



# BUILDING BRIGHT STARS

Preschool at the Complex  
YMCA OF UPPER PALMETTO

[ymcaup.org](http://ymcaup.org)

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# PRESCHOOL AT THE COMPLEX

Our goal is to provide a safe, stimulating and fun environment for children to learn through participation. We incorporate the Y's core values: Honesty, Responsibility, Respect and Caring in our activities.

YMCA of Upper Palmetto is committed to providing the highest quality Preschool possible. We are excited about the unique programming opportunities provided by our Preschool program. We strive to develop the whole child through programs that build a healthy spirit, mind and body for all, including the following:

**Healthy Spirit** – We offer daily devotion time, and a group discussion time, where the children have the opportunity to reflect on their day, and talk about issues and concerns impacting their lives. Children also develop a stronger understanding of the core YMCA values of Honesty, Respect, Responsibility, and Caring.

**Healthy Mind** – Our staff works diligently to develop and implement hands-on, inquiry based educational programs to meet the needs of our preschool children.

**Healthy Body** – In an effort to promote healthy living, the YMCA provides daily fitness time. Activities may include indoor water play and outdoor games and activities.



## PROGRAM HOURS:

Three Year Old | 8:45a.m.–12:00p.m.

Late fees begin at 12:10p.m.

Four Year Old | 8:45a.m.–12:30p.m.

The Preschool Program follows the Fort Mill School District Calendar. A complete calendar, outlining the school closings and holidays, will be provided.

## Registration Information

**MONTHLY DRAFT:** Tuition fees are due one month in advance. The first draft will be taken on August 1, 2024 for September's tuition. To be eligible for member rates, your child must be an active member of the YMCA of Upper Palmetto.

A \$20 late fee will be enforced for payments not received within three days of automatic credit card or bank draft decline due to lack of funds or any other card issue by the card holder. If tuition becomes delinquent for more than three days, children may not be allowed to attend the preschool program until full payment has been satisfied or payment arrangements have been made.

**REGISTRATION FEE:** Participants are required to pay a \$125 nonrefundable registration fee per child.

**FINANCIAL ASSISTANCE:** A limited amount of financial assistance is available. Please complete the application available at the YMCA front desk or visit [www.ymcaup.org](http://www.ymcaup.org) to download an application. Allow 2–3 weeks for processing prior to the first day of enrollment. Preschool Assistance is awarded for the school year 2024/2025.

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# REGISTRATION FORM

## PARTICIPANT INFORMATION

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

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender ( ) Female ( ) Male  
Mailing Address \_\_\_\_\_ YMCA Member? ( ) Yes ( ) No  
City, State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_  
Primary Guardian's Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

## PERSON FINANCIALLY RESPONSIBLE

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD (in addition to person listed above)

Name	Relationship	Home Phone	Work Phone	Mobile Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PRESCHOOL CLASS ENROLLMENT

### YOUNG 3 YEAR OLD PROGRAM

\_\_\_\_\_ 2 Days per week (Tues/Thurs)  
Member \$250/month | Non-member \$300/month

### 3 YEAR OLD PROGRAM

\_\_\_\_\_ 3 Days per Week (Mon/Wed/Fri)  
Member \$260/month | Non-member \$310/month  
\_\_\_\_\_ 5 Days per week (Mon-Fri)  
Member \$325/month | Non-member \$375/month

### 4 YEAR OLD PROGRAM

\_\_\_\_\_ 3 Days per week (Mon/Wed/Fri)  
Member \$315/month | Non-member \$365/month  
\_\_\_\_\_ 5 Days per week (Mon-Fri)  
Member \$340/month | Non-member \$390/month

## ENROLLMENT AGREEMENT (Initial Each)

\_\_\_\_\_ **NO CORPORAL PUNISHMENT** The use of Corporal Punishment is strictly prohibited at the YMCA of Upper Palmetto. The YMCA staff will use positive behavior management techniques that are developmentally appropriate and adhere to the YMCA's four core values of Caring, Honesty, Respect and Responsibility.

\_\_\_\_\_ **RELEASE OF LIABILITY** In the event an accident occurs, I am aware that the YMCA does not provide accident insurance, and I will not hold the YMCA responsible for any injury.

\_\_\_\_\_ **HANDBOOK** I understand that a copy of the YMCA of Upper Palmetto Preschool/Summer Day Camp/After School Parent Handbook is available online at [www.ymcaup.org](http://www.ymcaup.org), and I agree to read and adhere to its content.

\_\_\_\_\_ **PHOTOGRAPHY** I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.

\_\_\_\_\_ **ENROLLMENT/PAYMENT AGREEMENT** I understand that I am responsible for paying every month my child is enrolled in the Preschool Program. Fees must be paid by credit/debit card drafts only. Payments are due on the first day of each month. A \$35 fee will be administered for returned credit/debit card drafts.

\_\_\_\_\_ **LATE FEES** A \$20 late fee will be enforced for payments not received within three days of automatic credit card draft decline due to lack of funds or any other card issue by the card holder. If tuition becomes delinquent for more than three days, I understand that my child may not be allowed to attend the preschool program until full payment has been satisfied or payment arrangements have been made.

\_\_\_\_\_ **HOLIDAYS, VACATIONS, INCLEMENT WEATHER** The YMCA does not prorate for holidays, vacations, inclement weather days or days your child does not attend.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



# MEDICAL QUESTIONNAIRE FORM

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any allergies to food, medications or insect bites? If so, what are the allergies, and what are the treatments for them? \_\_\_\_\_

Does your child have dietary restrictions? \_\_\_\_\_

Does your child carry this treatment with them? ☐ Yes ☐ No

Does the YMCA staff have permission to administer treatment if an allergic reaction occurs? ☐ Yes ☐ No

Is your child currently taking any medications? ☐ Yes ☐ No

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) to Administer \_\_\_\_\_

Instructions to administer medication: \_\_\_\_\_

\*Any medicine that needs to be administered must be given to the YMCA staff in the original packaging prior to your child attending preschool.

Medical History: Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc. \_\_\_\_\_

\*If your child has had a significant life change that may affect their behavior, we encourage you to discuss the matter with the childcare director so that we may better serve your child and understand their needs.

Does your child have any specialized needs? ☐ Yes ☐ No

If yes, what are they? \_\_\_\_\_

Are there any special accommodations that we need to make for your child? \_\_\_\_\_

## Medical Insurance Information

Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

In the event that I am unavailable to answer for my child, I hereby give permission to YMCA of Upper Palmetto staff to seek emergency medical treatment for my child, including but not limited to X-rays, routine tests and/or injections. I have completed this form to the best of my knowledge and hereby assert that all medical information is true and correct. I have included all medical and behavioral information.

**RESPONSIBLE PARTY** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*Although YMCA of Upper Palmetto desires to accommodate all children, we unfortunately are not able to accommodate children with special needs who are unable to function within our camp/preschool structure. Please contact the branch director if you have questions.

