FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026-2027

# FULLDAY PRESCHOOL, PRE-K & PRE-K PLUS

Our preschool and pre-kindergarten students enjoy a dynamic classroom environment where our students thrive and learn. Here at the YMCA our goal is to "build strong kids, strong families, and strong communities." Our Step Up To Quality Gold rated preschool is the foundation of this principle.

**Who** our teachers are, **what** we teach and **how** we teach all are deeply rooted in the YMCA core values of caring, honesty, respect, responsibility and faith. We are a Christian organization and we take the "C" in our name seriously, not in an exclusive manner but in an inclusive way. We welcome people of all faiths in our YMCA.

We also pride ourselves on awarding scholarships to those who qualify. Through our Annual Campaign scholarships, everyone has a chance to be part of our programs. Further information is available about this program at the member service desk.

Our preschool and pre-k tuition includes swim lessons and all families enrolled in our full time child care programs receive a YMCA family membership for the duration of their enrollment.

Class sizes are limited. Your child's spot is saved once the registration fee is paid and the enrollment packet is complete. We look forward to serving you and your children!

**Please read this information carefully and keep for your reference.**
**Complete and return enrollment forms in registration packet.**
**For more information about our early childhood programs, please contact:**

**Cara Robson, Youth Enrichment Director**
carar@akronymca.org
330.899.9622

**PLEASE KEEP THESE PARENT INFO PAGES ☺**

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## Preschool, PRE-Kindergarten, & PRE-K Plus

Our **PRESCHOOL** class is geared toward three-year-olds and young four-year-olds. Building a strong foundation for our pre-k class is the goal as our students learn alphabet recognition, simple science activities, colors, shapes, literature activities, numbers, and simple math activities. Children learn through play, and so we place a heavy emphasis on socialization and play in our preschool classroom. Our preschoolers also begin to learn fundamental school routines such as walking in a line, taking turns, learning to follow basic directions, and participating in group activities.

Students in our **PRE-KINDERGARTEN** class must be able to enter kindergarten the following school year. The focus of this program is kindergarten readiness and includes... letter recognition (both upper and lowercase), letter sound recognition, and exposure to various forms of literature, basic math concepts, art and science activities, and large and small motor skills. We strive to reinforce school routines through daily participation in circle time, group work, and individual work. Through play and games, our pre-kindergarteners also learn to follow multi-step directions and become increasingly independent.

The **PRE-KINDERGARTEN PLUS** class is for students who are older 4s and young 5s who have attended at least one year of preschool/Pre-K and are just not quite ready for Kindergarten. This group will extend the instruction covered in our Pre-K class.

ALL children must be completely potty-trained (100% independent in the bathroom)

**PRESCHOOL / PRE-K / PRE-K PLUS**

- Mondays-Fridays 6:30am-6:30pm
- Two swim lessons per week
- One free swim day per week
- $250/week
- Free Family Membership to Akron Area YMCAs

**$40 non-refundable registration fee due at registration.**

*****$20 discount if registered before June 1, 2026.**

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## Snacks/Lunch

Students must bring his/her own healthy lunch to school each day, and a cold pack must be included in their lunch box. The YMCA will provide a morning and afternoon snack. The snack menu is posted in each classroom.

## Curriculum

Our program uses Creative Curriculum.

## Vacation & Sick Days

Full payment is required to hold your child's spot, even if he/she does not attend school. The only exceptions to this are the optional weeks: Thanksgiving week, Christmas break, Spring break, Week of 5/24, and one vacation week [to be used at your discretion]. Care is available during optional weeks, but if you choose not to attend, you will not be charged.

## Vaccination Record

We ask all families to submit an immunization record at their child's Entrance Meeting. An immunization record is required to be on file within 30 days of admission. This record must be updated every 13 months. Your child may not attend school if we do not have the record on file in the required time frame.

## Green Schools Closings

When Green Local Schools are closed for vacations, holidays or emergencies, the YMCA will provide care as normal. **When the Green Local Schools are closed for a weather/snow day we have a delayed start of 8:30 AM.**

## Swim

Swimming lessons are a unique benefit of our programs. Students will have two 45-minute swim lesson each week and one free play day in the rec pool.

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**First day of School**
August 24, 2026

**Registration Process**

1. Read through the Parent Information Pages.
2. Fully complete all forms in the registration packet.
3. Return completed registration packet to the Green Family YMCA.
    - Pay registration fee and provide account or credit card information for auto draft. Be sure to tell the front desk staff the card is to be used for child care payments.
4. Keep all forms marked "Please Keep These Parent Info Pages" for future reference.
5. You will receive an email once your child's registration has been processed, confirming enrollment.
6. In late summer, you will receive a request to set up an Entrance Meeting with the preschool director, Cara Robson, through Sign-Up Genius. At this meeting, we will review center policies and procedures and cover any questions you may have.
   **This meeting is required prior to your child's first day of class.**

**Registration forms checklist:**

- Class Selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Family Information Sheet
- Enrollment & Health Information pages
- Center Policies Agreement

**PLEASE KEEP THESE PARENT INFO PAGES ☺**

# GREEN FAMILY YMCA PRESCHOOL & PRE-K REGISTRATION PACKET

**2026-2027**

**CHILD'S NAME** _____

**CHILD'S BIRTHDAY** _____

☐ PRESCHOOL– 3 year olds and young 4 year olds.

☐ PRE-KINDERGARTEN – 4 year olds and young 5 year olds.

☐ PRE-KINDERGARTEN PLUS – older 4 year olds and 5 year olds who are not quite ready for kindergarten. Must have attended one year of preschool/PreK previously.

Children in all classes must be **completely** potty trained. This means they are 100% independent in the bathroom.

The Director will confirm that the class selection is age appropriate. Placement in a specific group is not guaranteed.

## Payment Information

**I understand that all preschool payments, deposits and registration fees are required to be made through automatic draft. $250 weekly will be withdrawn the Friday before the Monday of scheduled attendance. Please use information provided below to pay for my child's tuition:**

☐ Account: Use account on file ending in # __ __ __ __ (verify at front desk if unsure)

☐ I will provide account info at front desk. I understand my child's spot is not saved until this information has been provided.

$40 Registration fee: ($20 discount if registering before June 1, 2026)

- ☐ Check is attached
- ☐ Draft from account ending in # __ __ __ __

I authorize the Green Family YMCA to automatically draft from the above account for my preschool fees. I understand that this automatic draft will begin the Friday before my child's first week of preschool. I understand that this automatic draft will be terminated at the end of the preschool program or upon giving the Green Family YMCA at least a one week written notice of my child's program termination. I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Person responsible for tuition: _____

Are you or another parent/guardian currently an employee of the YMCA? Yes No

## Photo/Video Consent

I give permission to allow my child to be in photographs and video for promotion of the YMCA, including posting pictures on the Green Family YMCA Facebook page, Instagram, and website. Children's names will not be used.

_____

Parent/Guardian Signature Date

## Permission for Sunscreen

I give permission to allow Equate SPF 50 to be applied to my child by the Green Family YMCA. I understand sunscreen will be applied liberally to exposed skin prior to outdoor activities. If another sunscreen is requested for use, I will contact the program director directly.

_____

Parent/Guardian Signature Date

# AUTHORIZED PICK-UP LIST

Your child will only be released to those listed on the Authorized Pick-Up List. Parents/guardians do not have to be included on this list. Preschool Staff will require identification before releasing the child. Please let people know about this ahead of time, so they bring a picture ID and are not offended.

Both custodial parents need to agree on who is listed for the authorized pick-up for the child unless legal documentation is provided that states otherwise.

Non-Member Authorized Pick-Ups are required to stop at the front desk and have their ID run through our Raptor system the first time they pick up. The safety of your children is our priority!

**Name:** _____
**Relationship:** _____
**Phone Numbers:**
**(C)** _____
**(W)** _____

**Name:** _____
**Relationship:** _____
**Phone Numbers:**
**(C)** _____
**(W)** _____

**Name:** _____
**Relationship:** _____
**Phone Numbers:**
**(C)** _____
**(W)** _____

**Name:** _____
**Relationship:** _____
**Phone Numbers:**
**(C)** _____
**(W)** _____

# CHILD DROP-OFF / PICK-UP POLICY

When you enroll your child in any YMCA child care program, understand that our policy is for you to bring your child to the classroom each morning and let one of the staff members know that your child has arrived. We are not legally responsible for your child if they are dropped off outside the classroom. Please read and sign below:

**I am aware that the YMCA staff are not responsible for my child unless I bring my child to the classroom when arriving each morning. I understand that state law requires that I notify staff that my child is leaving the YMCA program for the day. I understand a fee of $15 per child will be assessed for every 15 minutes I am late to pick up my child(ren) after 6:30pm.**

**Parent/Guardian Signature:** _____

IN THE CASE OF DIVORCE OR SEPARATION, WHERE CUSTODY OF THE CHILD IS LIMITED, AND RELEASE AUTHORIZATION DOES NOT INCLUDE BOTH PARENTS, PLEASE CONTACT CARA ROBSON REGARDING OUR POLICY.

# Child/Family Information Form

In an effort to understand your child and to meet his/her needs, we would like you to complete the following:

Child's Name: _____

Who is in the child's immediate family? _____

Who lives at home with your child? (pets included) _____

What is the primary language spoken in your child's home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?_____

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet) _____

_____

Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.) _____

Has your child had a previous care arrangement? If so, what kind? (Center based, in home, with family, with parents, etc.) _____

What causes your child to feel angry or frustrated? _____

What methods do you use to respond to your child's negative behavior? _____

_____

Does your child need assistance when using the toilet? If so, how? _____

What time(s), and for how long, does your child usually nap? _____

What might you and/or your child be anxious about as he/she starts in this program? _____

_____

What are your expectations of this program? _____

Would you like information or referrals for any of the following?

| YES | NO | | YES | NO | |
|---|---|---|---|---|---|
| | | Food Assistance | | | Help Meeting the Developmental Needs of Your Child |
| | | Housing | | | Family Counseling |
| | | Nutrition | | | Parenting Education or Information |
| | | Health/Immunizations | | | Dental |
| | | Other: | | | Other: |

Staff Use:

Referrals Made (date) _____ (to where) _____ Follow up _____ (date)

Child's name _____ **2026/27 Center Policies Agreement**

Please read the policies carefully and **initial** all lines.

1._____ I understand there is a $40 non-refundable registration fee per child ($20 if registering before 6/1/26).

2._____ Weekly tuition is due on Fridays prior to the week of service via auto draft.

3._____ I understand that if my child care payments fall one week behind I will be asked to withdraw my child until payment is made.

4._____ Outstanding balances of $100 or more that are past 30 days in arrears will be turned over to collections.

5. _____I understand that if I have an outstanding balance at any facility within the Akron Area YMCA Association, I am unable to register for any programs or membership until the balance is paid.

6._____ I understand that there will be a $10 fee assessed for any and every returned payment.

7._____ CANCELLATION POLICY: I understand written notification must be given. Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible for paying that week's tuition in-full, regardless of attendance.

8._____ I understand that late pick-up fees in the amount of $15 for every 15-minute increment per family will be imposed if my child(ren) is picked up after the center's designated closing time

9._____ I understand that staff will contact Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.

10._____I understand that state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to the child's admission to the program.

11._____I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis as needed.

12._____I understand that both custodial parents need to agree on who is listed for the authorized pick up for the child unless Legal documentation is provided that states otherwise.

13._____I have read the YMCA Preschool Registration Packet and agree to all terms therein for my child(ren) to receive child care. I understand that I forfeit the privilege of child care if all policies are not followed.

Parent/Guardian Signature _____ Date _____

**FOR PUBLICLY FUNDED CHILD CARE RECIPIENTS ONLY**

_____ I understand that my Title XX co-pay is due every Friday via auto-draft prior to care.

_____ I understand that if my Title XX authorization is not current and/or not for the correct location, I will be responsible for private pay rates.

_____ I understand that I must TAP in/out daily. I understand there is a two-week back TAP period if daily TAPs are missed. If I miss the back TAP period, I understand that I will be charged the difference between my co-pay and the weekly private-pay rates. I understand it is my responsibility to know for which dates and times I need to back TAP.

Ohio Department of Children and Youth

# CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

**Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.**

| Child's Name | Date of Birth | First Day at Program |
|---|---|---|
| Address | | |
| City | State | Zip Code |

| Parent #1 Name | Parent #1 Phone Number | | |
|---|---|---|---|
| Parent #1 Address ☐Same as Child's | City | State | Zip Code |
| Parent #1 Email Address (if applicable) | Parent #1 Cell Phone (if applicable) | | |
| Parent #1 Work/School Name (if applicable) | Parent #1 Work/School Phone Number (if applicable) | | |

| Check here if Not Applicable ☐ | Parent #2 Name | Parent #2 Phone Number | | |
|---|---|---|---|---|
| Parent #2 Address ☐Same as Child's | | City | State | Zip Code |
| Parent #2 Email Address (if applicable) | | Parent #2 Cell Phone (if applicable) | | |
| Parent #2 Work/School Name (if applicable) | | Parent #2 Work/School Phone Number (if applicable) | | |

| Primary Emergency Contact #1 Name (cannot be parent/guardian) | Check here if Not Applicable ☐ | Optional Emergency Contact #2 Name (cannot be parent/guardian) |
|---|---|---|
| Primary Emergency Contact #1 Phone Number | | Optional Emergency Contact #2 Phone Number |
| Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)* | | Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)* |
| My child may be released to this emergency contact<br>☐ Yes<br>☐ No | | Optional My child may be released to this emergency contact<br>☐ Yes<br>☐ No |

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

| Child's Name | Date of Birth |
|---|---|
| | |

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

**Emergency Transportation Authorization**

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

☐ ~~**The program does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:~~

**SIGNATURE**

**This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.**

**Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures**

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

| Parent Signature | Date |
|---|---|
| | |

**Program Acknowledgement of Completion**

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

| Program Administrator/Designee Signature | | | Date |
|---|---|---|---|
| | | | |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| | | | |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| | | | |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| | | | |