



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**LINCOLN COUNTY  
YMCA**

**REGISTRATION  
PACKET**

# 2020-2021 Lincoln County YMCA Preschool Registration Packet

## GENERAL INFORMATION

Thank you for choosing the Lincoln County YMCA Preschool Program. The YMCA of Greater Charlotte Preschools help children ages 2 - 5 bloom, blossom and grow! We focus on developing the whole child – physically, emotionally, socially and academically in an age-appropriate early-learning environment. Our experienced early childhood educators provide a warm and secure atmosphere with five areas of focus to help kids meet and exceed developmental milestones: learning, life skills, healthy habits, socialization and fine & gross motor skills.

## REGISTRATION DATE

Preschool registrations are processed on a *first-come, first-served* basis.

**April 1<sup>st</sup>:** MEMBERS ONLY

**April 15<sup>th</sup>:** OPEN ENROLLMENT FOR THE PUBLIC

## REGISTRATION FEE

A **non-refundable and non-transferable registration fee** is required per child when registering for processing and curriculum materials.

\$75 MEMBER RATE

\$100 NON-MEMBER RATE

## PAYMENT, REFUNDS, & CANCELLATIONS POLICY

- Tuition is due the 15<sup>th</sup> of every month prior to the service (the first installment is due August 15<sup>th</sup>, and so on). An Administration fee in the amount of \$25 will be charged for each payment that is late or NSF.
- Withdrawal from the program requires a 15 day notice from the date of when the cancellation form is received. Cancellations *must* be in writing and given to the Member Services Desk at Lincoln County YMCA.
- As part of our **My Y Pricing** rate structure, adjusted program rates are available on an income basis. Both members and non-members must provide income verification at the member services desk in order to receive an adjusted program rate. Note: all program rate adjustments are subject to branch-specific, program-specific caps. Standard rates are set by each individual branch.

## REGISTRATION CHECKLIST

The following items must be submitted in order for your child to be registered for preschool:

- ◇ Copy of immunization records attached
- ◇ Signed and completed registration
- ◇ Payment in full for Registration and Supply Fees

To register, please bring the items listed above to the member service desk. If immunizations are on file then new copies are only necessary for new students.

Begin Date:

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## PROGRAM SELECTION

Please check your option for preschool:

(Prices reflect full tuition and will be divided into 9 equal installments contingent on the date of registration)

\_\_\_ Fantastic Fours (5 Day, this class meets M-F)

Members: \$190/Month Non-Members: \$247/Month

\_\_\_ Fantastic Fours (4 Day, this class meets M-Th)

Members: \$162/Month Non-Member: \$209/Month

\_\_\_ Terrific Threes (3 Day, this class meets M, W, F)

Member: \$121/Month Non-Member \$154/Month

\_\_\_ Toddling Two's (2 Day, this class meets T & TH)

Member: \$96/Month Non-Member \$120/Month

**SELECT YOUR LOCATION:**

- |  |  |   |   |
|--|--|---|---|
| <input type="radio"/> Ballantyne Arts Center | <input type="radio"/> Johnston YMCA    | <input type="radio"/> Lincoln County YMCA | <input type="radio"/> Sally's YMCA      |
| <input type="radio"/> Brace Family YMCA      | <input type="radio"/> Keith YMCA       | <input type="radio"/> Lowe's YMCA         | <input type="radio"/> Steele Creek YMCA |
| <input type="radio"/> Harris YMCA            | <input type="radio"/> Lake Norman YMCA | <input type="radio"/> Morrison YMCA       |   |

## PRESCHOOL PARTICIPANT INFORMATION: **2020-2021**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

**Email and text messaging are our preferred forms of communication.  
All communications should be sent to:**

Primary Email: \_\_\_\_\_

Primary Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

You can list additional emergency contacts and authorized pick-ups, as well as update health information for your child throughout the year by visiting your online account or our Sales & Service team.

1. Parent/Guardian (primary) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone 1: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Phone 2: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Email: \_\_\_\_\_

2. Parent/Guardian (primary) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone 1: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Phone 2: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Email: \_\_\_\_\_

You will receive a welcome email prior to the start of preschool. It will outline important details, including what to bring and who to contact if you have any questions for our preschool team.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**EMERGENCY CONTACTS CONTINUED**

5. Emergency Contact \_\_\_\_\_

Can Pick-up child :  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Phone 2: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

6. Emergency Contact \_\_\_\_\_

Can Pick-up child :  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

Phone 2: \_\_\_\_\_  
(CIRCLE ONE: HOME WORK CELL)

**PARTICIPANT INFO/MEDICAL INFORMATION:**

Health Insurance Carrier: \_\_\_\_\_ Health Insurance Group#: \_\_\_\_\_

**INSURANCE AND MEDICAL INFORMATION:**

Is participant covered by insurance:  Yes  No

**PREFERRED PROVIDER:**

Primary Physician (First/Last Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

My child is exempt from required immunizations due to medical or religious reasons.

**IMMUNIZATION DATES**

Date of last DTP (Diaphtheria, Pertussis, Tetanus) \_\_\_\_\_

Date of last MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Date of last Hib (Haemophilus influenza type b) \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

Date of last Polio \_\_\_\_\_

Date of last Hep B (Hepatitis B) \_\_\_\_\_

Date of last Varicella (Chickenpox) \_\_\_\_\_

**Is the Member/Participant currently taking prescription/over the counter medications?**  Yes  No

List Medication/Dosage/Purpose: \_\_\_\_\_

**Any condition requiring special care?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Has the Member/Participant had surgeries, illnesses, or any severe injuries?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program:** \_\_\_\_\_

**Does the Member/Participant have allergies?**  Yes  No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: \_\_\_\_\_

**Does the Member/Participant have dietary restrictions?**  Yes  No

Explain dietary restrictions: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**YMCA of Greater Charlotte  
Release of Waiver of Liability And Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

**I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.**

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Additional Agreement  
(Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# LINCOLN COUNTY YMCA PRESCHOOL FINANCIAL POLICIES

## Parent/Guardian Acknowledgements

----- **Payment Schedule and Automatic Payment Options:** I understand that tuition is due based off the *payment schedule* below. Tuition installments will be drafted automatically by credit card only or paid in full. Payments not made by the 15th of each month are subject to a \$25 late payment fee. If payment is not received 10 days after the due date listed, service is subject to cancellation.

----- **Changes or Withdrawals:** I understand any changes or withdrawal to my child's preschool program must be made in writing with a 15-day notice to submit to our Sales and Service desk.

----- **Registration Fee:** I understand that a nonrefundable, nontransferable registration fee (\$75/\$100) is due at the time of registration. This fee is charged per child for registration processing and curriculum materials.

----- **Full Days:** I understand that monthly tuition DOES NOT include any LCS teacher workdays or holidays.

----- **Late Pick up fees:** We will grant a five-minute grace period for late pick-ups beginning at 1:05pm. After the grace period, a \$1.00 per minute fee is assessed and payment is expected upon arrival.

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

Date: \_\_\_\_\_

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### PAYMENT SCHEDULE

	Due By	Subject to Cancellation On
Registration Fee	At time of registration	n/a
1 <sup>st</sup> installment	August 15, 2020	August 25, 2020
2 <sup>nd</sup> installment	September 15, 2020	September 25, 2020
3 <sup>rd</sup> installment	October 15, 2020	October 25, 2020
4 <sup>th</sup> installment	November 15, 2020	November 25, 2020
5 <sup>th</sup> installment	December 15, 2020	December 25, 2020
6 <sup>th</sup> installment	January 15, 2021	January 25, 2021
7 <sup>th</sup> installment	February 15, 2021	February 25, 2021
8 <sup>th</sup> installment	March 15, 2021	March 25, 2021
9 <sup>th</sup> installment	April 15, 2021	April 25, 2021