EARLY CHILDHOOD EDUCATION
YMCA of Northern Utah
Weber & Davis County

2019
2020

CONTACT US
801-839-3385
ymcautah.org
weberfamily@ymcautah.org
575 Lockwood Drive,
Ogden, UT 84404
Welcome to All

Community Family Center
575 Lockwood Drive

Half-Day Preschool Program
Monday—Friday 8:15 — 11:15 am

Full-Day Preschool Program
Monday—Friday 8:15 am—2:45 pm

Full-Day Extended Preschool
Monday—Friday 8:15 am—5:00 pm

James Madison Elementary
2563 Monroe Blvd

Full-Day Preschool Program
Monday—Thursday 8:15 am—2:45 pm

Friday 8:15 am—12:30 pm

Ogden School District Campus
1950 Monroe Blvd

Full-Day Preschool Program
Monday—Thursday 8:15 am—2:30 pm

Friday 8:15 am—12:30 pm

T.O. Smith Elementary
3295 Gramercy Ave

Full-Day Preschool Program
Monday—Thursday 8:15 am—2:30 pm

Friday 8:15 am—12:30 pm

Monthly Fees

Half Day* — $325

Full Day — $500

Extended* — $675

*Only available at Community Family Center

One-Time $10 Registration Fee Per Child

The YMCA is an equal opportunity provider.
YOUTH INFORMATION

First & Last Name _________________________________________________________________

School  □ Family Center   □ James Madison   □ Ogden School District   □ T.O. Smith

Program  □ Half  □ Full  □ Extended

Gender  □ Male  □ Female  □ Other  Date of Birth ___/___/____

Toilet Trained*  □ Yes  □ No  Explain: ____________________________________________________________

Address ____________________________________________________________

City ___________________________  State _______  ZIP _______________________

Primary Language? ___________________________  Grade _______________________

Does your youth have (select all that apply)  □ IEP  □ 504 plan  □ Other

Does your youth have (select one)  □ Reduced Lunch  □ Free Lunch  □ Not Free/Reduced Lunch

MEDICAL INFORMATION

Food Allergies/Dietary Restrictions _______________________________________________________

Medical Allergies ________________________________________________________________

Medical Conditions ________________________________________________________________

Behavioral Challenges ________________________________________________________________

On-site medication ________________________________________________________________

Covered by family/medical insurance?  □ Yes  □ No  Carrier or Plan Name: _______________________

FOR GRANT REPORTING PURPOSES

Youth’s Ethnicity:  □ Hispanic / Latino  □ Non-Hispanic

Youth’s Race:

□ White/Caucasian   □ Asian   □ American Indian/Alaskan Native

□ Black/African American   □ Hawaiian/Pacific Islander

□ Hispanic / Latino   □ Other

*Parents/Guardians may need to work closely with YMCA staff to make a toilet training plan. Please ask us for additional information regarding our toilet training policy.
PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1—Head of Household
First & Last Name _______________________________________________ Date of Birth ___/___/____
Gender □ Male □ Female □ Other Relationship ________________________________
Address _______________________________________________________ City, State, Zip ________________
Email __________________________________________________________ Mobile No. ____________________
Employer ___________________________ Job Title __________________________ Work No. _____________

PARENT/GUARDIAN 2
First & Last Name _______________________________________________ Date of Birth ___/___/____
Gender □ Male □ Female □ Other Relationship ________________________________
Address _______________________________________________________ City, State, Zip ________________
Email __________________________________________________________ Mobile No. ____________________
Employer ___________________________ Job Title __________________________ Work No. _____________

EMERGENCY CONTACTS / AUTHORIZED PICK-UPS
1. Full Name _____________________________________________________ Relationship ______________________
   Phone ________________ Address __________________________________________________________________
2. Full Name _____________________________________________________ Relationship ______________________
   Phone ________________ Address __________________________________________________________________

ADDITIONAL AUTHORIZED PICK-UPS
1. Full Name _____________________________________________________ Relationship ______________________
   Phone ________________ Address __________________________________________________________________
2. Full Name _____________________________________________________ Relationship ______________________
   Phone ________________ Address __________________________________________________________________

FOR GRANT REPORTING PURPOSES
Number of people in your household _____   Marital Status ________________
Total Household Income (circle) $0- $20,450 $20,45 - $34,100 $34,101 - $54,550 $54,551+
How did you learn about this YMCA program?
□ PeachJar □ Billboard □ YMCA Website / Internet Search □ Family / Friend □ Social Media / Email
□ School Referral by ___________________________ □ Other: ___________________________
PERMISSIONS & AGREEMENTS

PERMISSIONS

☐ Yes  ☐ No – I agree to provide immunization records if they are not enrolled in public school.

☐ Yes  ☐ No – I agree to provide a copy of my enrolled preschool child’s Birth Certificate.

☐ Yes  ☐ No – As parent/legal guardian, I give consent to have YMCA Youth Program Staff apply both sunscreen and/or bug spray on my youth as needed. I understand that it is my responsibility to provide sunscreen and/or bug spray for my youth, but that the YMCA will supply it if necessary to avoid any potential skin damage to your youth. I am aware that the YMCA staff will be respectful to your child during the application process.

☐ Yes  ☐ No – I give my permission for my Preschool program enrolled youth to participate in field trips to Lincoln Elementary School located at 550 E. Canfield Ogden, UT during regularly scheduled program hours. Only applicable to youth registered at the Community Family Center.

☐ Yes  ☐ No – I give my permission for my youth to participate in walking & bus transported Field Trips.

☐ Yes  ☐ No – I give the YMCA permission to take and distribute photos, video, or other media coverage of my child for marketing purposes deemed fit by the YMCA.

☐ Yes  ☐ No – I allow Ogden School District to share my child’s academic information with the YMCA and grant evaluators to better assess the quality of the afterschool program. This information will include grades, test scores, demographics, attendance, and social emotional survey results.

☐ Yes  ☐ No – I give permission for the YMCA to authorize treatment in the event of a medical emergency.

Parent/Guardian Signature _____________________________________________ Date ____________________

CONDUCT AGREEMENT

This is to certify that I have read and agree to all YMCA policies as outlined in this form and in the Parent Handbook found online at ymcautah.org. I agree to hold harmless and release the YMCA from any liability of injury or illness that may result from my or my child’s participation in program activities. I support the YMCA in their efforts caring for my youth. My child will abide by the code of conduct established by the YMCA, as well as the discipline code established by the school/school district that my child attends. I understand that as the parent/guardian I am expected to also uphold the YMCA’s four core values of Honesty, Respect, Caring, and Responsibility in my dealings with the YMCA, its partners, and its program participants. I understand that YMCA programs must adhere to Utah State Child Care Licensing law and regulations, and that my child may be asked to withdrawal from program in order for these laws and regulations to be upheld.

By signing below I am taking on all duties as the sole responsible party and will adhere to all conduct policies set forth by the YMCA.

Parent/Guardian Signature _____________________________________________ Date ____________________
YMCA PAYMENT POLICY

Please read and sign to indicate that you agree to the YMCA Payment Policies.

- I understand that there is a one-time $10 sign-up fee per child for the school-year season, and that this fee may be waived if I register online at ymcautah.org.
- I understand that all fees and outstanding balances are due the 20th of the month prior to attending program. If payments are not received in full by this date, my child may lose their spot in the program to a wait list participant. No child will be admitted to program if there is an outstanding balance on the family’s account. Once payment is received, my child will be admitted to program after 48 business hours.
- I understand that an automatic late fee of $10 per child will be added to my account if payment is not fulfilled by the 1st of the month.
- I understand that program fees are only refundable when requested in writing at least two weeks prior to the program start date. I also understand that sign-up fees and deposits are not refundable. I understand that I will not be issued a refund if any member of my family is dismissed from YMCA programs for a violation of policies, such as behavior issues.
- I understand that I will be charged $1.00 per minute, per child, for late pick-ups. I understand that this balance must be paid before my child returns to program. I understand that the YMCA may contact the local Police Department if my child is not picked up 30 minutes after program ends.
- I understand that program fees will not be reduced based on my child’s day-to-day attendance, including sick or absent days.
- I understand that the YMCA offers financial assistance, and I may be required to first apply for the Department of Workforce Services Child Care Subsidy before receiving privately funded or additional YMCA financial assistance. I will provide complete and accurate information when applying for financial assistance.
- I understand that the YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a $20 processing fee will be added to the account balance.
- I understand that an NSF charge up to $25 will be charged to my account for returned items along with a late fee if applicable.

By signing below I am taking on all duties as the sole responsible party and will adhere to all payment rules and conduct policies set forth by the YMCA.

Parent/Guardian Signature ________________________________ Date ________________
PRE-SCHOOL CHECKLIST

CHILD’S NAME__________________________________________________________

PRE-SCHOOL DOCUMENTS

☐ Language Survey Form
☐ YMCA Registration Form
  ☐ Ogden School District Registration
  ☐ USU Parent Permission Form
☐ Immunization Records
☐ Birth Certificate
☐ High-Risk Form
☐ Toilet Training Plan (if necessary)

OFFICE USE ONLY

Date All Documents Received ________________________________ Sent to Teacher ________________________________
Financial Assistance Complete ______________________________ Enrollment Complete ______________________________
Staff Name ________________________________ Date __________________