



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ROCKLAND COUNTY YMCA 2020-21 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
- SLOATSBURG PREK – Monday- Friday 9-11:30

We will start accepting registration forms from currently enrolled families on **Feb 3<sup>rd</sup>**

Open registration starts Feb 24th

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

### To register for the 2020-21 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, 2020

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

Suzette Venner



# ROCKLAND COUNTY YMCA PRESCHOOL Registration

Child's Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Current Age: \_\_\_\_\_ (MUST be 4 by December 1, 2020)  
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).

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  Ok to pick up  Emergency info  
Primary Phone Contact: \_\_\_\_\_ home cell work  
Secondary Phone Contact: \_\_\_\_\_ home cell work
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  Ok to pick up  Emergency info  
Primary Phone Contact: \_\_\_\_\_ home cell work  
Secondary Phone Contact: \_\_\_\_\_ home cell work
- 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](http://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 1<sup>st</sup> week of each month.

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

| Location / Session /Time  | Monthly Tuition<br>10 payments<br>August-May | Class   | Total |
|---|--|---|-------|
| <b>SUFFERN</b>  |  |   |       |
| Pre-K 9:00-11:30  | \$415  | 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 <sup>st</sup> month tuition WILL be refunded** |  |   |       |
| <b>SLOATSBURG</b>   |  |   |       |
| PreK 9:00-11:30   | \$415  | 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 <sup>st</sup> month tuition WILL be refunded** |  |   |       |
|   |  | Registration & Processing fee   | \$55  |
|   |  | YMCA Annual Youth Membership<br>**will be billed/renewed in August 2020 | \$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      Discover  
 Name as it appears on card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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