



YMCA Preschool Centre Parent's Handout

INFORMATION FOR PARENTS

Welcome to "our fun and friendly centre for learning." The YMCA offers a comprehensive program for young children five mornings a week. Included in the schedule are: free play, daily gym sessions, nutritious snacks, art, "fun with French", stories, music, circle time, outings, special guests, and more.

Doors to the centre open at 8:30 am and the program runs until 12:00pm. The centre is open to children ages 3 to 5 and who are also toilet trained.

Please complete the registration forms and the health questions. Both forms must be prepared prior to your child's enrolment and should be in our files by the child's first day of preschool. This is a legal requirement put forth by the Provincial Department of Community Services.

WHAT TO BRING

Comfortable play clothes and running shoes are necessary since our curriculum includes gym and quite often, messy art activities. We have several smocks at the centre for art but children may bring their own.

We ask that personal toys be left at home. They are often forgotten or become mixed in with preschool things. Following the holiday season in December, we usually allow a "show a toy" day for favourite items.

Parents are reminded to SIGN IN and OUT each day. This list provides an exact head count at any given time and becomes doubly important during fire drills. The name of the child, the time of arrival, driver's signature, the time of departure, as well as sign out signature is included here. This is kept in the hall just outside the preschool door.

The parent's corner provides daily information about up-coming events, special activities and other notices pertaining to your child's schedule at the centre. This information changes regularly so please take a glance every now and again to keep up to date.

CANCELLATION POLICY

When CANCELLING ENROLLMENT at the centre, please inform teachers. We ask for at least two weeks notice. Charges are continuous if no notice is given. Please inform teachers when your child is ill or on vacation. If your child is absent for more than 3 weeks in a row without notification, the spot is made available to another child on the waiting list. Sick days and/or personal vacation days are not deducted from regular monthly fees.

PAYMENTS

Post-dated payments must accompany registration. We accept post-dated cheques, visa, or mastercards. We will also accept cash for the total amount due. Please contact the accounting office for a payment schedule.

HOLIDAY CLOSING

The centre follows APPROXIMATELY the same holiday schedule as public schools including Thanksgiving, Remembrance Day, Good Friday, etc. Notices will be posted in the Parent information area or simply ask the staff. Our family newsletters usually have such information as well.

STORM DAYS

Families do not pay for storm days if the preschool is closed. The preschool does not necessarily close if public schools are closed. Often the PUBLIC SCHOOL AUTHORITY cancels classes due to bus transportation difficulties and or walking conditions for the school children. Cancellation notice for preschool will be announced on the radio, or you may simply phone the "Y".

PRESCHOOL STAFF

The Preschool staff members are highly qualified (college and university educated), and have many years of experience in the field. Skills are upgraded on a regular basis. Renewal of First Aid Certification is required every few years.

HEALTH ISSUES

"A child must be well enough to participate fully in the daily program, including gym play." (Department of Health – Dr. Robert Strang Med. Officer of Health)

*Parents are asked to call in the morning when their child is absent due to illness.

*Report any symptoms that may be an indication of a communicable disease.

EXCLUSION SYMPTOMS

If your child exhibits the following symptoms he/she should be kept at home:

- *Fever
- *Diarrhea
- *Vomiting
- *Persistent cough
- *Breathing difficulty
- *Rash with fever

Our staff does a casual health check of children attending preschool as required by NOVA SCOTIA DEPARTMENT OF HEALTH.

YMCA OF Cape Breton and your privacy – IMPORTANT – PLEASE READ & TAKE ACTION

At the YMCA of Cape Breton, we respect your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the YMCA of Cape Breton, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at 562-9622 or by email at andre@cbymca.com, and we will gladly accommodate your request.

WAIVER

I hereby give the YMCA of Cape Breton permission to publish information regarding my experience with the YMCA and to use my (or my children's) photograph for purposes of promoting the YMCA of Cape Breton. I understand this likeness will not be sold or used in ways that are not in observance with the YMCA beliefs and values.

Signed: _____ Date: _____

Print: _____ Child's Name: _____

PRESCHOOL REGISTRATION FORM

Page 1

To be filled out by parent or legal guardian!

Date of admission: _____ Date of withdrawal: _____

Name of child: _____ Date of birth: _____

Nickname: _____

Home address: _____ Home Phone: _____

Mailing address: _____ Postal Code: _____

Mother's name: _____ Work Phone: _____

Father's name: _____ Work Phone: _____

Prov. Health Card # : _____

Adult to be reached if you cannot be contacted:

Name: _____ Phone: _____

Who other than the child's parents, has permission to pick the child up from the centre?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Note: I am willing for my child, _____, to go on outside expeditions with adequate adult supervision.

Signature of parent(s) or guardian(s) _____

Note: I am willing for my child, _____, to have medical attention and be taken to the hospital in the case of an emergency if I/we cannot be reached.

Signature of parent(s) or guardian(s) _____

IMMUNIZATION RECORDS

Dates:

DTP _____

HIB _____

MMR _____

TdP _____

IB _____

OTHER _____

Family Doctor: _____

Phone: _____

Please provide dates (as required by Dept. of Community Services) or provide actual schedule. (available from Public Health Services)

Background Information:

Please list the other children in the household. First name (last name only if different)

- 1. _____ Age _____ 3. _____ Age _____
- 2. _____ Age _____ 4. _____ Age _____

Language(s) spoken at home: _____

Has your child been in a child care arrangement before? Yes ___ No ___

If your child has been cared for by family members or others (i.e. a neighbour), please describe the child's experience:



If your child has had group play experience, please describe how often your child attended, how long and your child's experiences: _____



Health and Developmental History:

Describe any difficulties or serious illnesses at birth, if any:



Describe your child's general health (i.e. recurrent colds, ear infections, stomach-aches, etc.)



Are there presently any serious medical problems? Yes ___ No___

If your child is taking any medication, what medication and what is it for:



Has your child ever been to a dentist? Yes ___ No ___

Does your child have any dental problems?



Describe how your child communicates:



How would you describe your child's emotional, physical, and social growth, and development to this point:



Describe your child's diet (includes types of food and fluids he or she is now taking):

Fluids/Beverages: _____

Solids: _____

Food Allergies: _____

Does your child have any allergies to foods, medications, or contact allergies?

Yes ___ No ___

If yes, please list: _____

Is the allergy severe enough to require medication or emergency treatment?

Yes ___ No ___

If yes, describe in detail any medications required: _____

Has your child eaten peanut butter at home? Yes ___ No ___

Diet restrictions (cultural, religious): _____

Describe any particular concerns you have about your child's diet and/or eating habits:

Describe your child's sleeping habits and routine: _____

How frequently does your child have a bowel movement: _____

How far has your child progressed in toilet learning, if applicable: _____

Behaviour Patterns and Habits:

Describe your child's behaviour and habits (i.e. temperament, energy level):

Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including the times for naps, meals and play, interests, activities, etc.

Morning: _____

Afternoon: _____

Evening: _____

Describe your child's particular attachments (i.e. toy, blanket, pet, person) and any particular habits (i.e. Thumb-sucking, rocking):

Describe any particular fears your child has shown (i.e. to animals, loud noises, strangers):

Describe how your child reacts to stressful situations (i.e. Cries, withdraws, has tantrums, nightmares):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behaviour and setting limits:

Is there anything else that you would like to tell us about your child to help us provide good care?

Parent's signature: _____ Date: _____