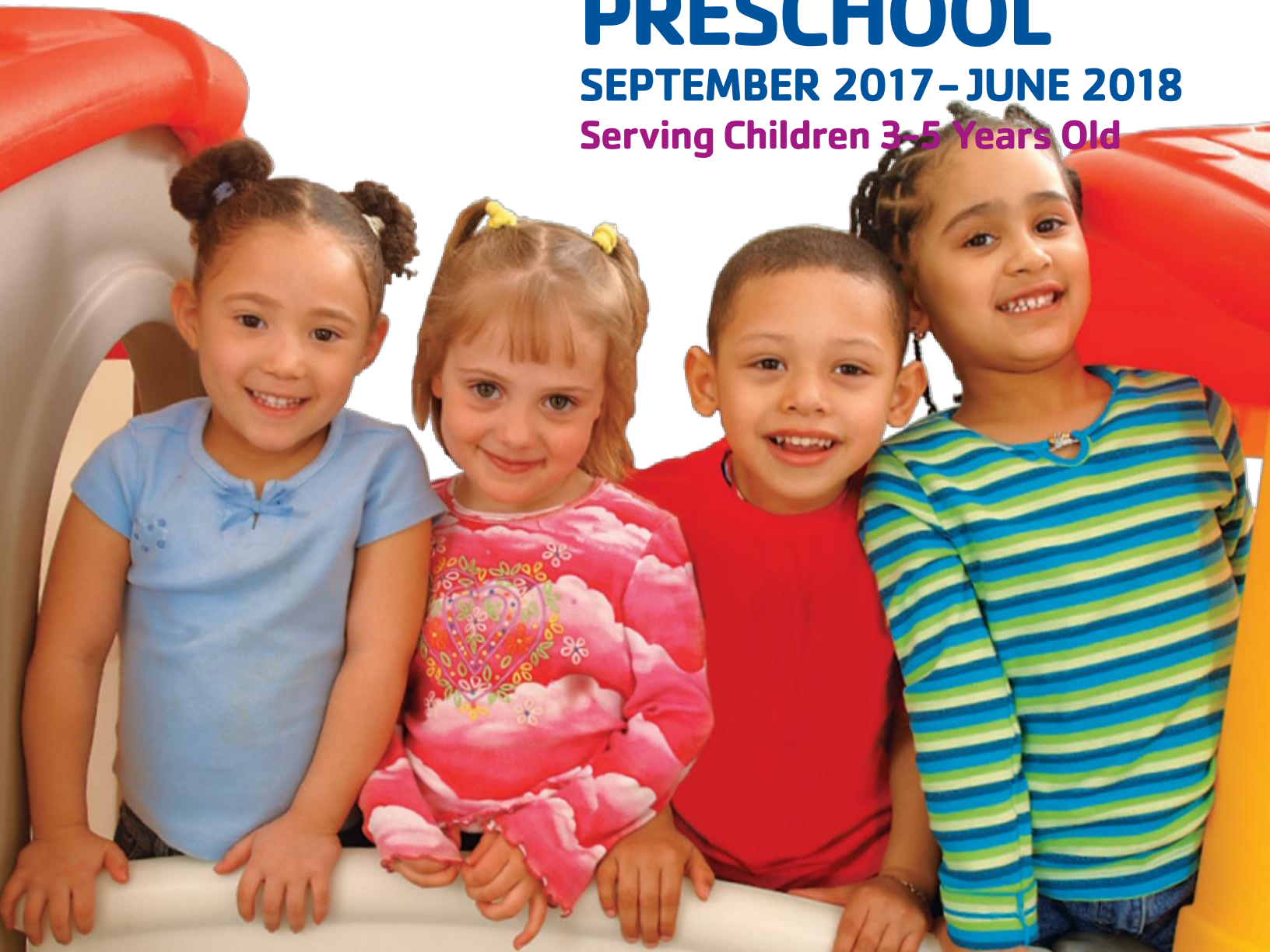




FULL AND PARTIAL DAY PRESCHOOL

SEPTEMBER 2017 - JUNE 2018

Serving Children 3-5 Years Old



**LEARN
TOGETHER,
PLAY
TOGETHER**

EAST AREA FAMILY YMCA

www.ycny.org

Amy Perrone, Director
aperrone@syracuseymca.org
Phone: 315-952-8531

Preschool Billing and Payment Information September 2017-June 2018

Complete one registration form per child. Please Note: Application will not be processed without a completed and signed registration form and one-time non-refundable \$50 deposit. **ALL DEPOSITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

BILLING PARTY INFORMATION

Billing Name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ ZIP: _____

Select Payment Option:

Easy Payment Option (EFT)

I hereby authorize the YMCA of Greater Syracuse to debit the account listed below for monthly billing. The Easy Payment Option (EFT) is the preferred billing method. Simply provide a credit or debit card and tuition will be automatically paid on the 20th of each month.



Our billing is based on full year price and then divided into 10 equal payments. Each month, you pay 1/10th of your total preschool bill, regardless of the number of school days actually occurring in that month. The YMCA does not give credits for illnesses, holidays, or family vacations taken during school days.

Select Payment Form:

Mastercard Visa Discover

Account Holder's Name: _____

Account No: _____

Exp. Date: ____/____/____

Signature _____

Date: ____/____/____

I need a Flex Receipt for child care reimbursement.

I plan to apply for financial aid.

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the East Area Family YMCA preschool as indicated by my enclosed non-refundable \$50 deposit.
- Payments not received as scheduled are subject to a \$20 late fee.
- A \$1.00/minute late fee will be assessed if you pick up your child after the program end time.
- Payments not received on time may result in my child's suspension from the program until the payment is received.
- The YMCA requires 1 month written notice for termination of care. I am responsible for full payment of this 1 month of care.



MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

Date _____

SIGN UP AND SAVE! With a YMCA membership you can save over \$500 per child on preschool each year.

Yes, please contact me so I can learn more about the benefits of membership.

Preschool Billing and Payment Information

I will be enrolling multiple children.

Complete one registration form per child. Please Note: Application will not be processed without a completed and signed registration form and one-time non-refundable \$50 deposit. ALL DEPOSITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

CHILD INFORMATION

Child Name: _____ Gender: M F YMCA Member: Yes No
 Address: _____ City: _____ State: _____ ZIP: _____
 Date of Birth: ____/____/____ Age: _____ Program Start Date: ____/____/____
 How did you learn about the program? In branch YMCA website Internet search Postcard Event School Word of mouth Other _____

PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Occupation: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: (____) _____
 Cell Phone: (____) _____
 Work Phone: (____) _____
 Email: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____
 First Name: _____
 Last Name: _____
 Occupation: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: (____) _____
 Cell Phone: (____) _____
 Work Phone: (____) _____
 Email: _____

Child lives with: (please check) Parent/Guardian 1 and Parent/Guardian 2 Parent/Guardian 1 Parent/Guardian 2

*Parents listed are authorized to pick up child.

EMERGENCY CONTACTS/AUTHORIZED PICKUP

*Must list emergency contacts in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.

Name: _____	Relationship: _____	Phone: _____	H W C	Phone: _____	H W C
Name: _____	Relationship: _____	Phone: _____	H W C	Phone: _____	H W C
Name: _____	Relationship: _____	Phone: _____	H W C	Phone: _____	H W C
Name: _____	Relationship: _____	Phone: _____	H W C	Phone: _____	H W C

HEALTH INFORMATION

Physician's Name: _____ Phone: _____
 Insurance Carrier: _____ Policy Holder Name: _____ Policy No.: _____
 Allergies: _____

*Please provide immunization records for all ages by August 1.

CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Is child potty trained? _____
 Family relationships _____
 How does the child interact with peers? _____
 Fears/Apprehensions _____
 What helps your child handle transitions? _____
 Special services received _____
 External stress factors _____
 How is anger or frustration expressed? _____
 Child's interests: _____
Custody orders (attach documentation) _____
 If he/she is upset, try this _____
 Things I would like my child to accomplish at the YMCA: _____
 Would you be interested in participating in a focus group to help us further develop our program? Yes No

SIBLING INFORMATION

Name	Age	Date of Birth	Currently Enrolled in YMCA Programs?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Turn page to complete Registration and Permissions →

Preschool Registration and Permissions September 2017-June 2018

Child Name _____

Registration is as easy as...

1 Select Age Group

2 Choose Program Days and Time

3 Choose Monthly Pricing

4 Include Completed Immunization Records

SELECT AGE GROUP*	CHOOSE DAYS AND TIMES		CHOOSE MONTHLY PRICING	
_ 3 YEAR OLDS	_ Tues./Thurs.	_ 9:00-11:30am	_ YMCA Member \$160	_ Non-Member \$210
_ 3 YEAR OLDS	_ Tues./Thurs.	_ 12:30-3:00pm	_ YMCA Member \$160	_ Non-Member \$210
_ 3 YEAR OLDS	_ Tues./Thurs	_ 9:00am-3:00pm	_ YMCA Member \$300	_ Non-Member \$350
_ 4 YEAR OLDS	_ Mon./Wed./Fri.	_ 9:00-11:30am	_ YMCA Member \$215	_ Non-Member \$265
_ 4 YEAR OLDS	_ Mon./Wed./Fri.	_ 12:30-3:00pm	_ YMCA Member \$215	_ Non-Member \$265
_ 4 YEAR OLDS	_ Mon./Wed./Fri.	_ 9:00am-3:00pm	_ YMCA Member \$400	_ Non-Member \$450

*Child must turn age by December 1 to qualify for age group. Children should preferably be potty trained to attend 3-5 year old programs. For specific questions about these programs, please call Amy Perrone at (315)952-8531. Financial assistance is available for those who qualify.

PARENT/GUARDIAN AGREEMENT AND PERMISSIONS

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding the services provided by the facility and YMCA of Greater Syracuse.

- The YMCA assumes responsibility for my child's well-being during the hours of operation in which my child attends the program. I am responsible for signing my child in and out of the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of all medical treatment and care.
- I have provided information on my child's needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist in properly caring for my child in case of an emergency.
- The information on this form is complete and accurate.
- I agree to review and notify the YMCA staff immediately whenever a change occurs.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- 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 but to contact the police.
- YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs.
- I give permission for my child to have YMCA staff apply home-supplied topical items (or a generic version if it happens to be on hand) such as diaper cream, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.
- I give permission for my child to participate in walks within the surrounding area accompanied by designated staff members.
- I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff.
- I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical boundaries developmentally if appropriate for particular programs.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____

Date _____

Please list any exceptions to the above: _____
