

TWICE AS NICE PRESCHOOL

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APPLICATION FORM 2023-2024

Child's Information

Child's Last Name	Child's First Name	Nickname
Date of Birth	Gender M F	Program (choose one)
Street Address	City/Town	State/Zip Code

Parent/Guardian Information

Parent/Guardian #1 Name	Date of Birth	Cell Phone
Street Address	City/Town	State/Zip Code
Email Address	Employer	Employer Phone

Parent/Guardian #2 Name	Date of Birth	Cell Phone
Street Address	City/Town	State/Zip Code
Email Address	Employer	Employer Phone

Parents' Marital Status <ul style="list-style-type: none"><input type="radio"/> Married<input type="radio"/> Separated<input type="radio"/> Divorced<input type="radio"/> Widowed<input type="radio"/> Single	Are there any active court orders related to the child's custody or release? <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p>If yes, a copy MUST be provided prior to the start of the program.</p>
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Enrollment Information (Please check the program your child will attend)

Preschool/PreK (7:30am-5:00pm) 2 3 5 Days	Toddler (7:30am-5:00pm) 2 3 5 Days
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Please check one: <ul style="list-style-type: none"><input type="radio"/> School Year (9/5/23 - 6/14/23)<input type="radio"/> Year Round Program	Please indicate start date:
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I am a:

<input type="radio"/> Family/Single Parent NCYMCA Member	<input type="radio"/> Non-Member
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FINANCIAL AGREEMENT

I agree to pay **Twice As Nice** the following tuition for my child's enrollment:

- **Non-Refundable Registration fee** in the amount of \$60.00 at the time of registration.
- **Tuition** \$_____ per week is due weekly and must remain paid one week in advance at all times.
- **Tuition Late fee policy:** Payments must be made on the due date, or a late fee will be assessed. A \$20.00 late fee will be assessed, for each late payment received.
- **Auto-Debit:** Please complete the Auto-Debit form attached to this packet. Your Bank Account or Credit Card will be debit on the Monday of every week.
- **Vacations/Holidays:** Twice As Nice does not refund or prorate for vacations or holidays.
- **Late fee pick-up policy:** Your TAN account will be charged a late fee of \$1.00 per minute that you arrive past your scheduled pick-up time. The total late fee will be included in the next payment due. Any parent who continuously picks their child up late, will be charged a \$20.00 late fee for each occurrence.
- **A one month written notice is required if your child will be withdrawing from the program.**

ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE.

- Please make checks payable to Newport County YMCA.
- DHS # (if applicable): _____

Parent Signature _____ **Date** ____ / ____ / ____

PHOTOGRAPH AUTHORIZATION

- I give Twice As Nice and the Newport County YMCA permission to photograph my child. I understand that these photographs may be displayed at Twice As Nice and may also be used for advertisement purposes.
- No, thank you. Please do not photograph my child.

Parent/Guardian Signature

Date



Rhode Island Department of Human Services

Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

Emergency Contact Information	
Full Name:	
Relationship:	<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
Primary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Full Name:	
Relationship:	<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
Primary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Full Name:	
Relationship:	<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
Primary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Full Name:	
Relationship:	<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
Primary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Anyone authorized to pick up your child, including the parent/guardian, must provide a picture ID to the staff that is assisting with signing out your child. All parties must show a picture ID until the staff members become familiar with the person picking up the child.

Parent/Guardian Name (Print) _____
Relation to Child

Parent/Guardian Signature _____
Date



Rhode Island Department of Human Services

Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

Authorization Statement	
Child Care Provider/Program Name:	
Child's Name:	Date of Birth:
In consideration of admittance, I hereby authorize _____ <i>Child Care Provider/Program Name</i>	
located at _____ <i>Number and Street</i>	RI _____ <i>City/Town</i> _____ <i>Zip</i>
to arrange for medical examination and/or treatment of my child _____ <i>Child's Full Name</i>	
should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.	

Preferred Hospital		
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.		
Name of Hospital:		
Number and Street:	State:	Zip:

Physician and Insurance Information	
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.	
Name of Doctor:	Phone:
Health Insurance Carrier:	Policy Number:

Emergency Contact Information
In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contact and authorized persons must be listed.
Authorized Person: An authorized person can pick up a child from care with no confirmation from a parent/guardian. An authorized person may also be contacted if the program cannot get ahold of the parent.
Emergency Contact: An emergency contact can pick up a child from care ONLY if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.
Please complete the following form listing the authorized and/or emergency contact persons in the order you wish them to be contacted (For example: The first contact listed is the first person that will be called if a parent/guardian cannot be reached).

Dear Parent/Guardian:

In order for any child to attend school in Rhode Island, it is ***mandated*** that a **Physician's Record of Health and Immunizations, including flu vaccine** be provided to school officials.

In addition, please respond to the questions listed below concerning your child. Sign and date this page prior to returning it to school.

Child's name: _____

Has your child had a tuberculin skin test? Yes____ No____

If yes: Date: _____ Positive _____ Negative _____

Has your child had a lead screening test? Yes____ No____

If yes: Date: _____ Positive _____ Negative _____

Has your child ever visited a dentist or dental clinic? Yes____ No____

Are there any conditions which should be brought to the attention of teachers and/or nurse in school, e.g. allergies, seizures, surgery etc?

Yes____ No____ Please specify: _____

ALLERGIES:

Does your child have any food or other allergies? YES____ NO____

Please list allergies: _____

Does your child require an EpiPen, Benadryl, or any other medication?

YES____ NO____

If you answered yes, you must send your child to school with a note from your Physician.

Parent/Guardian Signature

Date

Help us get to know your child!

Child's name: _____

Has your child gone to preschool or daycare before? Yes No
If so, where? _____

Please describe previous experience: _____

Does your child play well alone? Yes No
Does your child play well in groups? Yes No

Please check words below that describe your child:

Friendly	Aggressive	Shy	Withdrawn
Dependent	Independent	Impulsive	Fearful
Quiet	Sympathetic	Attentive	Even-tempered
Sleepy	Stubborn	Happy	Clumsy

What makes your child mad or upset?

Are there any situations your child finds difficult?

What frightens your child? _____

How does your child show his/her feelings? _____

What is the best way of handling your child? _____

Does your child have any difficulties in speaking? Yes No
Does your child speak another language? Yes No Specify _____

Has your child ever been separated from either parent for an unusual period of time?
Yes No If yes, please explain: _____

Toilet Habits:

Is your child toilet trained? Yes No
Does your child need to be reminded to go to the bathroom? Yes No
Word used for urination: _____ Bowel Movement: _____
Does your child need to go more frequently than usual for his/her age? _____
Does your child have accidents? _____

Sleeping:

What time does your child go to bed at night? _____ Wake up? _____
Does your child nap? Yes No Time? _____ to _____

Eating:

Is your child usually hungry at mealtimes? _____ between meals? _____

What foods does your child refuse to eat? _____

What eating problems does your child have? _____

Any food allergies or any other allergies? _____

Additional comments:

Milestones

Has your child learned to:

1. Say nursery rhymes?	No	Yes	
2. Sing songs?	No	Yes	
3. Listen to stories?	No	Yes	
4. Say his or her name?	No	Yes	
5. State his or her age?	No	Yes	
6. Recognize and name common objects?	No	Yes	
7. Follow simple directions?	No	Yes	
8. Can your child count?	No	Yes	How far? _____
9. Balance on one foot?	No		
10. Throw and catch a ball?	No	Yes	
11. Ride a tricycle?	No	Yes	
12. Draw a person?	No	Yes	
13. Write his/her name?	No	Yes	

What do you hope will be included in your child's preschool program?
