



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATES

Aug. 5, 2019-May 20, 2020

SESSIONS

Preschool: 2 year olds

Tues./Thurs. AM Only

Facility Member: \$27/week

Program Member: \$42/week

Preschool: 3 year olds

Mon./Wed./Fri.

AM & PM Options

Facility Member: \$38/week

Program Member: \$53/week

Kindergarten Prep: 3 day

Mon./Wed./Fri.

AM & PM Options

Facility Member: \$38/week

Program Member: \$53/week

Kindergarten Prep: 5 day

Mondays-Fridays

PM Only

Facility Member: \$60/week

Program Member: \$75/week

AM Session 8:30am-11:30am

PM Session 12:30pm-3:30pm

For more information contact:

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Lead Teacher

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Ashley Schmidt

Program Director

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YMCA OF GREATER LOUISVILLE FLOYD COUNTY BRANCH

33 State Street

New Albany, IN 47150

812.206.0688

ymcalouisville.org

BUILDING A BRIGHT FUTURE

Preschool and Kindergarten Prep 2019-2020 FLOYD COUNTY BRANCH

Does your preschooler love to play, have a creative imagination and a yearning for learning? Would you like for your preschooler to experience this in a nurturing and caring environment?

Every day will be filled with learning, interaction and fun! Each month will have a theme in which the students will be given opportunities to discover and explore different aspects of the chosen theme. Alongside of the themes, educational building blocks will be introduced in order to create a strong learning foundation for the future.

REQUIREMENTS

Preschool: 2 year olds

• Must be 2 by Aug. 1 and working on potty training. Pull-ups allowed, but **NO diapers**.

Preschool: 3 year olds

• Must be 3 by Aug. 1 and potty trained.

• **NO Pull-ups** allowed.

Kindergarten Prep: 4 year olds

• Must be 4 by Aug. 1 and potty trained.

• **NO Pull-ups** allowed.

EXPECTED ENROLLMENT

Preschool: 2 year olds: 13

Preschool: 3 year olds:

AM=15, PM=15

Kindergarten Prep: 4 year olds:

AM= 15, PM= 15

NOTE

- A \$25 registration fee will hold your spot for the school year.
- Late fees of \$1 per minute will be accumulated when parent picks up child after ending time.
- Parents should give written notice of child's withdrawal (refund not given).
- Additional fees for field trips may apply.
- Financial assistance is available for those who qualify. No RVR accepted.

CURRICULUM

- Colors, shapes, numbers and letters are taught throughout
- Children's birthdays Celebrated.
- Field trip, guest speaker or special event monthly
- Swimming in the YMCA Aquatic Center monthly
- Arts and crafts, science, math and music weekly
- Daily language arts
- Walking trip to New Albany Public Library monthly



2019
2020

FLOYD COUNTY BRANCH
Preschool and Kindergarten Prep Registration Form

Please type or print legibly.
Register online at ymcalouisville.org.

Student Information

First Name: _____ Middle: _____ Last: _____ Birthdate: _____
Gender: M F Age: _____ Hair Color: _____ Eye Color: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Does your child have any medical/behavior conditions that could limit their activity?: _____

Allergies: _____
Need to know: _____
My child has received age-appropriate immunizations. Yes No
Date child had chickenpox vaccine: _____
Preschool: 2 yr old 3 yr old-AM 3 yr old-PM Kinder Prep- AM 3 day Kinder Prep- PM 3 day Kinder Prep- PM 5 day

1st Parent/Guardian Information

Name: _____
Street Address: _____
City, State Zip: _____
Relationship to Child: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

2nd Parent/Guardian Information

Name: _____
Street Address: _____
City, State Zip: _____
Relationship to Child: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____
Email: _____

Additional Adult Authorized for Pick-Up

Name: _____
Relationship to Child: _____
Day Phone: _____
Cell Phone: _____

Additional Adult Authorized for Pick-Up

Name: _____
Relationship to Child: _____
Day Phone: _____
Cell Phone: _____

Additional Adult Authorized for Pick-Up

Name: _____
Relationship to Child: _____
Day Phone: _____
Cell Phone: _____

Additional Adult Authorized for Pick-Up

Name: _____
Relationship to Child: _____
Day Phone: _____
Cell Phone: _____

Payment Information

You must choose one option below to process your registration.

Drafts will occur each Friday for the following week unless otherwise scheduled through our main office.
 I am currently on draft. Please use the account on file ending in _____. Authorized account holder signature: _____
 Full payment attached. (Check or money order only).
 I am authorizing a NEW bank draft from my checking account and I have attached a voided check.
Credit Card Type: Visa MasterCard Discover
Name on card: _____ Authorized cc signature: _____
Card number: _____ Expiration date: _____
Billing street address: _____ Billing zip code: _____

WAIVER AGREEMENT

I have the legal authority to sign up the child/children named on this form and to the best of my knowledge; the information on this application form is complete and accurate. I further understand that this is an application and the named child/children's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s). I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. This health history is correct as far as I know, and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian.

I also give permission for my child to be photographed and use of photos for any promotional purposes of the YMCA of Greater Louisville.

Yes, I give permission for my child to be photographed. No, I do not give permission for my child to be photographed.

Signature: _____ Today's Date: _____