



# ENROLLMENT CHECKLIST

## CHILD DEVELOPMENT CENTERS AND EARLY LEARNING CENTERS

Thank you for choosing the YMCA as your Child Care Provider! To ensure a smooth transition and prevent delays in your child's start make sure to complete all forms and turn in on or before the established deadline.

*COMPLETE ONE FULL SET OF FORMS FOR EACH CHILD ENROLLING*



### YMCA PROGRAM ENROLLMENT FORM / PAYMENT AGREEMENT

- ✓ Make sure to review the current Program Policies and Parent Information before signing your enrollment form. It can be found in your enrollment packet or on our website.
- ✓ Provide complete information for each parent and emergency contact
- ✓ A regular arrival and departure time is required
- ✓ Don't forget to select the program location
- ✓ Permission, Terms of Agreement, and Payment Agreement Require "initials"
- ✓ Payment Agreement must be signed and dated



### AUTHORIZATION FOR EMERGENCY MEDICAL CARE (KDHE CCL 010)

- ✓ We will fill in the license name and number – leave this blank
- ✓ Authorization is for "Greater Wichita YMCA Staff"



### MEDICAL RECORD (KDHE CCL 029 and CCL 029a)

- **Medical Record: Medical History** (KDHE CCL 029 – Front)
  - ✓ Complete this form in its entirety. We cannot accept the form unless there is something on every line.
- **Medical Record: Medical History Cont. – Immunizations** (KDHE CCL 029 – Back)
  - ✓ You can substitute a Kansas Certificate of Immunizations (KCI) for the immunization section of the back page if your child is not exempted by law. Please make sure to fill in the child's name, date of birth, and make sure it is signed by the parent/guardian.
  - ✓ We prefer to have complete immunization records at enrollment, however KDHE provides a grace period of 60 days to provide this information.
  - ✓ IF your child has a medical condition that requires medication or any other accommodation, please contact the program to review PRIOR to your child's first day. This would include food or seasonal allergies and the use of an EPI pen.
- **Medical Record: Child Health Assessment** (KDHE CCL 029a)
  - ✓ This form must be completed by a nurse who has been approved to perform health assessments, licensed physicians, or a physician's assistant (PA)
  - ✓ If your child has had a health assessment within the last 12 months you can have them complete the form, no NEW assessment is needed

\*Note for Immunizations and Child Health Assessment\* - We prefer to have this form at enrollment, however KDHE provides a grace period of 60 days to complete and return this form. Please note failure to return the complete form within the child's first 60 calendar days WILL result in immediate suspension. (weekly fees are charged during suspension)



### AGES AND STAGES QUESTIONNAIRE (ASQ-3 & ASQ-SE2)

- ✓ The developmental screening tool helps us get to know your child, their strengths and needs



### CHILD AND ADULT CARE FOOD PROGRAM / IEF FORM

- ✓ This program helps us ensure nutritious meals and snack in our program

*Child Development Center Families ONLY:*



**USD 259 Nutrition Services Forms as required by district** (may not be available until the first day of attendance)

**ANTICIPATED START DATE** \_\_\_\_\_

**FORMS AND FEES DUE** \_\_\_\_\_ **BEFORE 5PM**

**Enrollment forms and initial payment are due a minimum of ONE FULL WEEK IN ADVANCE, ON MONDAY, BEFORE 5 PM. Start dates cannot be guaranteed when forms are incomplete, fees are not paid in full, or past the enrollment deadline.**