



Dear Parents,

Thank you for your interest in the North Rockland YMCA's Before & After School Programs. Our Morning Program at Thiells, begins at 7:00 AM and runs until the start of your child's school day. Our Afternoon Programs run from dismissal time until 6:30 PM. We are open on ALL school calendar days and on most early dismissal days. On half days, we operate additional hours at no extra cost. During our New York State licensed programs, children experience a variety of activities including homework time, enrichment projects, arts and crafts, and indoor/outdoor gross motor play. Healthy Morning and Afternoon snacks are served as well.

The 2019-2020 RATES for our Before & After School Programs are listed below. The cost of care includes: program supplies, equipment and snacks, NYS insurances and liabilities, salaries, NYS required trainings/ conferences and any other special events that are used to provide better quality programs.

REGISTRATION FEES

Prior to July 1st-\$135 Fee (includes \$55 Registration + \$80 YMCA Membership)

After July 1st-\$155 Fee (includes \$75 Registration + \$80 YMCA Membership)

MONTHLY TUITION RATES

| | <u>5days</u> | <u>4days</u> | <u>3days</u> | <u>2days</u> |
|------------------------------|--------------|--------------|--------------|--------------|
| <u>AM- Upper 7:00-8:10</u> | \$135 | \$135 | \$135 | \$135 |
| <u>AM-Lower 7:00 to 9:00</u> | \$230 | \$210 | \$190 | \$170 |
| <u>PM - 3:30-6:30</u> | \$320 | \$290 | \$250 | \$200 |

*Emergency days are \$25 per day for AM and \$30 per day for PM

DISCOUNTS

*There is a 10% sibling discount. The oldest child receives the discount.

*There is a 10% discount for the children of North Rockland School District employees. Please attach copy of NRSD ID to verify employment.

The attached Registration Packet, along with the Registration Fee, must be returned in order to **guarantee your child's spot in our program. Enrollment is filled on a first come; first serve basis.** The deadline is August 23rd, in order for your child to begin our program by the 1st week of school. Once your **child's registration is completed, you will receive a confirmation call/email. Please feel free to contact** our office with any questions at 845-429-6630.

Sincerely,
Juliet Allen- NR YMCA Programs Director

YOU MAY RETURN THESE FORMS & REGISTRATION FEE BY:

FAX
845-643-3027

E-MAIL
NORTHRACKLANDYOFFICE@YMAIL.COM

MAIL
NR YMCA PROGRAMS OFFICE
41 FRANCK ROAD
STONY POINT, NY 10980

OFFICE USE ONLY

Site _____ Days _____ Allergies/Special Needs _____
Date Received _____ Bussing To/From _____ Initial Pmt. _____
Start Date _____ Photo Consent? YES _____ NO _____ Slideshow Only _____

Please indicate the program(s) and days your child will be attending:

MORNING

AM UPPER- students in Upper Elementary bussed to Farley, Haverstraw & Willow Grove

AM LOWER-students in Lower Elementary

__Monday

__Tuesday

__Wednesday

__Thursday

__Friday

AFTERNOON

HAVERSTRAW

THIELLS

FIELDSTONE (bussed to WGES)

FARLEY (bussed to SPES)

WEST HAVERSTRAW

STONY POINT

WILLOW GROVE

__Monday

__Tuesday

__Wednesday

__Thursday

__Friday

Child's Name _____ Male__ Female__ D.O.B. _____

Home School _____ Grade__ Age as of 9/19 _____

Parent #1 Name _____ Phone # _____

Parent #2 Name _____ Phone # _____

Best Contact Phone # _____ Email _____

Photographs and/or videos may be used for publicity materials. The NR YMCA also displays a slideshow for families in May. Please indicate your preference:

___ **Yes, I give consent to have my child's picture taken or filmed for YMCA purposes.**

___ Yes, I give consent for photos/ videos for the family slideshow ONLY.

___ No, my child should not be photographed or videotaped under any circumstance.

Tuition Contract

Payments are due one month prior to care.

Parent/Guardian's Name _____

Child/Childrens' Name (s) _____

Amount Due Per Month \$ _____ # of Days Per Week _____ Discounts _____

Please check your preferred form of payment:

_____ Check or Money Order- mail to: Rockland County YMCA
ATT: Business Office
35 South Broadway
Nyack, NY 10960

_____ Credit Cards- payment requests will be emailed to:
northrocklandyoffice@ymail.com
Please state your child's name, the amount to be charged
and the last 4 digits of your credit card in the email.

_____ Automatic Payments- to be charged on the 2nd of each month prior to care.
Subject to a \$15 service charge for declined cards.

Signature _____ Date _____

Credit Card Information:

Please circle one: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Name as it appears on card _____

Credit Card # _____

Expiration Date _____ CVC Code _____

Billing Address _____

Best Daytime contact # _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

| | | | | |
|---|-------------------------------------|--|--|-------------------------------------|
| PHOTO OF CHILD (Optional) | Child's Full Name: | | Date of Birth: | Gender: |
| | Preferred Name/Nickname: | | / / | |
| | 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 (if different than child): | | |
| () - <input type="checkbox"/> ok to text | | | | |
| Email Address: | | | | |
| EMERGENCY INFO | EMERGENCY CONTACT NAMES / ADDRESSES | Authorized to Pick Up | PRIMARY PHONE NUMBER | OTHER PHONE NUMBER / EMAIL |
| | Primary Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |
| For Program Use Only Date of Enrollment: / / | | | For Program Use Only Date of Disenrollment: / / | |

| | | |
|--|--|--|
| Child's Full Name: | | Date of Birth: |
| | | / / |
| Check boxes below to indicate if your child has any special needs/services: <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 _____ | | |
| Please provide information here AND discuss with your child care provider: | | |
| Child's Primary Care Physician's Name/ Group: | | Phone Number: |
| | | () - |
| Preferred Hospital: | | Phone Number: |
| | | () - |
| Child's Dental Care: | | Phone Number: |
| | | () - |
| Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/ | | |
| AGREEMENTS | | |
| • I consent to emergency medical treatment for my child..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • 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 |
| • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I 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 |
| • 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 |
| • I agree to review and update this information whenever a change occurs and at least once every year..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE: | | DATE: |
| | | / / |

