



February 2023

Dear Giant Step Parent,

Thank you for choosing the Brandywine Y for your child's preschool experience. We look forward to providing a safe, nurturing, and fun preschool experience. Please complete and return the enclosed registration forms as soon as possible. Registration is accepted on a first come first serve basis.

HOW TO REGISTER:

1. Fill out and return the fact sheet, health form, getting to know you and swim form, bank draft form, and parent checklist. Please read, sign and return the Behavior Expectations & Procedures, Photo, Video and Audio release, and Child Protection Information forms. Children are not able to start school until all required forms, **including the health form**, are on file.
2. Payments are set up on bank draft using your debit or credit card accounts. Tuition will be deducted on the 1st of each month. Statement billing is not an option.
3. You can turn in the registration forms at the Member Services Desk of the Y. Full member registration for new students begins February 28th, community members March 7th.

Tuition is paid in 9 equal payments beginning September 1st and ending May 1st. If payment is not received by the 15th of each month, your child will no longer be permitted to attend our program.

Applications for financial assistance can be found on the YMCA of Delaware website. **Current recipients need to reapply for the 2023-2024 school year prior to June.**

An informal open house will be held in September for the 2023-2024 classes to give your child a chance to see their classroom and meet their teachers and classmates before school starts on the tentative date of September 11th, 2023. You will receive more details concerning the open house in August.

In order to provide our preschool program to as many members as possible, we would appreciate you letting us know if your plans changed and your child will not be attending Giant Step in September. If you have questions about registration or the Giant Step program, please do not hesitate to call me, 478-8591, or e-mail, boconnor@ymcade.org. We look forward to seeing you again next year!

Sincerely,

Bridget O'Connor
Preschool & Family Director



Brandywine YMCA Preschool Programs 2023-2024

Giant Step – *for children ages two through five*

Giant Step is a preschool program for children ages two through five that will contribute to all aspects of your child's development: physical, cognitive, language, social and emotional. In the Giant Step program, we promote learning through a variety of themes and lesson plans. We encourage children to participate in play, physical activities, music, learning center, circle time and hands-on activities. The program includes weekly swim time, large motor activities, dramatic play, music, arts and crafts, giggles and games. Classes are available at the Brandywine YMCA from 9 a.m. – 12 noon, September through May.

Preschoolers learn best through playful interaction with the environment around them. Repetitive activities with concrete objects will stimulate thinking and your preschooler will learn new concepts. Language is developed rapidly and can benefit from continued encouragement and guidance. The Giant Step staff strives to give your child the best learning environment possible. We encourage the children to try new things, build relationships, build self-esteem and practice new skills through play, play, play.

2 year old program (must be 2 by 9/1/23)
(will not swim)
Days: Monday, Wednesday, Friday

3 year old program (must be 3 by 9/1/23)
Days: Monday through Friday or
Monday, Wednesday, Friday

4 year old program (must be 4 by 9/1/23)
Monday through Friday

Lunch Bunch

Monday, Wednesday & Friday 12-1pm
Offered to our Giant Step children who want to stay for lunch and socialize with their friends. Children need to bring lunch from home. Additional info will be sent home at the open house.

Giant Step Monthly Tuition

	Full Member	Community
3 days	\$320	\$395
5 days	\$395	\$470

**GIANT STEP
FACT SHEET**

Please complete this sheet and return to the YMCA regarding your child's participation in the Brandywine YMCA Preschool program for the 2023-2024 school year.

Child's name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Child's Age as of Sept. 1, 2023 _____

Home e-mail: _____

Mother

Father

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Business phone: _____

Business phone: _____

Business e-mail: _____

Business e-mail: _____

My child will start: _____ (date)

Membership: Full Community Staff

Register my child for:

4 year old class, 9 a.m.-12 noon

(child must be 4 by 9/1/23)

Monday-Friday

2 year old class, 9 a.m.-12 noon

(child must be 2 by 9/1/23)

(will not swim)

M/W/F

3 year old class, 9 a.m.-12 noon

(child must be 3 by 9/1/23)

Monday-Friday

M/W/F

Emergency Contacts other than parents:

Emergency Contact #1: _____

Phone: _____

Emergency Contact #2: _____

Phone: _____

Physician: _____

Phone: _____

Medical Problems/Allergies: _____

Health Insurance Company: _____ Policy Number: _____

PLEASE LIST ADULTS WHO ARE AUTHORIZED TO PICK UP THIS CHILD. PARENTS SHOULD LIST THEMSELVES ON THE LIST.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

PLEASE LIST ANY ADULTS, THAT ARE NOT AUTHORIZED TO PICK UP THIS CHILD

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

Treatment/ Emergency care/Transportation – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.

Signature _____

Photo/video release – I give permission for my child to be photographed and/or interviewed for promotional purposes.

Signature _____

Screen Time Usage – I give permission for my child to use computers and view interactive age-appropriate and educational videos. Screen time will be less than 30 minutes.

Signature _____

Receipt of Parent Handbook – I acknowledge that I have received, read and understand the Parent Handbook.

Signature _____

Parents Right to Know Notice

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed childcare facility. To review a childcare facility record contact:

Ellen Linen, Adm. Support Specialist I	OR	Dawn Clarke, Adm. Support Specialist I
Office of Child Care Licensing		Office of Child Care Licensing
3411 Silverside Road		821 Silver Lake Blvd, Suite 102
Concord Plaza, Hagley Building		Dover, DE 19904
Wilmington, DE 19810		302-739-5487
302-892-5800		

I acknowledge that I received the notice of a Parents right to Know as part of the application packet of materials from the YMCA of Delaware, Brandywine Branch.

Parent Signature: _____

Date: _____

**Parent Checklist
Giant Step Program**

Child's Name _____

Parent/ Guardian _____

Please initial after each item below and return to the Brandywine YMCA:

1. Monthly payments are due on the 1st of the month.
First payment is due September. Last payment due May. _____

2. If tuition payment is not received by the 15th of the month, my child will not be permitted to remain in the program until payment is made. If payment is not received by the end of the month, I will lose my spot in the Giant Step program and will not be able to sign up for any Y programs until balance is paid. _____

3. Requests to change your child's schedule must be made in writing to the Giant Step director, no later than the 1st of the month. _____

4. A physical done in the last 12 months that includes lead screening and updated immunizations signed by a doctor and parent must be on file before your child starts the program. **All children born after March 1, 1995 must be lead tested.** If you are returning to our program and your physical includes lead screening that was done in the last 12 months, your previous physical is still valid. _____

5. I have received and read the 2023-2024 parent handbook. _____

Paying for 2023-2024 Giant Step on Draft System.

I hereby authorize the YMCA of Delaware, to initiate debits to the credit cards/debit cards indicate below. Statement billing is not an option.

Signature

- To begin bank draft, complete section 1 and 2 and return with your registration form to the YMCA.
- Only Credit Card and Debit Card EFT payments are accepted.

SECTION 1

Name of Parent _____

E-Mail Address _____

Name(s) of children and the program(s) they are participating in:

Name	Program	Amount each payment
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_____	_____	_____
_____	_____	_____

SECTION 2 – Credit Card EFT

Please see membership staff at front desk to enter your credit card number

FULL NAME ON CREDIT CARD _____

CREDIT CARD/ DEBIT CARD NUMBER _____

EXPIRATION DATE _____ CVS _____

Charge on: 1st of the month _____

If the YMCA is unable to draft a payment due to insufficient funds, I understand the overdue payment and the current tuition payment will both be deducted the following month.

Signature _____

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____