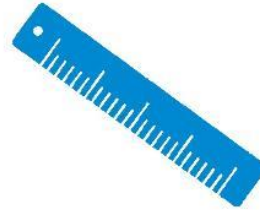




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GROWING UP AT THE Y



## Pre-K Program

Our Pre-K is a great start to growing up at the Y! Our focus is to promote healthy development by offering children age-appropriate physical, social, cognitive, and emotional activities which allows them to have freedom to make choices and direct their own play. Our classroom will include activities on language and literacy, math and science, creative arts, physical development.

## Session

September 10th - June 11, 2020

Tuesdays & Thursdays 9:15 A.M. to 11:45 A.M.

## Enrollment

Our program is designed for children ages 3 & 4 years of age. Registration may be done in person or by mailing in the registration form with proper payment in order to fill your spot. It is on a first-come, first-serve basis until the class is filled. At that time a wait-list will be generated. Program will follow the Phelps-Clifton Springs Central School District calendar. Program will not be in session if there is a school closing or delay.

## Cost (per month)

Y-Member: \$90

Non Y-Member: \$110

10% discount applied to youngest child if registering more than one child.

## Fee Schedule

Our Pre-K program begins on Tuesday September 10, 2019 and runs through Thursday June 11, 2020. A non-refundable registration fee of \$20/child, \$30/family will be due at the time of registration along with a one month deposit that will be applied to the last month registered for.



## **Financial Assistance**

Our Financial Assistance program provides individuals and families in need with financial support to enable their participation in Clifton Springs YMCA membership and program activities. Financial Assistance is granted on the basis of need and available resources. Please ask for our Financial Assistance Application if interested.

## **Parent Handbook**

Parents will receive an email with our Pre-K Handbook to review our programs policies and procedures as the start date gets closer.

## **Snack**

Parents will be asked to bring in a healthy snack once a month for all program participants.

**For more information contact:  
YMCA at 315.462.6184**

# YMCA Emergency Information Sheet

Child's Full Name: Nickname:		Date of Birth: / /	Gender:
Child's Home Address:			
Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: (   )   -		Address of Person Enrolling Child:	
Email Address:			
EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   )   -	(   )   -

<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/ Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____	
Child's Primary Care Physician's Name/ Group:	Phone Number: (   )   -
Preferred Hospital:	Phone Number: (   )   -
Child's Dentist:	Phone Number: (   )   -
<b>Child health insurance information is available by calling toll-free 1-800-698-4543 or          The NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>	

<b>AGREEMENTS</b> I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I've provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• I agree to review and update this information whenever a change occurs or at least once a year..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

# YMCA Parent Authorizations

## Over-the-Counter Medication

I authorize the YMCA Pre-K staff to administer over-the-counter topical ointments such as sunscreen, first aid ointments, itch reliever and topically applied insect repellent to my child when needed.

\_\_\_\_\_  
Parent Initial

## Emergency Transportation

I authorize the Clifton Springs YMCA to contact 911 to have my child transported in the unlikely event of an accident or illness. I understand and acknowledge that my child may be injured while participating in the Pre-K program. I will not hold the YMCA Pre-K program or representatives responsible for any injury my child may sustain while participating in this program. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

\_\_\_\_\_  
Parent Initial

## Financial Agreement

Payments are due in advance of service in monthly installments by the 5<sup>th</sup> of each month. Parents whose payments are two weeks late will be asked to withdraw their child from the program, unless other arrangements have been made with the Child Care Director.

\_\_\_\_\_  
Parent Initial

## Promotion Agreement

The YMCA staff may take photos and videos during program and post them on the organization's social media sites or use them in brochures or other YMCA material. I authorize the YMCA staff to take and post photos or use videos of my child for the use of this program.

\_\_\_\_\_  
Parent Initial

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /

*For Program Use Only*

*Date of Enrollment:* / /

*Date of Disenrollment:* / /

*Program Enrolled in :* \_\_\_\_\_