



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Thank you for your interest in the Rockland County YMCA's Y's Beginnings Program.

We have been providing 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, deliberately affordable half day program featuring structured learning as well as free play and daily indoor or outdoor physical activity. **If you have not already scheduled a visit please give us a call at 845-357-4778**

Classes offered:

- SUFFERN-2 year old Toddler – Tuesday & Thursday 9-11:30

- SUFFERN-3 year old Preschool- Monday/Wednesday/Friday 9-11:30

We will start accepting registration forms on **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
- 1 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

TODDLER Registration

Child's Name: _____ D.O.B: _____ Current Age: _____

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

Is your child toilet trained? No Yes

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 actives of the YMCA.

Signature: _____

Date: _____

Payment Information for: _____

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

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

Location / Session /Time	Monthly Tuition <small>10 payments August-May</small>	Class	Total
SUFFERN			
2 year old Toddler program 9:00-11:30	\$255	Tuesday and Thursday	
3 year old Preschool program 9:00-11:30	\$320	Monday/Wednesday/Friday	
		Registration & Processing fee	\$55
		YMCA Annual Youth Membership <small>**will be billed/renewed in August 2019</small>	\$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. **Membership, child Care 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