



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

NM PreK Packet

Welcome to the Central Family YMCA Child Development Center!

Your child is embarking on a journey that will lead them down many roads of discovery and learning. As wonderful as a new experience may be, it can be quite stressful even for the most outgoing of children who have participated in group settings prior to enrolling in our center.

Our curriculum is based on the NM Prek standards, which ensures the children will learn the needed skills and are ready for Kindergarten. Our belief is that children develop physically, mentally and emotionally by actively participating through play in experiences that are significant to them. The YMCA offers a safe and caring environment in which children can begin the path of life-long learning. Our program emphasizes developing a strong self-concept as well as the development of social, intellectual and verbal skills.

Here are a few suggestions for assisting your child during their transition to our center (Keep in mind that staff will be there to provide assistance; ensuring that your child's first day is a great experience):

- Prepare your child for the new school and experience by explaining to them what to expect
- Convey a positive attitude; children can read your feelings
- Establish a routine
- Bring a photo from home
- Make sure your child knows where you will be and when you will return
- Due to the new safety precautions suggested by the CDC parents no longer enter the building. When you arrive please call 505-595-1515 ext. 3 to let us know you are here. One of the staff will meet you at the door, will give your child a once over, check your child's temperature, and you will sign your child in and sign an acknowledgement form. We have noticed this has really helped the children with separation anxiety. We still ask that you walk your child through this process before arriving.

Children 3 and up are required to wear a mask. We allow the children to take the masks off while eating, sleeping and during outside time. If at any time we see that it is becoming an issue for the child we will have them remove it. We are flexible; so far children have been doing great with them.

You will provide your child a lunch and one snack for prek. If your child will attend wrap around care you will need to provide an afternoon snack for that also. As a parent I know how hard it is to know how much to pack your child. I would suggest packing a lot of food to start out with if they don't eat it we will send it home along with a note the first few weeks letting you know how they ate.

We have use an app called Class dojo. This app helps us keep constant communication with families. On this app will post pictures and updates of your child's day. Your child's teacher will send you an invite, you will need to download the app and follow instructions.

We ask families to make an all about me poster with your child and send it to school. With the pandemic and families not allowed in the building anymore I want to stress the importance of this poster. It gives the children a sense of security being able to look up and see pictures of their families in the classroom, it also assistants in

YMCA OF CENTRAL NEW MEXICO

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relationship building with the staff and your child. The staff make one as well. Ideas on what to add to your poster are attached.

Attached to this letter is:

- Child Care Enrollment Form
- Payment Contract
- ASQ Consent form
- Parents Acknowledgment and Statement of Consent
- Child Questionnaire
- Tentative Daily Schedule
- Supply List

* To complete enrollment we must have a copy of your child's current shot records

I would like to introduce our PRE-K team. Ms. Sam will be the lead Pre-K teacher Ms. Sam has 7 years' experience with the YMCA and she has steadily been furthering her education, she has an associate in Early Childhood Multicultural Education and she is working towards her Bachelor's Degree. Ms. Sam is the proud mother of 2 children and has a strong passion for Early Childhood Education She looks forward to guiding your children through this new adventure. Ms. Makiya is coming to us from UNM children Campus and she has been attending UNM and CNM for Early Childhood Education as well working towards a degree. We look forward to welcoming her Makiya to our team.

Again, please let us know if there is anything we can do to help make your child's first day of school a successful transition. We look forward to fun, excitement and learning adventures with your child!

Jody Williamson



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Dear Parent/Guardian:

As part of the NM Pre K, attendance and punctuality is required. Agreeing to participate in NM Pre K at the Central Family YMCA you agree that your child will be at school from 8:30am until 2pm. Attendance will be taken each day and if your child is late or picked up early it will count as a tardy. Attendance will be monitored and if your child is habitually absent or tardy your child will lose their spot.

By signing below you agree that your child will attend each day from 8:30 till 2pm. You agree that if your child is dropped off before 8:25 or after 2:05pm you will be responsible for (wrap around care) fee of \$90 per week.

Parent or Guardian Name: _____

Signature _____

Date _____



YMCA OF CENTRAL NEW MEXICO PRE- K ENROLLMENT FORM

<u>YMCA OFFICE USE</u>
<input type="checkbox"/> Signatures Completed
<input type="checkbox"/> Parent Handbook Received
<input type="checkbox"/> Shot Records Received

PROGRAM SITE		CHILD'S AGE	DATE OF BIRTH	START DATE
CHILD'S NAME		SEX	HOME Public School	
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	EMPLOYEEER	WORK PHONE		
PARENT/GUARDIAN NAME		DATE OF BIRTH	PRIMARY PHONE	CELL PHONE
HOME ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE #	EMPLOYEEER	WORK PHONE		
EMERGENCY CONTACT		RELATIONSHIP	PRIMARY PHONE	
HOME ADDRESS		CITY	STATE	ZIP
EMERGENCY CONTACT		RELATIONSHIP	PRIMARY PHONE	
HOME ADDRESS		CITY	STATE	ZIP

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE

CUSTODY/COURT ORDERS

Are there any court orders affecting custody of this child? yes No If yes, a copy **MUST** be provided for child's file

Are there any restraining orders? Yes No Who has Primary custody of this child? _____

Child may be released to: FATHER MOTHER OTHER/NOTES:

PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT

<p>IMMUNIZATION/ SHOT RECORDS: I understand that due to licensing requirements the YMCA must keep all children's current shot records on file. I understand that I must provide the YMCA with a current copy of my child's shot records prior to their attendance.</p> <p>Parent Signature: _____ Date: _____</p>	<p>YMCA PARENT HANDBOOK: This is to acknowledge that the YMCA of Central New Mexico has provided me with a Payment Schedule, Policies, and my own YMCA Parent Guide/Handbook. I agree to read and adhere to the information included .</p> <p>Parent Signature: _____ Date: _____</p>
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Please provide us with a current email address to receive notifications, reminders, newsletters and other important program information.

PARENT'S E-MAIL ADDRESS

CHILD'S NAME
CHILD'S HEALTH HISTORY
Please list any DIETARY or Physical Restrictions:
Please list any known ALLERGIES:
Treatment to be given when in contact with states ALLERGIES:
Please check all the following that apply to your child's health history
<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> AUTISM <input type="checkbox"/> DIABETES <input type="checkbox"/> ASTHMA <input type="checkbox"/> EPILEPSY <input type="checkbox"/> ASPERGER'S <input type="checkbox"/> DAILY MEDICATION <input type="checkbox"/> OTHER: _____
Medical/dental examinations: Has your child received a recent medical/dental examination? Yes _____ Date _____ No _____ If no, please indicate your interest in receiving a referral for exams. Yes, I would like information: _____
Parent's Understanding of PROBATIONARY PERIOD: I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe your child in the program environment to assess if the needs of the child are being met. I understand that my child must be able to comply with the YMCA guidelines and Code of Conduct stated in the Program Guide/ Parent Handbook.
Parent's Signature: _____ Date: _____

PROGRAM SITE
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to NAME OF PHYSICIAN: _____ ADDRESS: _____ PHONE NUMBER: _____ HOSPITAL OR CLINIC: _____ ADDRESS: _____ PHONE NUMBER: _____
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. Unless selected otherwise, your child will be taken to the nearest emergency facility available.
Parent's Signature: _____ Date: _____
INSURANCE INFORMATION My child does _____ does not _____ have medical insurance for accidents and illnesses. I understand that if my child is uninsured that I will be responsible for any incurred medical costs due to any treatments, Medical
Name of Insurance Co, _____ ID # _____
Group # _____ Expiration Date _____
Parent's Signature: _____ Date: _____

YMCA OF CENTRAL NEW MEXICO Wrap Around Care Enrollment Agreement
<p style="text-align: center;"><u> </u> Check here if you want to be enrolled in wrap around care</p> <p>Welcome to the YMCA of Central New Mexico Child Care Programs. The terms of this enrollment are: as following: Please note that the Y's policies, procedures, philosophy, etc. are more fully stated in the Child Care Parent Handbook. Please read it carefully; your signature at the bottom will mean that you understand and will follow the Y's procedures and policies.</p> <ul style="list-style-type: none"> • Payment and completed registration form is due before attendance. • Weekly tuition is due no later than 6:00 p.m. on the Wednesday prior to the week's service is to be provided. • The YMCA does not accept temporary checks as payment. If payment is not received by Wednesday at 6:00 p.m. for the following week, a \$10.00 late charge will be added to the amount due. Attendance will not be allowed the following week until payment is received in advance. • We recognize that many families have differing needs and we are willing to work with you on a case by case basis. Should you have any questions or concerns, you are encouraged to call your branch and speak with the Program Coordinator or Child Care Executive Director. • There is a \$5 discount for a second child and every subsequent child from the same family attending YMCA child care programs. • Parents are required to sign children in and out of the program on a daily basis. • Late Pick-Up Fee: The YMCA Child Care hours are 7:00am – 6:00pm, Monday – Friday. There is a late pick-up charge of \$1.00 per minute, or portion thereof, for each child picked up after 6:00 p.m. Fee is due before or on the next day of attendance. • Medications must be in the original container and can be administered only with doctor's instructions and parent's written authorization. • The YMCA will not be responsible for personal property brought from home. Games, electronic toys, and other expensive items should not be brought to the YMCA. • Damage to any property or vehicle that occurs from a deliberate act of any child while attending our programs will be repaired or replaced at full expense by the child's parent or guardian. • The YMCA reserves the right to disenroll a participant at any time. • Vacation Policy: Childcare programs have a two week vacation allowance in which parent's may chose for children to be absent without payment. The family must be in good financial standing with the center and children must be absent from the center. There are no rollovers. Vacation time must be taken before Dec. 31. Payment ensures child's spot in program. A two week notice is required for vacation time being taken. A two week written notice of dis-enrollment is also required.
I understand and accept the YMCA of Central New Mexico terms and conditions of enrollment.
Parent or Guardian's Signature _____ Printed Name _____ Date _____



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Central Family YMCA Pre-K Annual Calendar

Date	Description	Status (School or no school)	Wrap around care offered* (Y or N)
8/17/2020	First day of school		
9/7/2020	Labor day	No school	No
10/8-10/9	Fall Break	No School	Yes
11/3/2020	Election Day	No School	Yes
11/23-11/24	Parents Teacher Conferences	No School	yes
11/25-11/27	Thanksgiving Break	No School	Yes 11/25 till 5pm No 11/26-11/27
12/21/2020-1/1/2021	Winter Break	No School	No 12/21-12/25 Yes 12/28-12/31(Till 1pm) No 1/1/2021
1/4/2021	Professional Development day	No school	Yes
1/5/2021	First day Back		
1/18/2021	Martin Luther King	No School	No
2/15/2021	Presidents day	No School	Yes
3/18-3/19	Parents Teacher Conferences	No School	Yes
3/22-3/26	Spring Break	No School	Yes
4/2/2021	Vernal Holiday	No School	Yes
5/28/2021	Last day of School		
6/2/2021	Summer starts	No School	Yes

Number of Instructional Days Listed by Semester

1 st Semester: 82 days	2 nd Semester: 96 days
August: 11 Days	January: 18 Days
September: 21 Days	February: 19 Days
October: 20 Days	March: 18 Days
November: 16 Days	April: 21 Days
December : 14 Days	May: 20 Days

** Wrap around care cost \$90 per week for before and/or after. It is \$20 per day for Holidays or Other days off. You must register and pay separately for each holiday break and day off. **



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YMCA of Central New Mexico Parent Payment Contract NM Pre- K Wrap around care

Payment Policies-

- Payment is to be made in advance of services, on or before 6:00 p.m. the Wednesday prior to the week of attendance.
- Payment made later than the Wednesday prior to attendance or outstanding balances incur a \$10.00 late fee per late week per child.
- For safety, quality and curriculum reasons children are expected to attend weekly. A two week (Monday thru Friday) vacation is allowed each year if a 2 week notice is given. All other weeks during the year are expected to be paid regardless of attendance. These weekly payments will reserve your child's spot in the program.
- There is a \$5.00 discount for subsequent siblings attending from a family.

The current weekly rate for attendance is as follows:

- \$90 Per week (Before and After) *weeks with extra days off will not be prorated this is accounted for with pricing*
- \$20 per day for holidays or other days off (must register pay separately for each holiday and day off)
- Payment may be made at any of the YMCA offices, in person or by telephone, or an automatic payment form can be filled out and turned in to the office. The YMCA accepts cash, personal checks, money orders, Visa, MasterCard, Discover and American Express.

Personal Information-

Child's Name _____ Enrollment Date _____

Child's Name _____ Enrollment Date _____

Weekly Fee: _____ (Includes all applicable discounts.)

I have read and understand the above payment policy. In addition, I understand that payments made after the Wednesday prior to the date of attendance are subject to a late fee for that week.

Parent Signature _____ Date: _____



Dear Parent/Guardian:

As part of the FOCUS program our center is in and continuing our way down the path of continuous quality improvement, we are going to be doing a screening on all of the children in our program. Your child's first 5 years of life are so important and, we want to help you provide the best start for your child. As part of this we provide Ages and Stages Questionnaires (ASQ) to help track your child's development. A questionnaire will be provided every 2 to 6 months. You will be asked to answer questions about some things your child can or cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, personal social skills, and social emotional development. We are going to be doing the questionnaire along with you it is beneficial when we both do the questionnaire to be able to compare home and school answers.

If the questionnaire shows that your child is developing without concerns, we will provide activities designed to encourage your child's development and we will provide the next questionnaire at the appropriate time. If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. No information will be shared without your consent.

_____ I have read the above description of the monitoring program, and I wish to participate.

_____ I have read the above description of the monitoring program and I understand the purpose of it and I do NOT wish to participate.

Parent or Guardian

Signature _____

Date _____

Child's Name _____

Childs Birthdate _____

Childs Due Date (If 3 or more weeks premature) _____



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Parents Acknowledgment and Statements of Consent

Parents Understanding of Probationary periods and Ratios: I understand that my child’s enrollment is on a probationary period of up to two weeks. During this period YMCA staff will observe my child in the program environment to assess if the needs of my child are being met. I understand that my child must be able to comply with the YMCA guidelines and the Code of Conduct stated in the Program Guide/Parent Handbook. I understand the YMCA Central New Mexico Early Childhood Programs staffs at a ratio of 1:10.

Do you feel this ratio is adequate for your child’s needs? () YES () NO

If NO, Please Explain: _____

Parent Signature:_____ Date:_____

Water Activities: I, hereby give my consent for my child to participate in water activities that might be offered by the YMCA.

Parent Signature:_____ Date:_____

Diaper Cream I, hereby give my consent for YMCA staff to apply Diaper Cream to my child. I understand that I must provide it the Diaper Cream I would like used.

Parent Signature:_____ Date:_____

Sunscreen: I, hereby give my consent for YMCA staff to apply sunscreen to my child. I understand that they will provide sunscreen; if I want specific sunscreen to be applied I must provide it.

Parent Signature:_____ Date:_____

Transportation: (required for participation) I, hereby give consent for my child to be transported and supervised by the YMCA to and from fieldtrips. Advance notice will be given.

Parent Signature:_____ Date:_____

Permission to Photograph:

From time to time photographs of children in our program will be taken for educational and publicity purposes. These picture will be representative of the enriching experiences offered to your child during daily activities. Only first names and possibly last initials (in the event of two or more children with the same first name) will be used. I give my permission for the YMCA Central New Mexico to photograph my child:

(Circle) Accept Decline

Parent Signature:_____ Date:_____



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Child Questionnaire

Completed By: Mom / Dad / Grandparent / Other: _____

Childs Name: _____ Date of Birth: _____ Date: _____

Do you have any specific concerns you would like to address today? Yes/No If so What?

Social History:

Has your child attended a day care or preschool? Yes/ No If so Where? _____

Any other Activities: _____

What are some things that might upset your child? _____

What helps to comfort your child when they are upset? _____

Diet:

Describe your child's diet: (Circle all that apply)

How is your Childs Appetite? _____

Eating habits:

Adventurous (will eat anything) Cautious (will try new things if encouraged) Picky (will only eat a few things)

Does your child still use a bottle or Sippy Cup? _____

Sleep:

Describe your child's sleep pattern: _____

Are they easy or hard to get to sleep? _____

Do they take naps? Yes / No If yes , how many and how long? _____

Do they use a bottle or sippy cup in bed? _____

Temperament:

Describe your Child temperament? _____

(circle all that apply)

Happy / Sad / Loud / Quiet / Outgoing / Shy / Cautious / Serious / Daredevil / Silly / Serious/ Calm / Busy

What other words would you use to describe your child? _____

Have there been any recent changes in the home environment? (new home, new people, new job, loss of family member etc.)? _____



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Family Cultural Information

The YMCA is interested in knowing what traditions are important to your family. The questions below will help us to understand your family and thus allow us to create classroom traditions that reflect traditions in our group.

1. What are some things your family likes to celebrate? Example: holidays, sports events, family achievements.

2. What are some special things your family likes to do together? Do you have traditions that you celebrate together?

3. From these celebrations what activities might you want to share with your child's class. Examples: homemade cards, bake special foods, songs, games.

4. Please share with us any hobbies or talents you have that you would be willing to do in your child's class. Examples: dance, pottery, gardening.



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NM Pre K Daily Schedule

7am-8:30am – Before Care

8:30am- Morning Meeting

9am -9:30am – Morning snack

9:30-10am - Self Selections (Centers) (small group projects)

10am-11am –large group project

11 am-12pm –Gross Motor (outside time)

12pm-1pm – Lunch

1pm-2pm - Nap/Rest time

2pm-6pm – After Care



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Pre-K School Supply List

- 2 bottles of glue
- 2 glue sticks
- 2 boxes of Kleenex
- 2 containers of water colors
- 2 box of washable markers
- 1 Ream Computer Paper
- 1 Package Play dough

Wish List Items

- Colored dry Erase Markers
- Sponges
- Clorox Wipes
- Lysol Spray

First Day Items to Bring

- A Lunch and 2 snacks
- 2 sets of extras clothes
- A water bottle
- A container to hold extra clothes, etc. in their cubby
- A small pillow and blanket for nap time
- 1 bottle of sunscreen

We encourage children to express themselves through creativity on a daily basis. We tend to go through supplies quickly and we may ask for donations of additional supplies as the year goes along. During special projects, children may be asked to bring in specific supplies as well. Thank you for your help and support.