



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WE DIG Y PRESCHOOL

DISCOVER • IMAGINE • GROW

NEW ADDITIONS FOR 2025-2026

Updated Class Times • Extended Program Days • Enhanced Aquatic Curriculum

Y Tykes Academy

Children: 3-4 yr. olds

8:30am -11:30am

5 days; Monday-Friday

\$95 Registration Fee

Y Member: \$210 month

Non-Member: \$250 month

Parent's must bring in copy of their child's Birth Certificate.



**2025-2026
YMCA PreSchool
Illinois Valley YMCA
815.223.7904**



Welcome

To Y-Tykes Pre-School



Dear Parents,

We are delighted that you have chosen the Illinois Valley YMCA Pre-School Program for your child this year. It is our goal to make your child's preschool experience a memorable one that is filled with learning and fun!

You and your child are responsible for snacks. A list will be distributed the first week of school. We look forward to seeing you on the first day of school.

Illinois Valley YMCA 2025-2026 Preschool Registration

Y Tykes Academy: 3 & 4 year olds

Y Members (\$210) & Non-Members (\$250) 8:30am to 11:30am / 5 days a week

Tykes Academy includes swimming and gym time.

Must be 3 yrs. old by Sept. 1st, 2025 - **NO EXCEPTIONS!**

Registration & Supply Fee: \$95 (Non-refundable)

Requirements & Information

Parents are required to provide physical exam records with all immunizations up to date

- New records must be provided each year. (Signed by the physician)
- Child's Birth Certificate (Certified)
- All full classes have 2 qualified instructors (1 teacher & 1 assistant)
- **All class tuition is to be paid by BANK DRAFT.**

CLASS BEGIN TUESDAY, SEPTEMBER 2, 2025

Respect

Caring

Responsibility



Honesty

Illinois Valley Y
Child Enrollment Information

General Information:

Child's Name _____ Name Used at Home _____

Address _____

City _____ Zip Code _____ Phone Number _____

Date of Birth _____ Present Age _____ Sex: M/F _____

Email _____

Parents Name Address Phone

Mother _____

Father _____

Legal Guardian _____

Places of Employment Name Address Phone

Mother _____

Father _____

Legal Guardian _____

Family Status

Marital Status: Married/Divorced/Separated/Single

If divorced or separated, who has permanent custody of the child? _____

Do we have a copy of custody papers on file? Yes/No

Names and Ages of Other Children at Home

	Age	Relationship
_____	Age	Relationship
_____	Age	Relationship
_____	Age	Relationship
_____	Age	Relationship
_____	Age	Relationship



Illinois Valley YMCA Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Y's Pre-School. Keep and refer to your copy of the YMCA Pre-School Policies. Your signature below indicates that you have received and read them.

I understand that the YMCA Staff and Volunteers are not allowed to babysit or transport children at any time outside of the YMCA Program. **There will be immediate disciplinary action taken by the YMCA towards staff and volunteers if a violation is discovered.**

I understand that I am not to leave my child at the YMCA or program site unless a YMCA Staff or Volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA Pre-School to inform them of the change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse to contact the police. Please DO NOT put Y Staff in a position where they have to make that decision, and we ask that you DO NOT put your child in an unsafe position.

I understand that the YMCA is mandated by state law to report any suspected cases of abuse or neglect to the appropriate authorities for investigation.

I have read and understood the statements above.

Mother's Signature/Legal Guardian

Date

Father's Signature/Legal Guardian

Date

Pre-School Pick-Up Authorization

The following names are people I have entrusted the responsibility of picking up my child/children from the Illinois Valley YMCA Pre-School Program.

I understand that, if for some reason (i.e. family emergency), somebody else will be picking up my child. I must first notify the YMCA at 815.223.7904 and give the name of that person.

I also understand that the YMCA Staff, in my child's best interest, will not allow my child to leave with anyone who is not on the list or with anyone who appears to be intoxicated. The staff will notify the proper authorities of any problems that will put your child in danger of any kind.

Father's/Legal Guardian Signature _____ Date _____

Mother's/Legal Guardian Signature _____ Date _____

Authorized Persons

<u>Print name</u>	<u>Sign Name</u>	<u>Phone Number</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone # Home	Work	
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts		
Age/Grade															
	R	L	R	L	R	L	R	L	R	L	R	L		R	L
Vision															
Hearing															

Student's Name <small>Last First Middle</small>	Birth Date <small>Month/Day/ Year</small>	Sex	School	Grade Level/ ID #
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No		Yes	No
Birth defects?	Yes	No	Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Diabetes?	Yes	No	Serious injury or illness?	Yes	No
Head injury/Concussion/Passed out?	Yes	No	TB skin test positive (past/present)?	Yes*	No
Seizures? What are they like?	Yes	No	TB disease (past or present)?	Yes*	No
Heart problem/Shortness of breath?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Heart murmur/High blood pressure?	Yes	No	Alcohol/Drug use?	Yes	No
Dizziness or chest pain with exercise?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Dental <input type="checkbox"/> Braces <input type="checkbox"/> •Bridge <input type="checkbox"/> •Plate <input type="checkbox"/> Other _____		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature _____ Date _____		
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test:	Date Read	/ /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	mm _____
Blood Test:	Date Reported	/ /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	Value _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g.Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified,please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Print Name	(MD,DO, APN, PA) Signature	Date
Address	Phone	

(Complete both sides)

Illinois Valley YMCA Facility User/Visitor Agreement

(STAFF) FILL IN MEMBER ID#

Date _____ MEMBER GUEST@ _____ YMCA

Name _____ Address _____

City _____ State _____ Zip Code _____ Date of Birth ____/____/____ Gender _____

Home/cell Phone _____ Email _____

In Case of an Emergency, Please Notify:

Name _____ Date of Birth ____/____/____

Phone Number _____ Relationship _____

Secondary Emergency Contact (required for anyone under 15 years of age.)

Name _____ Date of Birth ____/____/____

Phone Number _____ Relationship _____

I agree to follow all rules and regulations of the Illinois Valley YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment or participation in any program affiliated with the YMCA without respect as to location, I hereby agree to the following:

1. I understand that activities at the facility or elsewhere, including use of equipment and participation in programs, can involve movement, strain and other elements that create risk of serious injury or death. I hereby assume full responsibility for and risk of bodily injury, death or property damage or loss, regardless of the severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, except for any injury, damage or loss that is caused solely by the IVYMCA's gross negligence.
2. I, for myself, any personal representatives, assigns, heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue the Illinois Valley YMCA, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees, or agents(the "Releases") and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program with the IVYMCA without respect as to location except for any injury, damage or loss that is caused solely by IVYMCA's gross negligence.
3. I hereby agree to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the IVYMCA without respect as to location, except for any loss, liability, damage or cost that is caused solely by the IVYMCA's gross negligence.

I further expressly agree that the foregoing assumption of risk, release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This agreement applies to all past, present and future visits and uses by me to any YMCA facility or property.

I have read and voluntarily signed this assumption of risk, release, waiver and indemnity agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

******PLEASE SEE REVERSE SIDE FOR NECESSARY SIGNATURES******

****READ NATIONWIDE MEMBERSHIP LIABILITY WAIVER ON BACK****

******DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE******

Signature _____

Date _____

(Participant's signature)

Signature _____

Date _____

(in case of a minor ONLY: Parent/Guardian's Signature)

NATIONWIDE MEMBERSHIP WAIVER

"By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature _____

Date _____

(Participant's signature)

Signature _____

Date _____

(in case of a minor ONLY: Parent/Guardian's Signature)



Photography Release Form

I hereby authorize the Illinois Valley YMCA and the Mendota Area YMCA, hereafter referred to as "Company," to publish photographs taken of me during the 2025-2026-year and my name and likeness, for use in the magazine publication, Embody Health, online (including social media), and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Illinois Valley YMCA and the Mendota Area YMCA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Illinois Valley YMCA and the Mendota Area YMCA, its contractors, employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participations.

Authorization

Print Name:

Signature: _____ Date: _____

Street Address:

City: _____ State: _____ Zip: _____

Illinois Valley Y Pre-School Program Policies

1. YMCA programs will be high quality programs, meeting all licensing regulations, YMCA quality guidelines or accreditation standards. Ratios of the number of staff to children should allow for easy supervision of all children in the program.
2. In every program the YMCA staff will insist on an "open door" policy. We encourage parents to visit any one, or all of the programs their child is attending any time of the day. We do not require any special invitation from the staff to visit. We are encouraged by parental involvement, and we recognize the parents as partners in our program.
3. The YMCA programs are committed to strengthening families and the values that they teach. We hope that through parental visits and discussion with the program staff, we can establish and nurture a sense of trust among parents and the YMCA.
4. A pick-up and release policy must be signed by the parents before the child is allowed into a program. Children will only be released to individuals whose names appear on the policy form. Staff unfamiliar with those adults picking up the child may ask for identification. This is only for the safety of your child.
5. At no time during a program will a staff member be alone with a single child unobserved by other staff. If staff finds themselves in this position, they will move to an area that is more open and public, within the program site area, so they can be seen by others.
6. Children will never be left alone in the bathrooms or locker rooms. If necessary, the group will move as a whole from activity to activity.
7. At least 2 staff members will be present at all times in our child care and development programs.
8. Staff and volunteers who work with the YMCA programs will wear name tags and/or staff shirts. This is done so the children will recognize the staff as a "safe haven" in case of a problem.
9. All YMCA programs will support appropriate behaviors, good manners and good sportsmanship.

Illinois Valley Y/Mendota Area Y Voucher and Refund Policy

Program Cancellation Information

1. Payment of class fee is required at time of registration in order to secure your enrollment.
2. Certain programs have a separate registration form.
3. Refunds/Credit Vouchers

Definitions:

Refund – The YMCA will send a check for the amount owed to the member/participant. Processing a refund may take up to two weeks.

Credit Vouchers – The YMCA will electronically deposit the credit amount into the member/participant's YMCA account (not a bank account).

It can be redeemed toward any program, product or service the Illinois Valley YMCA offers.

- a) The YMCA reserves the right to cancel, reschedule or combine classes that do not have sufficient enrollment. In the event of a canceled class due to lack of enrollment, a full refund or credit will be issued.
- b) A pro-rated refund will only be given if participation ceases due to medical reasons. A note from the doctor will enable one to receive a refund.
- c) There are no credits given for individual classes missed.
- d) No refunds/credits are given on individual classes cancelled due to weather.
- e) Some programs require a deposit/registration fee that is non-refundable. Participant cancellation in these programs will result in loss of the deposit.
- f) The YMCA will not make up or refund any programs (i.e. swim lessons, aerobic classes, camps, etc.) that fall on a holiday.
- g) For school age care, preschool, and/or camp payments, No refund or vouchers will be given. Example: If you pay for a week of camp/school age care and there is a day missed due to illness, vacation, etc. No refunds/vouchers will be issued for days missed unless there is a medical excuse with a note from your medical provider.

Program Cancellations

In the event of insufficient enrollment, the YMCA may need to cancel a class. If this occurs, we will contact you and issue a full refund.

Parent / Guardian Signature: _____

Date: _____



Bank Draft Payment Method for Pre-School Tuition

Your Pre-School Tuition is deducted through a checking or savings account, please fill out the card below and return it. **Please also provide a voided check or a deposit slip.** This is an easy way to make sure your Pre-School Tuition gets paid. Bank Drafts will run every month starting September 1, 2025. **Your Pre-School tuition will be deducted on the 1st of every month.** Your last draft would come out May 1st, 2026. If you have any questions, please feel free to contact Carmen Turigliatti at 815.223.7904 ext.036.

Please fill in all the information below and return with a voided check:

Child's First & Last Name _____

Pre-School Class Attending _____

ILLINOIS VALLEY YMCA DRAFT AUTHORIZATION

MEMBER _____ BIRTH DATE _____

ADDRESS _____ City _____ STATE _____ ZIP _____

NAME AND ADDRESS OF FINANCIAL INSTITUTION MAINTAINING ACCOUNT

BANK _____

TYPE OF ACCOUNT

Checking

Address of bank _____

Savings

Please pay & charge my account all drafts drawn by Illinois Valley YMCA -300 Walnut Drive-Peru, IL-61354 to its own order once each MONTH in the amount of:

\$ _____ beginning the 15th of month _____ and year is _____

I agree that your treatment of each such draft, & your rights in respect to it, shall be the same as if it were signed personally by me. (A voided check or account verification from you Financial Institution is required)

This authorization will remain in effect until cancelled by me in writing by the 10th of the month & until you actually receive such notice in writing. I agree that you shall be fully protected in honoring any such draft.

Bank Routing Number

Account Number

PRINT NAME

SIGNATURE

This form must be returned by August 10, 2025 to ensure September payment.