problems
- Kidney/Bladder Problems
- Skin Rashes
- Seizures If yes, complete Seizure Care Plan
- Sickle Cell Anemia
- Other

#### Routine Prescription Medications

Complete Medication Release Form if given @ school

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

Is there anything else you'd like your School Nurse to know regarding the care and treatment of your child? Include on back.

Allergies \_\_\_\_\_ If yes, complete Allergy Plan. None \_\_\_\_\_

- Drugs \_\_\_\_\_
  - Food \_\_\_\_\_
  - Bee/insects \_\_\_\_\_ If yes, what type of reaction occurs? \_\_\_\_\_
- Will your child need an EpiPen at school? \_\_\_\_ Yes \_\_\_\_ No If yes, must provide with allergy plan.

I give consent for the School Health Program nurse to discuss medical information with my child's Health Care Provider.  
\_\_\_\_ Yes \_\_\_\_ No

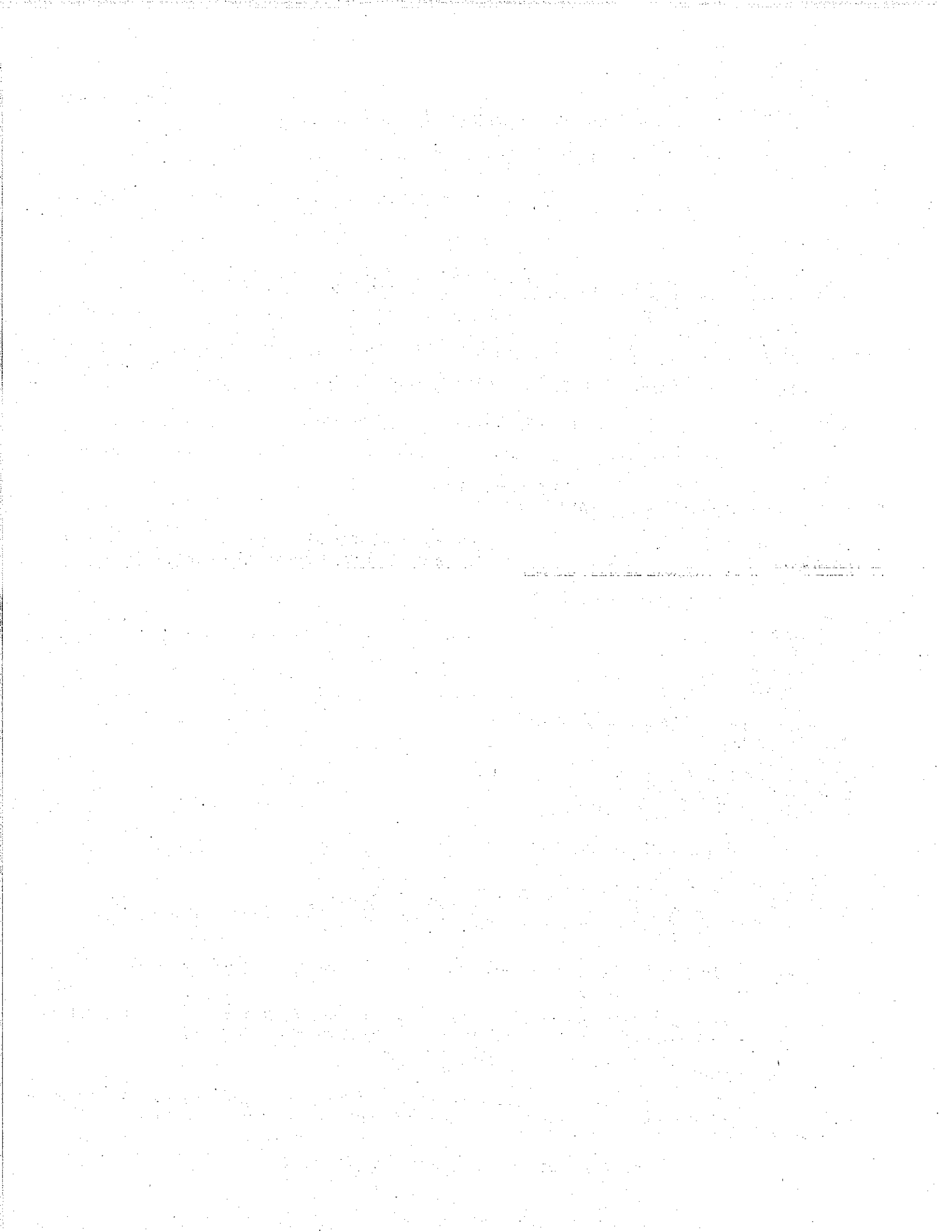
In case of serious injury/illness, the school shall telephone the local Medical Emergency Unit (911) for immediate transport to hospital emergency room. Fees for transportation and medical services will be the responsibility of the parent/guardian.

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

Date \_\_\_\_\_

This form is distributed by the School Health Program at CHECLC. It is important we have accurate and updated medical information to address your child's health needs. Please return this form to the school nurse's office. Please contact us at (404) 370-4480, if you have questions or concerns.

ALL HEALTH INFORMATION IS KEPT CONFIDENTIAL





College Heights Early Childhood Learning Center

### Roster Information Form

Please Print Clearly-Use name from birth certificate

<b>Last Name</b>	<b>First</b>	<b>Middle Initial</b>	
<b>Date of Birth (M/D/Y)</b>		<b>Gender</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Date enrolled in 0-3 program  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

1. Please check the race/ethnicity of your child:

- Asian or Pacific Islander
- African-American
- Hispanic/Latino
- Native American
- White
- Multi-racial

2. What is your child's primary language?

- English
- Spanish
- A language other than English (Please specify) \_\_\_\_\_

Emergency Contact Person

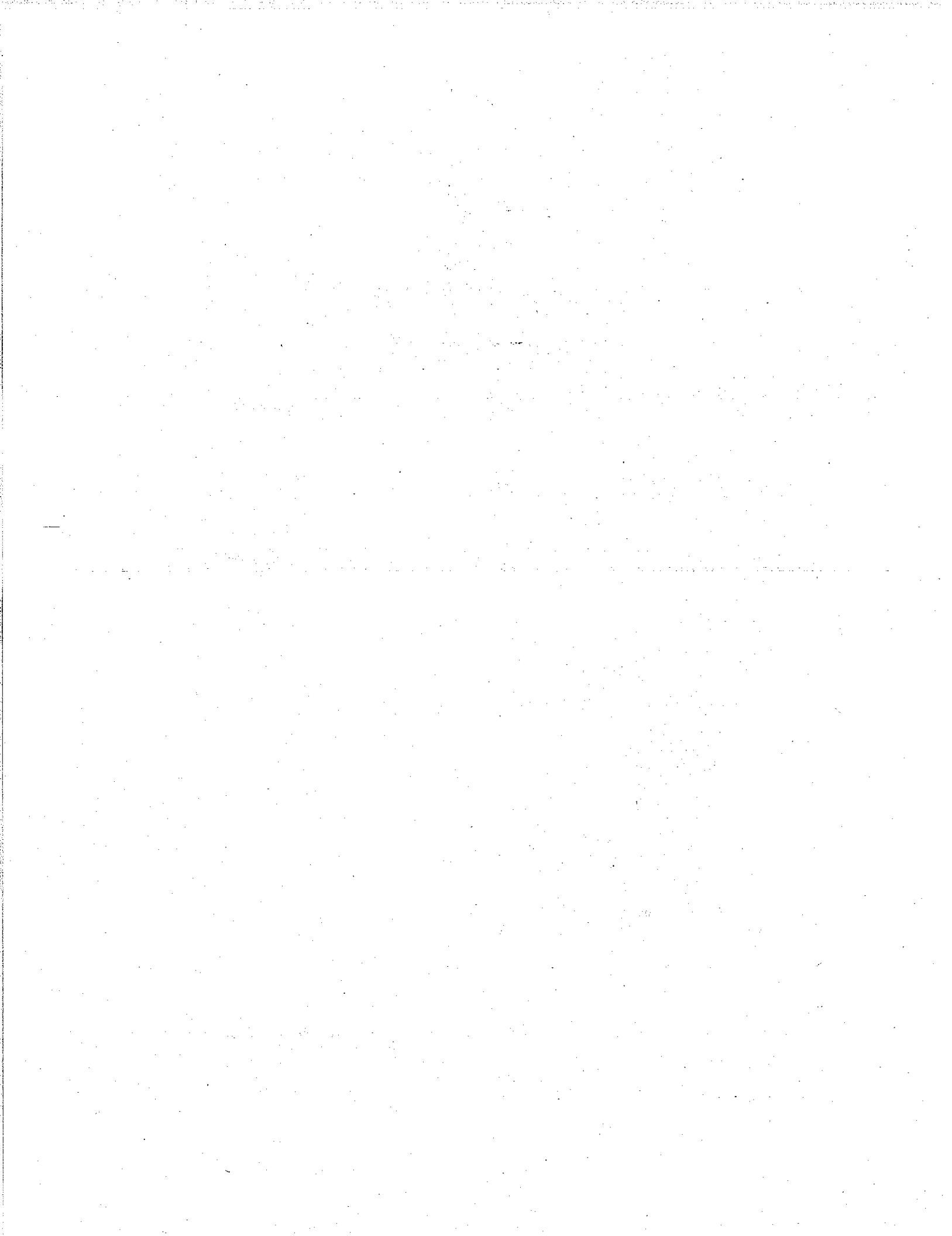
(1) \_\_\_\_\_

(2) \_\_\_\_\_

Parent/Guardian Signature

Date

E-MAIL ADDRESS





## Authorization to Dispense External Preparations

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

I hereby give designated school personnel permission to apply one or more of the following products, in accordance with directions on the container (check all that apply).

\_\_\_\_\_ Sunscreen/sunblock with UVB and UVA protection of SPF 15 or higher

\_\_\_\_\_ Insect repellent containing DEET for children over 2 months no more than once a day when necessary

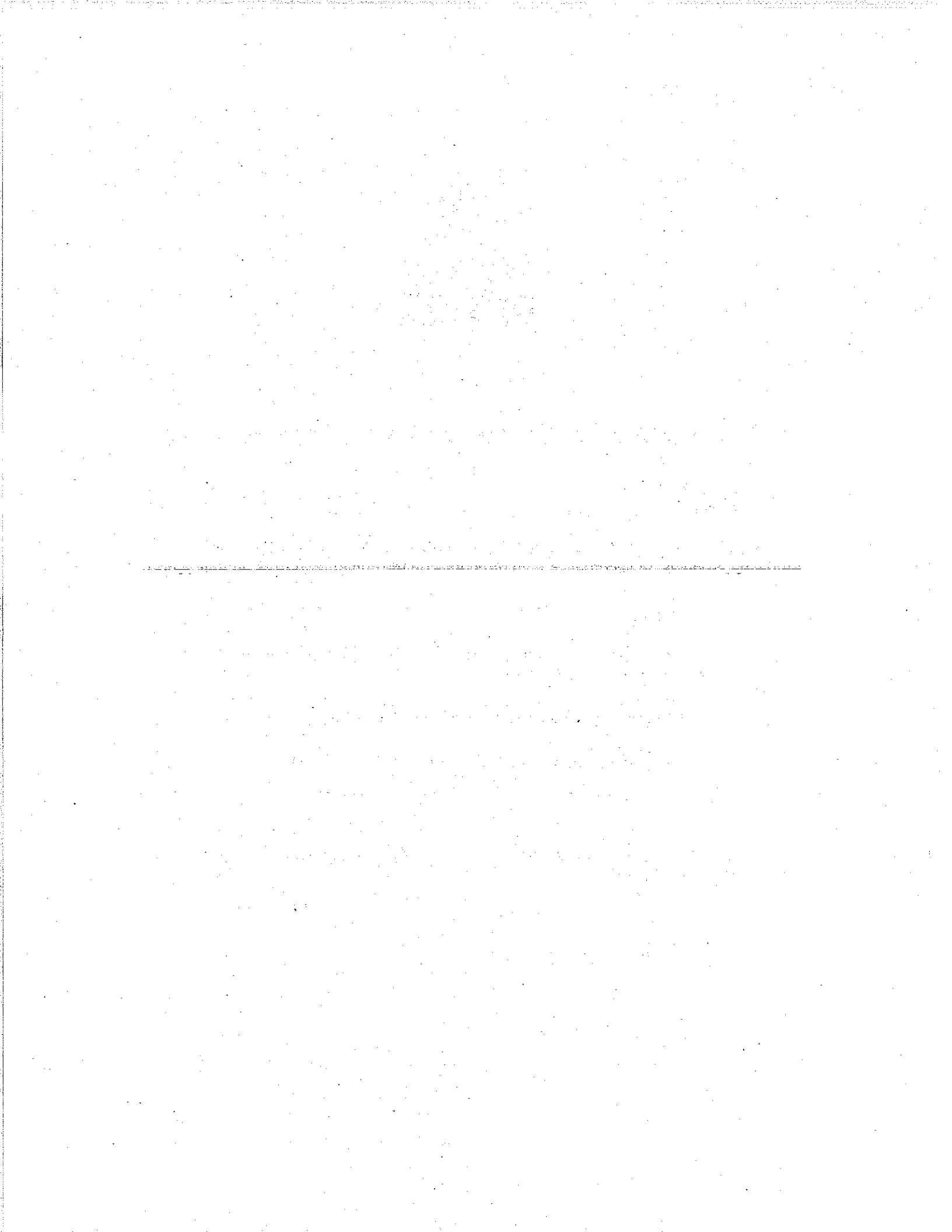
\_\_\_\_\_ Non-prescription ointment (A&D, Desitin, Vaseline)

\_\_\_\_\_ Neosporin or similar antibiotic ointment

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

\_\_\_\_\_  
Date



## CHILD HEALTH ASSESSMENT

Parents & Child Care Providers fill-in this part.

CHILD'S NAME (LAST)	(FIRST)	PARENT/GUARDIAN
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

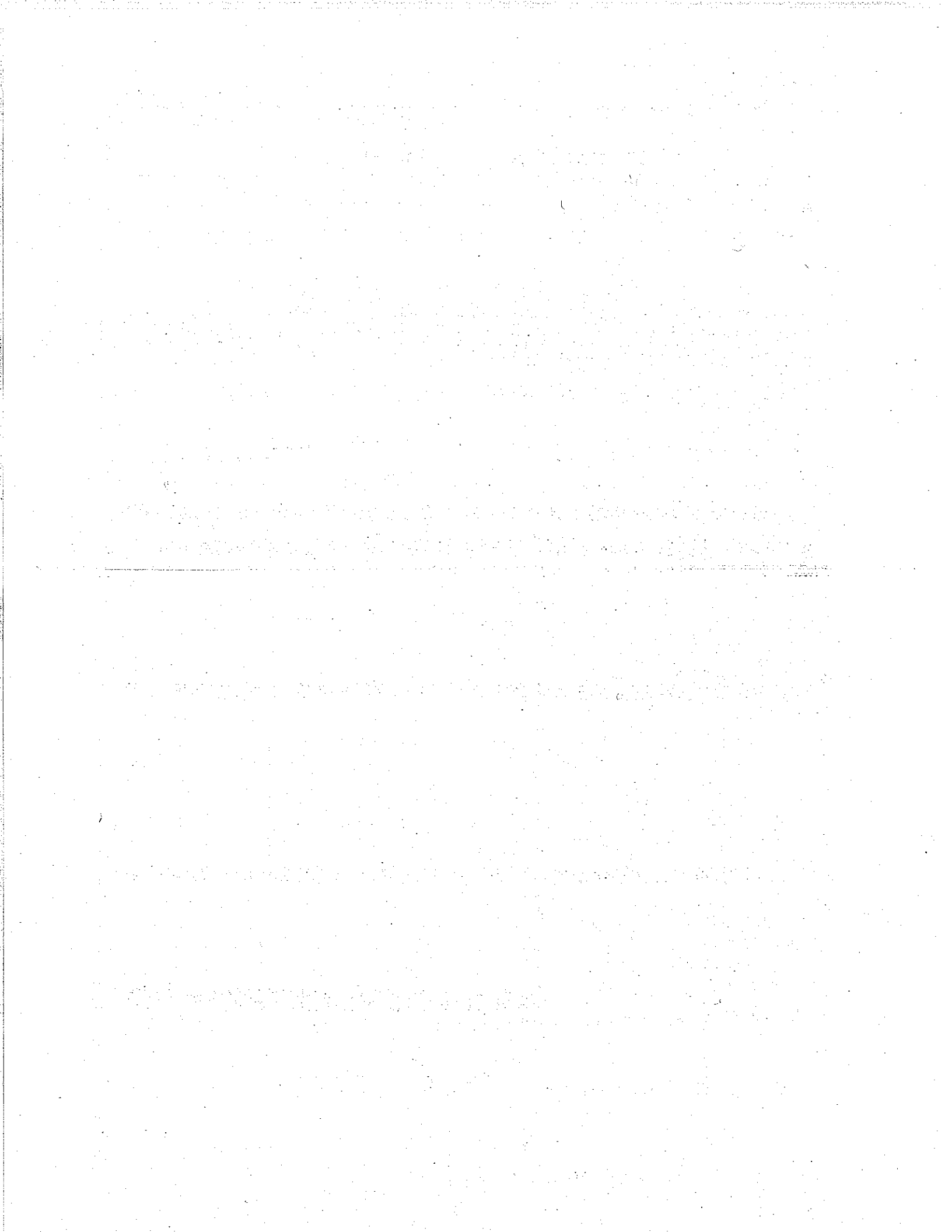
*To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.*

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam: _____
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

Parents may write immunization dates, health professionals should verify and complete all data.

LENGTH	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE		
IN/CM % ILE	LB/KG % ILE	IN/CM % ILE	(BEGINNING AT AGE 3)		
PHYSICAL EXAMINATION		NORMAL			
		IF ABNORMAL, COMMENTS			
HEAD/EARS/EYES/NOSE/THROAT					
TEETH					
CARDIORESPIRATORY					
ABDOMEN/GI					
GENITALIA/BREASTS					
EXTREMITIES/JOINTS/BACK/CHEST					
SKIN/LYMPH NODES					
NEUROLOGIC & DEVELOPMENTAL					
IMMUNIZATION	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td					
POLIO					
HIB					
HEP B					
MMR					
VARICELLA					
PNEUMOCOCCAL					
OTHER					
SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL			
LEAD					
ANEMIA (HGB/HCT)					
URINALYSIS (UA) (at age 5)					
HEARING (subjective until age 4)					
VISION (subjective until age 3)					
PROFESSIONAL DENTAL EXAM					
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE					(ATTACH ADDITIONAL SHEETS IF NECESSARY)
<input type="checkbox"/> NONE					NEXT APPOINTMENT - MONTH/YEAR:
MEDICAL CARE PROVIDER: SIGNATURE OF PHYSICIAN OR CPNP:			SIGNATURE OF PHYSICIAN OR CPNP:		
ADDRESS:					
	PHONE	LICENSE NUMBER:	DATE FORM SIGNED:		





## College Heights Early Childhood Learning Center PTA

Please become a member today. Not only will your involvement better the school, but you receive countless benefits from joining.

**Your Membership of only \$5.00 (tax deductible) includes:**

**Georgia PTA Member Benefit Providers:**

*Alliance Theatre* offers a 20% discount on tickets for some events.

*Atlanta History Center* offers a 10% discount off any level of annual membership

*Atlanta Spirit* (Atlanta Hawks, Atlanta Thrashers and Philips Arena) offers event related discounts.

*Chattahoochee Nature Center* offers PTA members a 10% discount off a family membership.

*Fernbank* offers PTA members a 10% discount off any level of membership when you present your PTA membership card.

*HoneyBaked Ham Company* offers delicious membership incentives. PTA Members receive a 10% discount when you present your membership card.

Also, visit the National PTA website for information on their membership providers

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**PTA MEMBERSHIP \$5.00**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

