



## 2025-2026 PRESCHOOL ENROLLMENT AGREEMENT

Child's Name \_\_\_\_\_

### UNDERSTANDING

I understand that I am enrolling my child for the 2025/2026 Preschool at the Complex school year. I understand that my child's records (contacts, phone numbers, emails, and authorized pick-ups) are my responsibility to keep current and accurate. I will update my child's records in writing to the Preschool Director via email or hard copy whenever there is a change.

### MONTHLY TUITION PAYMENTS, LATE PAYMENTS & HOURS OF OPERATION

I understand that I am responsible for enrolling in the automatic credit card payment program for monthly Preschool tuition payments. With the automatic credit card payment program tuition charges will be assessed on the first day or first business day of the month. September payment is required on August 1, 2025. Next payment due will be the October tuition on September 1, 2025, etc. Please note we require set up of credit card or debit card for monthly tuition throughout the school year. You can set up your draft account by calling the Preschool at 803-547-1064. Your card will automatically be charged on the first or first business day of each month. 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, I understand that my child will not be allowed to attend the preschool program until full payment has been satisfied or payment arrangements have been made.

I understand that Preschool Hours of Operation are as follows:

Threes 8:45am.– 12:00pm – late fees begin at 12:15pm

Fours 8:45am – 12:30pm – late fees begin at 12:45pm

If I am late picking up my child, a charge of \$10 for every 10 minutes late will be added to my account.

## **EARLY WITHDRAWAL**

I agree to give a 30 day notice in writing prior to withdrawal from the Preschool program during which time. I will be responsible for the current monthly fee that my child is in attendance. Written notice of withdrawal must be given to the Preschool Director.

## **ABSENCES DURING PROGRAM**

I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not actual time spent at the program. No credit will be given for days missed due to illness, vacations, weather, teacher workdays, or holidays.

## **AUTHORIZED PICK UP**

I understand that my child will not be released to any unauthorized person without my consent based on identified preschool procedures as described in the handbook. All authorized persons need to come into the preschool with picture identification.

## **PERMISSIONS – PLEASE INITIAL**

YES\_\_\_\_\_ NO\_\_\_\_\_ I hereby give my child permission to participate in all indoor and outdoor activities of the preschool program including swimming and occasional field trips.

YES\_\_\_\_\_ NO\_\_\_\_\_ I hereby give the Preschool staff permission to include my child's name, parent(s) name, telephone number and email address on a class roster which will be distributed to each family.

YES\_\_\_\_\_ NO\_\_\_\_\_ I hereby give permission to have my child appear in any media coverage or UPYMCA publications.

YES\_\_\_\_\_ NO\_\_\_\_\_ I hereby give permission for my child to watch educational videos which compliment school themes.

**MEDICAL CERTIFICATION AND AUTHORIZATION** I certify that my child is of good mental and physical health and I am not aware of any health or physical limitations that would interfere with participation in the Preschool at the Complex activities. I have disclosed all my child's severe allergies to food, plants, or insects. I give permission to authorize emergency care to my child in the event that neither I nor the physician can be contacted and accept financial responsibility for such services. I understand that no medications will be administered to my child during the preschool program with the exception of inhalers and epi pens for severe allergic reactions.

The Emergency Medical Treatment form must be completed and will be kept with the emergency medication in a plastic bag on site. Absolutely NO type of medication should arrive at school in my child's possession. I understand that for my child to attend Preschool at the Complex, documentation of vaccinations must be provided prior to start date.

### **PRESCHOOL DISCIPLINE POLICY**

I understand that the purpose of discipline is to help my child learn acceptable behavior and develop self-control. Positive behavior is encouraged through hands-on interactive activities and centers developed for both indoor and outdoor recreation experiences. Kind words, hugs, words of encouragement and praise will be used to instill repeated good behavior. The use of physical discipline will never be used. Behavior modifications for child discipline include: 1) Reminder of the rules; 2) Redirection to another activity; and 3) Time out for reflection. If misbehavior continues, the child will be removed from the situation and have a talk with the Preschool Director. If improper behavior continues following the meeting with the Preschool Director, a conference will be set up with parents to ask for their assistance in resolving the conflict. If the misbehavior continues after the conference, parents will be contacted to come in and remove their child from the center. At this time the child could be put on suspension. No center can meet the needs of all children and we reserve the right to terminate services when a child's behavior poses a direct or significant threat to the health or safety of others, self, and/or fundamentally alters the classroom program.

### **WAIVER AND RELEASE**

The Preschool at the Complex is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) personally and on behalf of the child assume(s) all risk of injury or harm to the child associated with participation in Preschool at the Complex and agree(s) to release, indemnify, defend and forever discharge the Preschool at the Complex, Upper Palmetto YMCA and it's staff, employees, volunteers and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss of damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in Preschool at the Complex, unless primarily caused by the negligence of Preschool at the Complex staff.

## INSURANCE/EMERGENCY TRANSPORT

I, the undersigned, Parent or Legal Guardian of the registered participant, certify that the named participant is covered by an insurance program with \_\_\_\_\_ Company, which will compensate for injuries incurred while participating in Preschool at the Complex. In the event that my child (name) \_\_\_\_\_ is injured or becomes ill and/or needs medical attention for any reason, and I cannot be contacted, this authorization will serve as my/our request and permission for Preschool at the Complex to call for medical assistance for my child. In case of an emergency, I request that my child be taken to \_\_\_\_\_ Hospital. I am a lawful parent and/or guardian of the child set forth herein and consent to the child's participation in Preschool at the Complex. By signing this agreement, I understand and agree to the terms and conditions set forth upon this agreement.

Father/Guardian Signature & Date \_\_\_\_\_

Mother/Guardian Signature & Date \_\_\_\_\_

## 2025-2026 Health and Medical Information

Child's Name \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Health Condition(s)/Physical Limitations \_\_\_\_\_

\_\_\_\_\_

Does Child Take Medications? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

List any additional information that staff needs to be aware of for the wellbeing of your child.

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION OF PARENTS/GUARDIAN

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Emergency Contact Information IF Parent/Guardian is Not Available

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

2025-2026 Family Information

Child's Name \_\_\_\_\_

Mom's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Dad's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Sibling(s) Name Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet(s) Type Name

\_\_\_\_\_  
\_\_\_\_\_

Grandparents

\_\_\_\_\_  
\_\_\_\_\_

Family information you may wish to share in order for us to best serve your child and family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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