



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROCKLAND COUNTY YMCA 2019-20 PRE-K PROGRAM REGISTRATION

The Rockland County YMCA has provided our high quality child care for families in Rockland County for over 40 years and we are proud to continue this tradition. We are a deliberately small program featuring structured learning as well as free play and daily indoor or outdoor physical activity. We follow a daily schedule with weekly and monthly themes. The program starts each year in September and we accept applications for children who will be four years old by December 1st of the current school year

SAMPLE PRESCHOOL DAILY SCHEDULE

Arrival & Table Top Activities

Circle Time (15 minutes)

Free Play/Center Time (60 minutes)

Clean Up / Snack (20 Minutes)

Gross Motor (30 minutes)

DISMISSAL

Classes offered:

- SUFFERN PRE-K– Monday – Friday 9-11:30
- SUFFERN PRE-K –Monday - Friday 12:30-3:00

- SLOATSBURG PREK – Monday- Friday 9-11:30

We will start accepting registration forms from currently enrolled families on **Feb 11th**

Open registration starts Feb 25th

Registration is first come, first served-our program fills up VERY quickly.

To register for the 2019-20 school year submit:

- ✓ Completed application
- ✓ Current physical with immunizations (please update them prior to September)
- ✓ \$55 registration/processing fee
- ✓ 1st Month tuition

YMCA youth membership is required but will not be billed/renewed until August 5th, 2019

If we can assist you in any way in the registration process, please feel free to call us at 845-357-4778.

Suzette Venner
Program Director



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ROCKLAND COUNTY YMCA PRESCHOOL Registration

Child's Name: _____
D.O.B: _____ Current Age: _____ (MUST be 4 by December 1 2019)
Home Address: _____
Street Town State Zip Code

New Child Returning Child Gender: _____

Family Information -Emails are used for emergency information, newsletters, program updates.

Caregiver: _____ Relationship _____

Email Address: _____

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Caregiver: _____ Relationship _____

Email Address: _____

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Do parents live together? ___ If no, with whom does the child reside? _____

If parents are divorced/separated, please give specific instructions concerning visits and pick-up by non-custodial parent as needed. Restrictions on pickups or visitation? No Yes, attach court order.

Emergency Information & Release of Children: Emergency contacts may include neighbors, friends, or relatives within close proximity. If caregiver is unable to pick up or be reached regarding important matters pertaining the above named child, you authorize these people to pick up the child and/or answer questions (emergency info).

1. Name: _____ Relationship: _____ Ok to pick up Emergency info
Primary Phone Contact: _____ home cell work
Secondary Phone Contact: _____ home cell work

2. Name: _____ Relationship: _____ Ok to pick up Emergency info
Primary Phone Contact: _____ home cell work
Secondary Phone Contact: _____ home cell work

3. Name: _____ Relationship: _____ Ok to pick up Emergency info
Primary Phone Contact: _____ home cell work
Secondary Phone Contact: _____ home cell work

Health Information & Permissions for: _____

Family physician: _____ **Copy of physical & immunizations required**

Check all that apply

- ADD/AHHD PDD/NOS Autism/Asperger's Asthma** Seizure Disorder**
- Heart Defect/ Disease Diabetes Behavioral/Emotional Concerns Speech/Language Delay
- Allergies**: *** A doctor approved Allergy Action Plan is required.*
- Other: _____ Use back of form to describe

To help us provide the best possible experience please feel free to give a brief description of your child, include sibling information & any special needs, restrictions or concerns.

YES, I certify that the information on this application is both true and accurate and I have not left out any information that would help the YMCA understand or work with my child.

YES, my child is in good health and is able to fully participate in all activities offered at the YMCA programs. In an emergency I hereby give permission for the YMCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the YMCA to provide needed care including any resuscitation efforts and transportation to a hospital for care.

YES, I am aware the Parent Handbook can be found online at www.rocklandymca.org. This handbook includes all Y procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.

YES, I give the YMCA permission to list my child's address, telephone number, email address and parent names in our directory which is given out to class members.

YES, I give permission for the YMCA to use my child's photograph for public relations and/or marketing purposes.

YES, I agree to waive/relinquish all claims and will hold the Y & any officers, agents, employees, or representatives harmless from any and all claims which may arise from my child's participation in any activities of the YMCA.

Signature: _____

Date: _____

Payment Information for: _____

Tuition is broken into 10 monthly payments payable August through May.

A FIRST payment will be taken at the time of registration.

Payments will automatically be deducted from your account on the 1st week of each month.

Any changes/ cancellations must be made at least 30 days in advance.

Location / Session /Time	Monthly Tuition 10 payments August-May	Class	Total
SUFFERN			
Pre-K 9:00-11:30	\$405	Monday - Friday	
Pre-K 12:30 - 3:00	\$405	Monday - Friday	
<input type="checkbox"/> I will be applying for Universal PreK through CCRR. I understand the YMCA has no authority of who is approved for UPK – this is entirely under the jurisdiction of CCRR. The YMCA cannot guarantee UPK placements. I am aware that IF I am approved for UPK by CCRR of Rockland my \$55 registration fee is not refundable but my 1 st month tuition WILL be refunded**			
SLOATSBURG			
PreK 9:00-11:30	\$405	Monday - Friday	
<input type="checkbox"/> I will be applying for Universal PreK through CCRR. I understand the YMCA has no authority of who is approved for UPK – this is entirely under the jurisdiction of CCRR. The YMCA cannot guarantee UPK placements. I am aware that IF I am approved for UPK by CCRR of Rockland my \$55 registration fee is not refundable but my 1 st month tuition WILL be refunded**			
		Registration & Processing fee	\$55
		YMCA Annual Youth Membership **will be billed/renewed in August 2019	\$80
		TOTAL	

FINANCIAL RESPONSIBILITY: I am the parent/guardian of the above named child, and my financial responsibility is as follows: I understand that my monthly tuition will be automatically withdrawn the first week of each month. I understand that my receipts should be kept as a record for filing taxes. The YMCA will not provide a year-end tax statement. Child Care registration fees and deposits are nonrefundable**. If my payment is returned by my bank, I am responsible for a \$15 returned payment.

Credit / Debit Card: MasterCard Visa American Express
 Name as it appears on card: _____
 Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Direct withdrawal from your checking account is available – ask for forms