

YMCA PRE-K PROGRAM ENROLLMENT

There is a \$20/child, \$30/family non-refundable non-transferable registration fee due at the time of registration.

A **one** month deposit will be required at the time of registration which will be applied to the last month of the program.

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

Children must be three by December 1st to be eligible for enrollment.

Enrollment in our Pre-K Program is for the entire month whether or not the child/children is in attendance.

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.

Parents understand and agree that children who are ill will not be allowed to attend program. It is further understood that should a child develop an illness while at the Y, the parent will be contacted to pick-up their child.

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

Please check the desired program and weeks you wish to enroll

Tuesday & Thursday
9:15AM-11:45AM

FEES: Member 1 Child \$90/month

Program Member 1 Child \$110/month

Month; Sept. <input type="checkbox"/> Sept. 11 & 13 Sept. 18 & 20 Sept. 25 & 27	Month; Oct. <input type="checkbox"/> Oct. 2 & 4 Oct. 9 & 11 Oct. 16 & 18 Oct. 23 & 25 Oct. 30	Month; Nov. <input type="checkbox"/> Nov. 1 Nov. 6 & 8 Nov. 13 Nov. 20 Nov. 27 & 29	Month; Dec. <input type="checkbox"/> Dec. 4 & 6 Dec. 11 & 13 Dec. 18 & 20 Holiday Recess	Month; Jan. <input type="checkbox"/> Holiday Recess Jan. 8 & 10 Jan. 15 & 17 Jan. 22 & 24 Jan. 29 & 31
Month; Feb. <input type="checkbox"/> Feb. 7 Feb. 12 & 14 Winter Recess Feb. 26 & 28	Month; Mar. <input type="checkbox"/> Mar. 5 & 7 Mar. 12 & 14 Mar. 19 & 21 Mar. 26 & 28	Month; Apr. <input type="checkbox"/> Apr. 2 & 4 Apr. 9 & 11 Springs Recess Apr. 23 Apr. 30	Month; May <input type="checkbox"/> May 2 May 7 & 9 May 14 & 16 May 21 & 23 May 28 & 30	Month; June <input type="checkbox"/> June 4 & 6 June 11 & 13

Parent/Guardian Signature

____/____/____
Date

YMCA PRE-K PROGRAM PAYMENT AGREEMENT

There will be a \$20/child, \$30/ family non-refundable non-transferable registration fee due at the time of registration.

A **one** month deposit will be required at the time of registration which will be applied to the last month of the program.

Payments must be made in advance of service in a monthly installment. Payment will be due by the 5th of every month.

Session runs from 9:15AM - 11:45AM during designated school days.

AGREEMENT FOR: Pre-K Program (Tuesday & Thursday)

I have been provided a copy of the YMCA Pre-K information and understand the terms and conditions. In addition, I have provided the YMCA with information requested related to the health of my child or children and accept full responsibility for keeping the YMCA informed of any changes in addresses and phone numbers (home & job).

By signing this contract, I understand that if any balance due to the YMCA is outstanding more than thirty (30) days, I will be responsible for a late fee of five percent (5%) of all fees due and outstanding. In addition, any funds outstanding after the thirty (30) day period will also be subject to interest at the annual rate of twenty-four (24%) percent, plus reasonable legal fees to collect outstanding fees, late fees and interest, plus related court fees.

By signing this agreement, you accept the Village of Clifton Springs Court or Canandaigua City Court as the proper venue and having jurisdiction for any collection of outstanding fees, etc. and waive any jurisdictional objections.

In the event the parent defaults in payment the program participant will lose their placement in the program. Any balance due will be collected from the paid deposit or through legal action. Should legal action be necessary, the parent(s) shall be liable for all costs incurred.

Parent/ Guardian Signature

____/____/____
Date

**YMCA PRE-K PROGRAM
EMERGENCY INFORMATION**

Participant Information:

Child's First Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Date of Birth: ____/____/____

Age: _____ Male Female

1st Parent/Guardian Information:

Name: _____ Cell Phone: (____) _____ - _____

Place of Work: _____ Work Phone: (____) _____ - _____

Email: _____ Date of Birth: ____/____/____

2nd Parent/Guardian Information:

Name: _____ Cell Phone: (____) _____ - _____

Place of Work: _____ Work Phone: (____) _____ - _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Child resides with: 1st Parent: __, 2nd Parent: __, Guardian: __, Both 1st & 2nd Parent: __, Other __

Pick Up Authorization Information:

Name and phone numbers of individuals **other than parents** authorized to pick up your child over the age of 16

1. _____ Phone: (____) _____ - _____

2. _____ Phone: (____) _____ - _____

3. _____ Phone: (____) _____ - _____

Any special instructions, such as custody or restraining orders **must be attached to this form** and discussed with the Child Care Director. All information will be kept confidential.

YMCA PARENT AUTHORIZATIONS

Child's Name: _____

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.

1st Parent Initial

2nd Parent Initial

Emergency Transportation & Treatment:

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. In the event of an injury to my child and in my absence, I authorize the YMCA staff to obtain and provide emergency medical care and treatment as deemed necessary. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

1st Parent Initial

2nd Parent Initial

Family Doctor
Name: _____
Phone: () ____-____
Carrier: _____
Policy/Group #: _____

Family Dentist
Name: _____
Phone: () ____-____
Carrier: _____
Policy/Group #: _____

Promotion Agreement (Photo/Video):

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.

1st Parent Initial

2nd Parent Initial

1st Parent Signature

____/____/____
Date

2nd Parent Signature

____/____/____
Date