



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**WE CARE BECAUSE YOU CARE.**

The YMCA is committed to family life and to helping members grow and function together so they can make the best of their own unique family. Our program is designed to be more than just supervision. Our challenge is to accept and demonstrate caring, honesty, respect and responsibility in everything we do.

**YMCA PRESCHOOL PROGRAM**

Allows children to:

- Grow personally
- Clarify values
- Develop Specific skills
- Improve personal & family relationships
- Become better leaders
- Appreciate diversity
- Have fun!

**THE YMCA PRESCHOOL PROGRAM**

is designed to help children develop spiritually, mentally and physically through:

- Games, crafts, drama and stories
- Nutritious snacks
- Free time
- Fitness activities

**MEMBERSHIP FOR ALL:**

The YMCA is unique because your membership rates and program fees are based on total household income. The YMCA is able to offer this sliding fee scale thanks to the generous donors whose contributions enable us to live our mission of being open and accessible to all.

ARTHUR R. BAXTER YMCA  
7900 S. Shelby St.  
Indianapolis, IN 46227  
(317) 881-9347  
www.indymca.org



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
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# CREATIVE DISCOVERY BEGINS HERE!



**BAXTER BRANCH  
PRESCHOOL PROGRAM  
2011-2012**





## ARTHUR BAXTER YMCA 2011-2012

School Year: August 29, 2011 – May 17, 2012

Baxter YMCA offers one of the most dynamic preschool programs on the south side. For over 20 years, preschoolers have become instilled with the YMCA's philosophy of developing the *spirit, mind and body* of each individual and encouraging an atmosphere of cooperation and mutual respect for everyone through our four core values: *caring, honesty, respect and responsibility*. Your child will receive the very *best* in early childhood education at the YMCA.

Programs are designed to offer developmentally appropriate learning experiences for children ages 2 to 5. Children will experience the excitement of exploration and the joy of discovery of their world as they move from one interest center to another. Activities will focus on a variety of skills, including early reading, early writing, early math concepts, art projects, science experiments, music, and much more. A positive self-concept is promoted as children learn to share, participate in group games and projects, take care of belongings, and put things away after use. Preschool teaches invaluable life skills which will stay with your child forever.

### YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

### RATIO

The adult/child ratios are 1:6 for 2 year olds, 1:10 for 3 year olds, and 1:12 for 4-5 year olds. An experienced teacher and an assistant will provide a nurturing atmosphere and knowledgeable guidance for your child.

### PARENT PARTICIPATION

Although parents are not required to spend any time in the classroom, they are always welcome and appreciated. Parents are always welcome as helpers for a variety of classroom activities. Any parent interested in volunteering in the classroom will be required to complete a criminal background check and volunteer paperwork.

### COMPUTERS

Computers are available in each Preschool classroom. Children will have the opportunity to learn basic computer skills including use of the mouse and keyboard. New programs will be introduced periodically, and parental assistance is always welcome.

### PHYSICAL EDUCATION

Our qualified instructors will be guiding your child through various physical education activities each week to develop strength, coordination, endurance and rhythm through a variety of challenging games, activities, and songs. Gross motor equipment, including balance beams, barrels, incline mats, etc. will be used along with fine motor equipment such as balls, balloons, bean bags, etc. to develop skills.

### SPECIAL GUESTS AND EXPERIENCES

Our program is enhanced by various guests, and outside experiences are added whenever possible to expand on particular units of study.

### SPECIAL EVENTS

The Open House, Family Carnival and the End of the Year party are just a few of the special events planned for all age groups. Each year we also have a Scholastic Book Fair.

### SNACKS

Snacks will be served each day. Parents are asked to provide the snack and beverage on a rotating basis assigned by the classroom teacher. Nutrition is a very important part of a preschooler's development; therefore we request that only nutritional snacks be sent. The only beverages that we can serve are water, white milk, or 100% juice. **No homemade snacks will be accepted.**

### SWIM AND ENRICHMENT CLASSES

Swim lessons and enrichment classes including Introduction to Dance, Creative Cooking, Early Childhood Art, Creative Building and more are available for children ages 3-5 years. Each 7-week session runs for 30 minutes, once a week. The dates and times available are conveniently arranged around preschool classes. Please see our Program Guide for information on dates, times, and pricing.

### CLASS SCHEDULE

<i>Class</i>	<i>Days</i>	<i>Age</i>	<i>Time</i>
<b>2/3 Combo</b>	T/Th	2/3	9:00-11:30 AM
<i>(*Must be 2 by Aug 1, 2011)</i>	T/Th	2/3	12:15-2:45 PM
	M/W	2/3	9:00-11:30 AM
	M/W	2/3	12:15-2:45 PM
<b>3/4 Combo</b>	T/Th	3/4	9:00-11:30AM
<i>(*Must be 3 by Aug 1, 2011)</i>	T/Th	3/4	12:15-2:45PM
	M/W/F	3/4	9:00-11:30AM
	M/W/F	3/4	12:15-2:45PM
<b>4/5 Combo</b>	T/Th	4/5	9:00-1:00PM
<i>(*Must be 4 by Aug 1, 2011)</i>	M/W/F	4/5	9:00-11:30AM
	M/W/F	4/5	12:15-2:45PM
	M-Th	4/5	9:00-11:30AM
	M/T/W	4/5	12:15-2:45PM
<b>Pre – K</b>	M-F	4/5	9:00-11:30AM
<i>(*Must be 5 by Feb 1, 2012)</i>	M-Th	4/5	12:15 – 2:45PM

*\*Waivers will be made at the director's discretion.*

**Class days and times are based on enrollment and are subject to change.**

We require that all children, *except the 2/3 Combo*, be toilet trained before the beginning of school.

### REGISTRATION

Registration for YMCA members and current preschool participants begins **February 28, 2011** and opens to the public **March 7, 2011**. Registration may be made at the front desk of the Baxter YMCA anytime during regular business hours.

Further information may be obtained by calling the **Early Childhood Office** at **865-6472**. Our preschool staff will be happy to speak with you or to arrange a time for you to observe our school in action.

**The Preschool follows the Perry Township school calendar for all vacations and holidays and weather related cancellations.**

**ARTHUR BAXTER YMCA**  
7900 South Shelby Street  
Indianapolis, IN 46227  
Main number: (317) 881-9347  
Early Childhood Office: (317) 865-6472  
Tax ID Number: 35-0868-211  
Make checks payable to: Baxter YMCA

YMCA Programs and activities are designed to benefit persons of all backgrounds. Fees are based on the cost of providing each program. While participants are expected to pay their fair share, the YMCA will assist any individual who wants to participate but cannot afford the fee.

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### MONTHLY TUITION

Tuition for the school year is divided into nine equal monthly payments due on the 1<sup>st</sup> of each month beginning August 1, 2011 and ending April 1, 2012. Payments made after the 10<sup>th</sup> day of each month will be assessed a \$10.00 late fee.

<i>Payment Due Date</i>	<i>Payment #</i>
August 1 <sup>st</sup>	#1
September 1 <sup>st</sup>	#2
October 1 <sup>st</sup>	#3
November 1 <sup>st</sup>	#4
December 1 <sup>st</sup>	#5
January 1 <sup>st</sup>	#6
February 1 <sup>st</sup>	#7
March 1 <sup>st</sup>	#8
April 1 <sup>st</sup>	#9

**A non refundable deposit of \$50 is due at the time of enrollment and will be credited toward your first month's tuition.**

<b>2/3 Combo:</b>	<b><i>2-Day Programs</i></b>
	YMCA Member \$107.00/month
	Program Member \$141.00/month
<b>3/4 Combo:</b>	<b><i>2-Day Programs</i></b>
	YMCA Member \$107.00/month
	Program Member \$141.00/month
	<b><i>3-Day Programs</i></b>
	YMCA Member \$135.00/month
	Program Member \$169.00/month
<b>4/5 Combo:</b>	<b><i>2-Day Program – 4 hours</i></b>
	YMCA Member \$157.00/month
	Program Member \$195.00/month
	<b><i>3-Day Programs</i></b>
	YMCA Member \$135.00/month
	Program Member \$169.00/month
	<b><i>4-Day Programs</i></b>
	YMCA Member \$158.00/month
	Program Member \$195.00/month
<b>Pre – K:</b>	<b><i>4-Day Programs</i></b>
	YMCA Member \$158.00/month
	Program Member \$195.00/month
	<b><i>5-Day Programs</i></b>
	YMCA Member \$186.00/month
	Program Member \$225.00/month

These monthly rates include all aspects of the curriculum and all school materials.

# HISTORY OF IMMUNIZATIONS (Indicate month/day/year)

	1	2	3	4	5
DTaP/DT/Td/DT					

	1	2	3	4
OPV, IPV				

	1	2	3	4
Hib				

	1	2	3
Hepatitis B			

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

	1	2	3	4
PCV7				

Name of Physician Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print)

Physician's Signature: \_\_\_\_\_

## ADDITIONAL NOTES AND INSTRUCTIONS

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Tuition is due the 1<sup>st</sup> of the month with a \$10.00 late fee added on after the 10th. Bank drafts come out on the 1st day of the month only.

### Child's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender  M  F Age \_\_\_\_

Name Child goes by \_\_\_\_\_

Race \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent(s)/Guardian(s) Information *\*Information will be used for accounting questions, emergencies and pick-up verifications*

Parent/Guardian #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)

Home Phone ( ) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Name \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)

Home Phone ( ) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Name \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Health Data/History

Operations or serious injuries (dates): \_\_\_\_\_

Chronic/recurring illness or medical condition: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child Pick-up Information** Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child/children. This needs to include yourself, and, if applicable, the child's other parent or legal guardian) who is authorized to pick up your child. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form.

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_



**HEALTH RECORD**  
State Form 23923 (R3/7-03)

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**PARENT AUTHORIZATION:** I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child is amenable to behavior management and free from habits or attitudes which would make him/her unable to appropriately participate. I have studied the brochure and fees and understand the contents thereof.

In consideration of my child's participation in the activities of the Young Men's Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA. **I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.**

I understand the YMCA of Greater Indianapolis does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) Admission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**

Communicable Diseases	Month/Year	Condition	Explain if Present
Measles	____/____	Allergies: _____	_____
Rubella (German Measles)	____/____	_____	_____
Chickenpox (Varicella)	____/____	_____	_____
Mumps	____/____	Physical Limitations: _____	_____
Scarlet Fever	____/____	_____	_____
Whooping Cough	____/____	Other: _____	_____
Hepatitis B	____/____		_____
Other: _____	____/____		_____

**2011-2012 Preschool Rates**  
 School Year: August 29, 2011 – May 16, 2012  
 Tuition is due the 1<sup>st</sup> day of each month beginning August 1, 2011 – April 1, 2012

A non refundable deposit of \$50 is due at the time of enrollment and will be credited toward your first month's tuition.

2/3 Year Combo (must be 2 by 8/1/2011)	T/TH 9-11:30 AM ____	<b>2-DAY</b> FACILITY MEMBER.....\$109/month PROGRAM MEMBER.....\$144/month
	T/TH 12:15-2:45 PM ____	
	M/W 9-11:30 AM ____	
	M/W 12:15-2:45 PM ____	
3/4 Year Combo (must be 3 by 8/1/2011)	T/TH 9-11:30 AM ____	<b>2-DAY</b> FACILITY MEMBER.....\$109/month PROGRAM MEMBER.....\$144/month
	T/TH 12:15-2:45 PM ____	
	M/W/F 9-11:30 AM ____	<b>3-DAY</b> FACILITY MEMBER.....\$139/month PROGRAM MEMBER.....\$171/month
	M/W/F 12:15-2:45 PM ____	
4/5 Year Combo (must be 4 by 8/1/2011)	T/TH 9am-1pm ____	<b>2-DAY/4 - HOUR</b> FACILITY MEMBER.....\$161/month PROGRAM MEMBER.....\$199/month
	M/W/F 9-11:30 AM ____	
	M/W/F 12:15-2:45 PM ____	<b>3-DAY</b> FACILITY MEMBER.....\$139/month PROGRAM MEMBER.....\$171/month
	M/T/W 12:15-2:45 PM ____	
	M-TH 9-11:30 AM ____	
Pre-K (must be 5 by 2/1/2012)	M-F 9-11:30 AM ____	<b>4-DAY</b> FACILITY MEMBER.....\$161/month PROGRAM MEMBER.....\$199/month
	M-TH 12:15-2:45 PM ____	
		<b>5-DAY</b> FACILITY MEMBER.....\$195/month PROGRAM MEMBER.....\$228/month

**PHYSICAL EXAMINATION**

Date of Exam \_\_\_\_\_ Age of Child \_\_\_\_\_

Skin	Heart
Lymph Nodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth & Mouth	Other

Note any unusual findings: \_\_\_\_\_  
 \_\_\_\_\_

Does this child have any health condition that would be hazardous to him/herself or the other children in a group setting as a result of participation in normal activities (including sports)? No \_\_\_\_\_ Yes \_\_\_\_\_. If "Yes," what modification of normal activities would be necessary to protect the child and his/her classmates? \_\_\_\_\_  
 \_\_\_\_\_

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain: \_\_\_\_\_  
 \_\_\_\_\_

(Over)