



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026- 2027

Preschool Enrollment Packet

(Students Aged 2.9 - 5 years old)

Child's Name: _____

Greater Lowell YMCA

35 YMCA Drive
Lowell, MA 01852
Telephone:
978-454-7825

A GREAT PLACE TO GROW

PARENT FEE AGREEMENT FORM
PRESCHOOL PROGRAM 2026-2027

Child's Name: _____ Birth Date: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip Code: _____

Weekly Full Time Rate: \$290
Weekly Part Time Rate (7 to 12) \$156

New or returning families should be aware that the Greater Lowell YMCA Preschool Program is a **five day program that offers either full time or part time care** (Part time care is very limited).

NON-REFUNDABLE REGISTRATION FEE is \$35.

DEPOSIT FEE: Equal to 1st & last week's Tuition

TOTAL DUE at time of registration is:

Please select a choice from below:

- I have a Voucher through Child Care Circuit (You must fill out a "Confirmation of Provider" form to confirm placement). Voucher recipients will be notified of their fee based on the voucher we receive.
- Full Pay
- I am applying for Financial Assistance through the YMCA**

Do you receive snap benefits? Yes or No

**Financial Aid Application must be completed with all relevant documents submitted and must be approved before the child's first day. Any family applying for financial aid must also apply for a Childcare Voucher online at childcarecircuit.org. The confirmation page stating "Thank You for Applying" needs to be attached to the Financial Aid Application.

MISCELLANEOUS FEES:

Families are charged if holidays fall on a regular scheduled day.

- Families are responsible for payment regardless of attendance, if child is absent, please contact the director.
- Families get one free vacation week per year after 6 months of care or the discretion of the director. Must notify director in writing or in person at least one month before scheduled vacation.

(Voucher families excluded)

I agree to pay the tuition and fees as specified above for my child's care each week. I understand that it is the YMCA policy to collect tuition on Fridays prior to attendance. I agree to pay a late fee of \$10 whenever my account is not paid in full. I understand the YMCA reserves the right to increase the above rates and fees at any time. Should this be necessary, the YMCA will give a 30-day notice to participants before implementation of any increase. I agree to pay such changes in fees and tuition as required.

Signature of Parent/Guardian

Date

2026 - 2027 Parental Preschool Contract

TERMS AND CONDITONS

- I agree to a yearly registration fee of \$35 due each September.
- I agree to pay my share of the cost of the program as specified in the "Parent Fee Agreement" or Parent Fee Contract. I agree to remit each week's fee by the Friday prior to the week of attendance. I understand that there is a \$10.00 late fee for payments made after that Friday.
- I understand that in the event of continued late payment of tuition, late pick up of my child or for any other good cause, the YMCA reserves the right to remove my child from the program.
- I understand that the YMCA preschool closes at 5:30 p.m. and that I will be charged a late fee based on the policy listed in the Parent Handbook.
- I agree that my child will not spend more than 10 hours per day in child care.
- I agree that should I withdraw my child from the program or would like to change my child's schedule, I will provide the YMCA with a 2-week written notice prior to the last day of my child's attendance. If I do not provide written notice, I will pay an extra week of tuition past the last day of attendance.
- I understand that the YMCA preschool closes at 5:30 p.m. and that if my child is not picked up by 6:00 p.m. and parent/guardian has not called the staff or sent a Brightwheel message to the YMCA Preschool, then the Department of Children and Family will be called to report an abandoned child.
- *I understand that drop-off time is between 7AM-9AM. Anyone coming in after 9AM will not be provided care unless they have called and spoken/left voice message at ext. 823, the Director, or leave a message on the Brightwheel App.
- I agree that I need to make tuition payments based on my child's registration regardless of attendance, snow days or holidays.
- I agree to pick up my child within an hour of being called whether it be due to illness or behavioral issues. In the event I cannot pickup my child, I will send an authorized person to do so.
- I agree that I or someone authorized to pick up will personally sign my child out everyday. I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable.
- I agree that the YMCA will not be held accountable for all injuries occurring to my child unless the injuries are a direct result from acts of negligence on the part of the YMCA.
- I agree that the YMCA is not responsible for any lost or stolen items that my child brings to preschool.
- I have received a copy of the Parent Handbook and I acknowledge that I have read the Greater Lowell Family YMCA's Preschool Program Policies, Code of Conduct and Health Care Policies.

I have read this contract and agree to the terms and conditions:

Signature of Parent/Guardian

Date

2026- 2027 Preschool Enrollment Application

Child's Name:			
Address:	City:	State:	Zip Code:

Date of Birth:	Age at Admission:	Date of Admission:	
Height:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Eye Color:	Hair Color:	Skin Color:	
Race:	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	If yes, you must include a copy for our records.
Does this child have a 504 Plan or IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes 504 Plan <input type="checkbox"/> No <input type="checkbox"/> Yes IEP	

Parent / Guardian #1	DOB:	Relation to Child:
Address: <small>(if different from the child)</small>	Street:	
	City:	State: Zip:
Home Phone:	Cell Phone:	Email:
Work Name:	Work Address	
Work Phone #:	Work Hours:	

Parent / Guardian #2:	DOB:	Relation to Child:
Address: <small>(if different from the child)</small>	Street:	
	City:	State: Zip:
Home Phone:	Cell Phone:	Email:
Work Name:	Work Address:	
Work Phone #:	Work Hours:	

If Parents / Guardians do NOT live together, is there a custody agreement?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, please attach court ordered documents
Emergency Contact (other than the Parent/Guardian)	Name:		
	Phone #:	Relationship:	

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

First Aid Consent Form

Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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I authorize staff in the childcare program, who are certified in the basics of CPR/AED/First Aid, to give my child first aid/AED/CPR, when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YMCA to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Physician:	Phone #:		
Address:	City:	State:	Zip Code:
Insurance Company:		Policy #:	

Child's Allergies:
Chronic Health Conditions:

Parent / Guardian:
Relationship to the Child:
Home Phone #:
Work Phone #:
Cell Phone #:

Parent / Guardian:
Relationship to the Child:
Home Phone #:
Work Phone #:
Cell Phone #:

If Parents / Guardians do NOT live together, is there a custody agreement?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, please attach court ordered documents
Emergency Contact (other than the Parent/Guardian)	Name:		
	Phone #:	Relationship:	

EMERGENCY CONTACTS (People that can be contacted if parents cannot be reached) Please list two (2) people in the order to be contacted.	
Name:	Name:
Phone #:	Phone #:
Relationship:	Relationship:

Signature of Parent/Guardian

Date

Health Form

Please provide us with a copy of your child's immunization record and most recent physical one week prior to attendance.

Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Please List Current Medications:

Note: All medications MUST be submitted with original packaging and label and have complete IHCP an Medical consent forms.:

Please provide us with a brief health history of your child:
(ie., surgeries with dates, disabilities, chronic illnesses, disorders, dietary modifications, allergies, restrictions on any specific activity, etc.):

Please list all conditions including behavior that staff members need to be aware of to better interact with your child:

INSERT PHOTO HERE

This health history is correct so far as I know, and the child listed has permission to engage in all preschool activities, unless otherwise listed above. I hereby authorize certified staff members to perform basic First Aid treatment for my child, as necessary. I authorize program staff to transport my child to the nearest medical facility and to secure necessary medical treatment for my child by medical personnel in the event of an emergency in which I cannot be reached.

Emergency Authorization: I hereby give permission to the medical personnel selected by the preschool director to order X-Rays, routine tests, and treatment for my child. I hereby give permission to the physician selected by the preschool director to hospitalize, secure proper treatment for, and to order injection and or anesthesia and/or surgery for my child as named above.

This form may be photocopied for use out of the preschool.

Signature of Parent/Guardian

Date

COMMUNITY PRESCHOOL PARTNERSHIP (CPPI) INFORMATION

(Greater Lowell YMCA in partnership with Lowell Public Schools provides quality curriculum through CPPI funding)

Child's Name: _____ Date of Birth _____

Child's Birthplace (City, State, Country): _____

Ethnicity: Hispanic or Latino R Not Hispanic or Latino
 Asian Black or African American American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander White

Two or More Races _____

Home Language (Language spoken at home) English Spanish Portuguese
Haitian Creole Cape Verdean Creole
Khmer Chinese (All) Other

If other (or additional languages) please detail

Other _____

Additional languages _____

Child had Early Intervention services Yes No

Child has IEP (in process) Yes No

Child has 504 (in process) Yes No

Child is currently receiving services Yes No







Was child previously in another program: Yes No

If Yes, how long did they attend and at what age: _____

Signature of Parent/Guardian

Date

Permission Form

Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	<p>OFF-SITES</p> <p>I give permission for my child to participate in all the regularly scheduled on-going activities at the YMCA or located at off-site facilities, the program will provide in writing a list of scheduled activities.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
	<p>SWIM</p> <p>I give permission for my child to attend instructional swimming lessons once a week on their classroom's designated swim day.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
	<p>GYM</p> <p>I give permission for my child to play or participate in gym activities such as Zumba, Yoga, Basketball, kickball, etc.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
	<p>PHOTO</p> <p>I give permission for the classroom teacher to take photos of my child using the Brightwheel App. These photos will be sent to my child's account for personal use only.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
	<p>PROMOTIONAL RELEASE</p> <p>I give the YMCA permission to use my child's photograph for brochures, newspaper, YMCA Website and YMCA Facebook page.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
	<p>EDUCATION</p> <p>I give permission for the Greater Lowell YMCA Preschool Staff to speak and/or exchange documents concerning my child with Public/Private school personnel</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	

Signature of Parent/Guardian

Date

Transportation Plan

Child's Full Name:	Date of Birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<p><u>ENROLLMENT</u></p> <p>➤ My child will be attending the following days and times:</p> <p>➤ Time Period: Year Round</p>	DAY	ARRIVE	DEPART
	Monday	_____ AM	_____ PM
	Tuesday	_____ AM	_____ PM
	Wednesday	_____ AM	_____ PM
	Thursday	_____ AM	_____ PM
	Friday	_____ AM	_____ PM

<p><u>METHOD OF TRANSPORTATION:</u></p> <p>➤ My child will be dropped off and picked up by:</p>	ARRIVE	DEPART
	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> LPS Prechool Bus*	<input type="checkbox"/> LPS Preschool Bus*
	Other:	Other:

* Please provide the name of the transportation company, Phone Number, Bus Number, and a copy of transportation agreement

AUTHORIZED RELEASE

I give permission for my child to be released from the program at the end of the day, as stated above and/or give permission to the following people to receive my child at the end of the day.

NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE #

AUTHORIZED PICK UPS MUST PRESENT A PHOTO ID EVERY TIME – NO EXCEPTIONS

Any other transportation request must be stated in writing and maintained in the child's file, or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Signature of Parent/Guardian

Date

Developmental History

Child's Full Name:	Date of Birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Eye Color:	Hair Color:	Skin Color:	Height:	Weight:
Identifying Marks:			Primary Language:	

List any physical limitations or special situations your child has:

List any food allergies or intolerances that your child may have:

Does your child take medication regularly? No Yes

➤ If you selected yes, please answer the following:

Name of Medication:	Dosage	What time is medication given?

Please check the parent handbook regarding our policy on administering medication during program hours

Signature of Parent/Guardian

Date

Developmental Questionnaire

Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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List all holidays, celebrations, and occasions that your family celebrates:

List your child's special interests and hobbies:

Favorite physical activities:

Favorite Game/Toy:

Favorite TV's:

Favorite Snack:

Favorite Book:

Does your child enjoy musical activities? NO YES

Does your child primarily use his/her right or left hand? RIGHT LEFT NO PREFERENCE YET

By nature, is your child:	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Shy	<input type="checkbox"/> Serious
	<input type="checkbox"/> Friendly	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Easy Going

How does your child get along with other children?

Does your child prefer to play alone or with other children?

Do you feel your child will adjust easily?	if no why?
<input type="checkbox"/> NO	
<input type="checkbox"/> YES	

Does your child demand a lot of attention?

How do you reassure your child when he/she is upset?

Who does the disciplining in your family?

What do you find is the best way to effectively deal with inappropriate behaviors?

At what age was your child toilet trained? _____ Does your child have accidents? NO YES

What special words does your child use to describe bathroom needs:

How Does your child show?	Happiness:
	Anger:
	Disappointment
Does your child nap?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Is your child frightened by?	Animals?
	Loud Noises?
	New Situations?
	Storms?
	Other?
Has your child attended swimming lessons? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes was it at this YMCA? <input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child like water?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your child the only child in your family?	<input type="checkbox"/> NO <input type="checkbox"/> YES If no do they all reside in your home? <input type="checkbox"/> NO <input type="checkbox"/> YES
Please list siblings & ages:	
What are your goals for your child while in this program?	
Are there any situations or circumstances involving your child that the staff should be informed of?	

Child's Name: _____

Program: _____

Greater Lowell Family YMCA
Child Care Recurring Credit Card Authorization Form

Please complete and return this form to the Greater Lowell Family YMCA at 35 YMCA Drive, Lowell, MA 01852.

I (we) authorize the Greater Lowell Family YMCA to initiate recurring credit/debit card charges to the below referenced credit/debit account ending in the **last 4 digits** _____ for the purpose of collecting childcare related payments.

I (we) authorized the Greater Lowell Family YMCA to withdraw sufficient funds to pay my (our) childcare tuition and/or other childcare related fees that are due and payable.

Cardholder Name

Phone Number

Cardholder Billing Address

City State Zip

This authorization will remain in full force and in effect until I (we) notify the YMCA in writing of its termination which must be received at a minimum of 5 business days in advance of the termination date.

The Greater Lowell Family YMCA accepts Mastercard, Visa, American Express and Discover.

Credit/Debit Card Number

Expiration Date

CID (3 numbers on back)

Cardholder Signature

Date