#### **OUR OBJECTIVE**

For children, a preschool should be a happy place for exploring and discovering new things every day. Our goal is to provide a well rounded environment while encouraging a healthy mind, body, & spirit.

Your child's first learning experience should be the most positive, and exciting experience possible. The YMCA is just the place for your child to begin a lifetime of positive learning.

#### **OUR STAFF**

Our preschool has a primary preschool teacher as well as a teacher's aide. Our **educated and trained** staff are skilled in areas of developmental growth giving children opportunities to learn, grow, and thrive through play!

It is the goal of our preschool to have two staff that are **CPR & First Aid** trained in the room at all times.

All of our staff will be able to assist you and your little ones with any **special needs or diverse abilities**.



#### **OUR EMPHASIS**

Our preschool program emphasizes on the skills in the following five areas:

COMMUNICATION



3 MOTOR SKILLS 🛧



5 SOCIAL/EMOTIONAL



Kindergarten Readiness Program

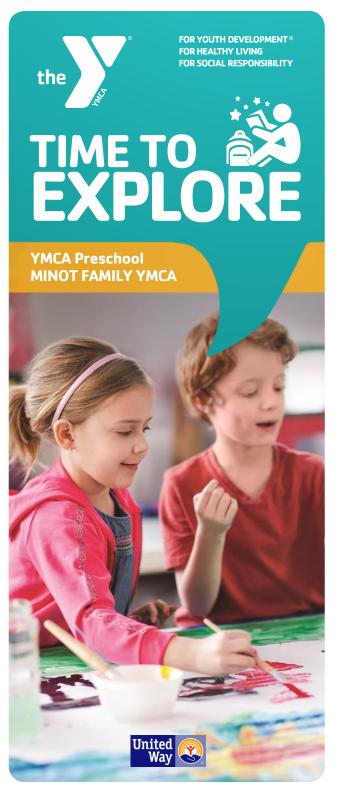












**SEE YOU** THERE!

# TIME TO **EXPLORE**

**Minot Family YMCA Preschool** 



# **Little Learners Pre-K Ages 4-5**

This program meets Five days a week, Monday thorough Friday. The child must be 4 years old by August 1st of the current year and no older than the age of 5 to enroll.

Time: 9:00AM-11:30AM

Fees: \$35 deposit (non-refundable)

Members: \$175 per month

Non-Members \$250 per month

### **BUILDING STRONG FOUNDATIONS**

in the early years ensures that children will start kindergarten ready to learn and grow.



U	% OF CAREGIVERS SEEING POSITIVE RESULTS	
	20 40 60 80	1
	Increased interest in NEW ACTVITIES & LEARNING 96%	
	Know more NUMBERS 92%	
	Know their ABC's 94%	
	Build Confidence in LEARNING 96%	
	Increase in ability to engage in POSITIVE PLAY 96%	

## PRESCHOOL IS A SCHOOL YEAR COMMITMENT

**SEPTEMBER 3, 2019** MAY 20, 2020



# **REGISTRATION FORM**

Childs Name		F/M				
	First	Last				
Nickname	DOB					
Parent Name						
Home Address	First	Last				
City	State	Zip				
E-mail						
Phone: Cell						
Home						
Work Any special things we should know about your child?						
Authorization (18-	or Parent/G	uardian)				

I, the undersigned, represent that my child is medically fit to participate in this program. In consideration of you accepting this entry, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators waive and release forever any and all rights and claims or damages they may accrue against all persons and agencies involved with the YMCA Preschool. I hereby grant full permission.

Signature	Date
Jigi latai C	Date